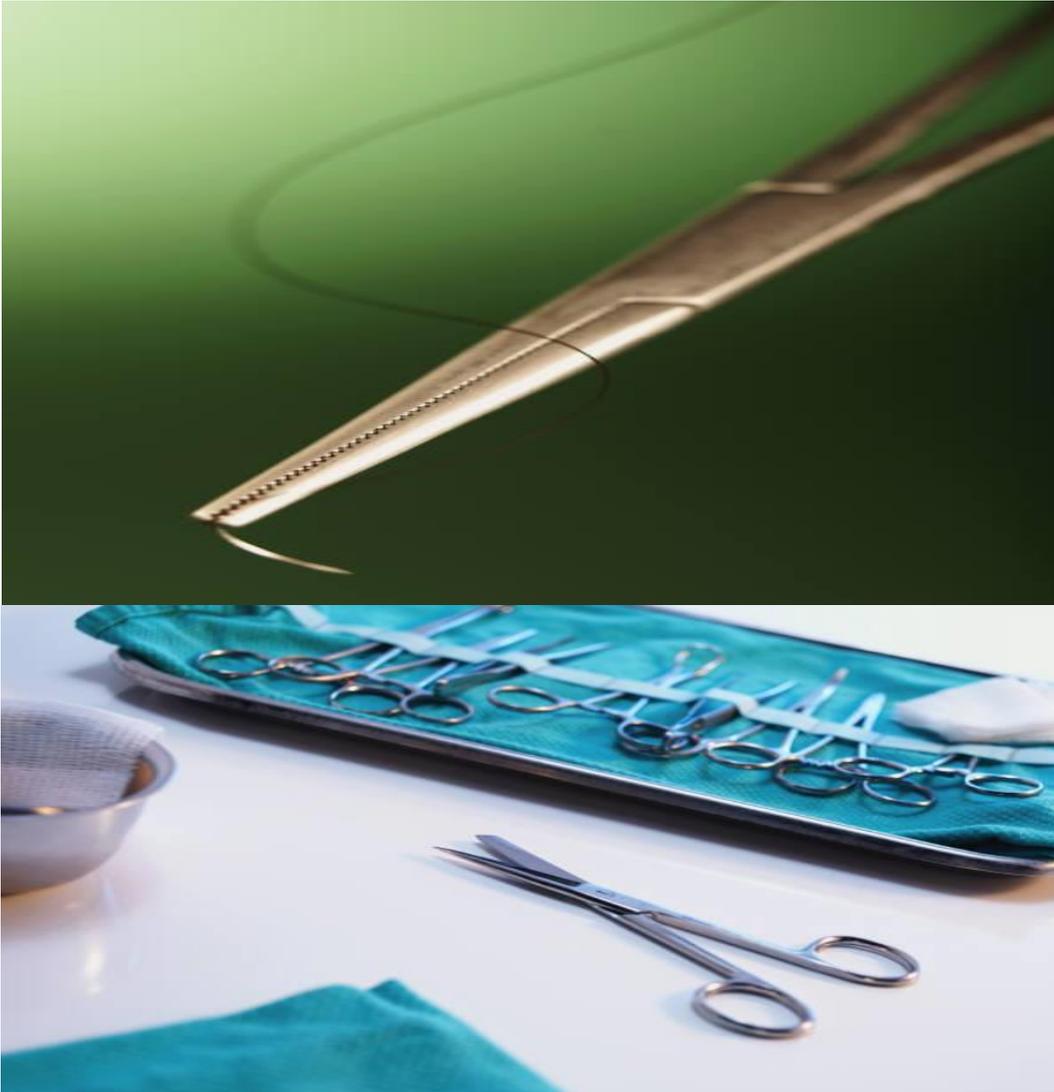


**SURGICAL ASSISTANTS & SURGICAL TECHNOLOGISTS
CREDENTIALING REVIEW APPLICATION**



**SUBMITTED BY: Sidney Regional Medical Center, Sidney, NE
February 23, 2015**

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INTRODUCTION

Sidney Regional Medical Center (SRMC) submits a two-part proposal in its application to the Credentialing Review (407) Program. First, SRMC requests regulation of surgical assistants in the State of Nebraska through licensure that requires a current surgical assistant credential. Further, SRMC asks for creation of a state registry to maintain a census of and monitor surgical assistants and surgical technologists.

Part A of the proposal seeks to license surgical assisting practitioners in the State of Nebraska who have obtained a level of education, training, and examination as approved by the Nebraska Department of Health and Human Services. As a mid-level practitioner, a surgical assistant performs significant surgical tasks under the personal supervision of a physician. Though the surgical assistant profession has specific educational standards as well as private certification requirements, regulation protects the public by mitigating the degree of risk from unregulated practice. Even under the personal supervision of surgeons, the nature of a surgical assistant's work requires independent judgment, knowledge and competence. To further ensure competency of surgical assisting practitioners under this proposal, only those surgical assistants achieving a level of education, training, and examination as approved by the Nebraska Department of Health and Human Services are eligible for licensure. Licensure is the best means of protecting the public and ensuring the minimum qualifications of an SA.

Part B of the proposal requests creation of a mandatory registry for individuals practicing as surgical assistants and surgical technologists. The purpose of this registry is to assist the State of Nebraska in ensuring individual practitioners in the surgical assisting and surgical technology occupations are graduates of an accredited surgical technology and/or surgical assisting program and meet the educational and competency requirements necessary to provide quality care in the State of Nebraska.

CONTACTS

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DESCRIPTION OF THE APPLICANT GROUP AND ITS PROPOSAL

1. Provide the following information for the applicant group(s):

- a. Name, address, telephone number, e-mail address, and website of the applicant group in Nebraska, and any national parent organization;

Applicant

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Sidney Regional Medical Center
645 Osage Street
Sidney, Nebraska 69162
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Email: lshoemaker@sidneyrhc.com
Website: www.SidneyRMC.com

Sponsor

Nebraska Hospital Association

3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504-4778
Phone: 402-742-8140
Website: www.nebraskahospitals.org

Sponsor

Association of Surgical Technologists and Association of Surgical Assistants

6 West Dry Creek Circle, Suite 200
Littleton, Colorado 80120
Phone: 303-325-2504
Website: www.ast.org

- b. Composition of the group and approximate number of members in Nebraska; and

The applicant group consists of an individual applicant, Linda Shoemaker, RN, on behalf of Sidney Regional Medical Center; a state association representing hospitals in Nebraska, the Nebraska Hospital Association (NHA); and partner national associations, the Association of Surgical Technologists and Association of Surgical Assistants (AST/ASA), representing the occupations addressed in the application. Sidney Regional Medical Center (SRMC) is a critical access hospital located in Sidney, NE, and NHA represents 89 member hospitals in the State. AST/ASA represents about 350 certified surgical technologists and fifteen certified surgical first assistants in the State of Nebraska.

c. Relationship of the group to the occupation dealt with in the application.

The applicant group represents the occupations addressed in this application in a number of ways. The primary relationship of SRMC is as an employer and educator. NHA works on behalf of the applicant group as a representative of the employers of the occupations' practitioners. AST/ASA represents the interests of members of these occupations.

2. Identify by title, address, and telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

a. Members of the same occupation or profession as that of the applicant group;

Nebraska Health Care Association (NHCA)

Heath G. Boddy, Executive Director
1200 Libra Drive, Ste 100
Lincoln, NE 68512
Phone: 402-435-3551 Fax: 402-457-6289
Email: heathb@nehca.org
Website: www.nehca.org

Nebraska Medical Association (NMA)

Dale Mahlman, Executive Director
233 S. 13th Street, Ste 1200
Lincoln, NE 68508
Phone: 402-474-4472 Fax: 402-474-2198
Email: dalem@nebmed.org
Website: www.nebmed.org

Nebraska Rural Health Association (NeRHA)

John Roberts, Executive Director
2222 Stone Creek Loop South
Lincoln, NE 68512
Phone: 402-421-2356
Email: jroberts@mwhc-inc.com
Website: www.nebraskaruralhealth.org

b. Members of the occupation dealt with in the application;

Nebraska State Assembly of Surgical Technologists & Surgical Assistants

Cynthia Kreps, President
P.O Box 67034
Lincoln, NE 68506-7034
Email: ckreps@southeast.edu
Website: ne.ast.org

National Surgical Assistant Association

David Jennette, Chief Executive Officer

Email: davidjennette@asaa.net
Phone: 855-270-6722

c. Employers of the occupation dealt with in the application;

Employers constitute, but are not limited to, hospitals, ambulatory surgery centers, endoscopy centers, provider clinics, healthcare practitioner facilities, private physician offices in varying specialties (such as dentistry, optometry, dermatology, and orthopaedics), clinics, surgical equipment manufacturers, and educational facilities with surgical technology programs.

The predominant practice situation for the majority of the surgical technologists and surgical assistants in Nebraska is in the operating room/surgical suite of a hospital or surgery center functioning as an integral member of the surgical team.

Nebraska Academy of Family Physicians

Kipton Anderson, M.D., President
11920 Burt Street, Ste 170
Omaha, NE 68154
Phone: 402-505-9198 Fax: 402-505-9281
Website: www.nebrafp.org

Nebraska Dental Association

David O'Doherty, Executive Director
7160 S. 29th Street, Ste A-1
Lincoln, NE 68516
Phone: 402-476-1704 Fax: 402-476-2641
Email: davididoherty@windstream.net
Website: www.nedental.org

Nebraska Optometric Association (NOA)

Dave McBride, Executive Director
1633 Normandy Court, Ste A
Lincoln, NE 68512
Phone: 402-474-7716 Fax: 402-476-6547
Email: noa@assocoffice.net
Website: www.noaonline.org

Nebraska Association of Independent Ambulatory Centers

Brooke A. Day, President
4353 Dodge Street
Omaha, NE 68131
Phone: 402.462.5441
Email: bday@nueterra.org

d. Practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application;

Practitioners of occupations similar to or working closely with members of the occupations addressed in this application are surgeons, physician assistants, registered nurse first assistants (perioperative registered nurse), and nurse practitioners.

Nebraska Medical Association (NMA)

233 S. 13th Street, Ste 1200
Lincoln, NE 68508
Dale Mahlman, Executive Director
Phone: 402-474-4472 Fax: 402-474-2198
Email: dalem@nebmed.org
Website: www.nebmed.org

Nebraska Nurses Association (NNA)

P.O. Box 82086
Lincoln, NE 68501
Teresa Anderson, EdD, MSN, RNC-OB, NE-BE, President
Phone: 402-475-3859 Fax: 402-474-6206
Email: executive@nebraskanurses.org
Website: www.nebraskanurses.org

Association of periOperative Registered Nurses (AORN)

Karen Rustermier, State Coordinator
Phone: 402-502-2606
Email: nurserust@yahoo.com

e. Educators or trainers of prospective members of the occupation dealt with in the application;

Nebraska Community College Association (NCCA)

Dennis G. Baack, Executive Director
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Lincoln, NE 68508
Phone: 402-471-4685
Email: dennisgb@neb.rr.com

Southeast Community College

Sharon Rehn, CST, RN, BS, MA
Program Chair
Phone: (402) 437-2785
Email: skrehn@southeast.edu

Nebraska Methodist College

Christy Grant, AAS, CST
Program Chair
Phone: (402) 354-7077
Email: Christy.grant@methodistcollege.edu

f. Citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g. advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.); and

Citizens familiar with or utilizing services of the occupations addressed in this application include patients, healthcare administrators, certified registered nurse anesthetists (CRNA), licensed independent practitioners, and registered nurses (RN).

American Association of Healthcare Administrative Management (AAHAM) – Aksarben Chapter

2500 California Plaza
Omaha, NE 68178
Beth Carstensen, President
Phone: 402-280-5882 Fax: 402-280-5874
Email: carstensen@creighton.edu
Website: www.aaham.ork/askerben

Healthcare Financial Management Association (HFMA) – Nebraska Chapter

Boone County Health Center
P.O. Box 151
Albion, NE 68620
Mandy Kumm, President
Phone: 402-395-3213
Email: mkumm@boonecohealth.org
Website: www.nehfma.org

Nebraska Health Information Management Association (NHIMA)

223 E. 14th Street, Ste 240
Hastings, NE 68901
Charlene Dunbar, President
Phone: 402-463-6111 Fax: 402-463-0122
Website: www.nhima.org

Professional Association of Health Care Office Management (PAHCOM)-Heartland Chapter

Peggy Ayer, President
Email: peggya@drlegge.com
Website: www.pahcom.com

Nebraska Association of Nurse Anesthetists (NANA)

1814 Colonial Place
Hastings, NE 68521
Sara Theoharis, President
Phone: 402-469-7904
Email: stheoharis@chartner.net
Website: www.neana.org

Nebraska Organization of Nurse Leaders (NONL)

UNMC College of Nursing
985330 Nebraska Medical Center
Omaha, NE 68198
Dee Ernesti, RN, MSN, CENP, President
Phone: 402-559-6606
Email: dee.ernesti@unmc.edu
Website: www.nebraskaonl.org

Licensed Practical Nurse Association of Nebraska (LPNAN)

1200 Libra Drive, Ste 100
Lincoln, NE 68512
Heath G. Boddy, Executive Director
Phone: 402-435-3551 Fax: 402-475-6289
Email: heathb@nehca.org
Website: www.lpnan.org

American College of Healthcare Executives (ACHE)

Nebraska Orthopaedic Hospital
2808 S. 143rd Plaza
Omaha, NE 68144
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Phone: 402-609-1000
Email: tom.macy@nohmail.com
Website: www.ache.org

AARP Nebraska

301 S. 13th Street, Suite 201
Lincoln, NE 68508
Mark Intermill, Advocacy Director
Phone: 402-323-5424 Fax: 402-323-6908
Email: mintermill@aarp.org
Website: www.aarp.org/ne

Nebraska Appleseed

941 O Street, Suite 920
Lincoln, NE 68508
Becky Gould, Executive Director
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Nebraska Coalition for Patient Safety

985565 Nebraska Medical Center
Omaha, NE 68198-5565
Ann McGowan, RN, MSN
Executive Director
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Community Action of Nebraska

210 O Street, Ste 100
Lincoln, NE 68508
Roger Furrer, Executive Director
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Email: rfurrer@canhelp.org
Website: www.canhelp.org

g. Other groups that would have an interest in this application.

None identified.

- 3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.**

This profession is not currently credentialed in the State of Nebraska.

- 4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and/or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.**

PART A: Licensure of Surgical Assistants

Part A of this proposal seeks to license surgical assistants (SA) that have obtained a level of education, training, and examination as approved by the Nebraska Department of Health and Human Services (hereafter, “the Department”). The SA occupation has its own specific educational standards as well as private certification requirements. Under this proposal, the Department would collaborate with the private certifying bodies issuing certification for surgical assistants to facilitate the State of Nebraska’s endorsement of the education, training, and testing upon which the private credential is based. These standards would become part of the new licensure standard for surgical assistants in Nebraska. Under this proposal, only those surgical assistants who have met the new licensure standard of appropriate education, training, and examination are eligible for licensure.

According to The American College of Surgeons, “[t]he [surgical assistant] participates during a surgical operation and is a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions.” The SA works under the personal supervision of a physician as a mid-level practitioner, providing quality health care services.

Under Part A of the application, the proposed scope of practice for an SA would include:

1. Positioning the patient
2. Preparing and draping the patient for the operative procedure
3. Providing visualization of the operative site
4. Assist with hemostasis
5. Assist with closure of body planes
6. Selecting and applying appropriate wound dressings
7. Providing assistance in securing drainage systems to tissue
8. Preparing specimens, such as grafts
9. Performing tasks delegatable under the personal supervision of a licensed physician

The Department would establish, by regulation, continuing competency requirements for the SA to renew licensure. At two year intervals, the SA would be required to present evidence to the Department demonstrating continuing competency in the provision of his or her scope of practice.

PART B: Registry for SA and ST

Part B of this proposal requests creation of a mandatory registry for individuals practicing as SA and surgical technologists (ST). The purpose of this registry is to assist the State of Nebraska in ensuring that individuals practicing in the SA and ST occupations are graduates of an accredited surgical technology and/or surgical assisting program and meet the educational and competency requirements necessary to provide quality care in the State. As a provision of Part B of this proposal, the registry shall include the previous education of the registrant.

The proposal requests inclusion of surgical assisting practitioners in the registry as not all SAs in Nebraska will qualify for licensure under the provisions of Part A. Additionally, not all SAs eligible for licensure will apply.

- 5. **Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.**

Surgical Assistant Functions

According to The American College of Surgeons, an SA is trained “to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions” during a surgical operation. An SA may receive additional training specific to the surgical specialty, type of operation, or classification of surgical facility (i.e. hospital, ambulatory). An SA works under the personal supervision of an independent licensed practitioner.

The American College of Surgeons and Association of Surgical Assistants have outlined the duties of a SA as follows:

Surgical Assistant Functions
<p>1. Positioning the patient</p> <ul style="list-style-type: none">A. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The surgical assistant will carry out this order.B. Points of pressure shall be padded: elbows, heels, knees, eyes, face, and axillary region.C. Circulation shall not be impaired.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 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 include the following:<ul style="list-style-type: none">(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.

2. 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

3. 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 noncrushing clamps
 - (4) Applying direct digital pressure

4. Utilizing appropriate techniques to assist with closure of body planes

- A. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material
- B. Utilizing subcuticular closure technique with or without adhesive skin closure strips
- C. Closing skin with method indicated by surgeon (suture, staples, etc.)
- D. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon
- E. Facilitate closure of skin layer by proper approximation of the tissue with forceps in collaboration with the surgical technologist who applies skin staples.
- F. Use of skin adhesive for primary closure.

5. 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)

6. Providing assistance in securing drainage systems to tissue

7. Prepare specimens, such as grafts

The Nebraska Legislature has not placed any restrictions on the functions of an SA.

Surgical Technologist Functions

An ST helps ensure a safe operating room environment in an effort to maximize patient safety through preparation of the operating room and surgical equipment prior to surgery. An ST is trained in the theory and application of sterile and aseptic techniques, human anatomy, appropriate surgical procedures, and function of surgical tools to assist in invasive surgical procedures. An ST works under the personal supervision of a registered nurse and the direct supervision of the independent licensed practitioner.

The Association of Surgical Technologists defines the role of an ST as follows:

Surgical Technologist Functions
1. Preparing the operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely;
2. Preparing the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments, and equipment using sterile technique;
3. Anticipating the needs of the surgical team based on knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient's surgical procedure; and
4. Performing tasks in an operating room setting in the sterile field, including the following: <ul style="list-style-type: none">(1) Scrubbing, gowning and gloving as required for the procedure being performed;(2) Participating in the "Surgical Time Out" to ensure correct patient identification, correct surgery site and correct surgical procedure;(3) Recognizing and correcting breaks in the sterile field to maintain the highest standard of sterile technique throughout the procedure;(4) Passing supplies, equipment or instruments to the surgeon and/or other qualified surgical team members;(5) Applying drapes to the sterile field;(6) Gowning and gloving additional surgical team members;(7) Sponging or suctioning an operative site;(8) Preparing and cutting suture material;(9) Transferring and irrigating with fluids;(10) Transferring but not administering medications within the sterile field, according to applicable law following verification and distribution by the registered nurse to the sterile field;(11) Handling specimens;(12) Holding retractors and other instruments including endoscopes to assist in the visualization of surgical site as directed by a licensed independent practitioner;(13) Applying electro cautery to clamps that have been placed on bleeders as directed by a licensed independent practitioner ;

<ul style="list-style-type: none"> (14) Connecting drains to a suction apparatus under personal supervision by a licensed independent practitioner; (15) Applying skin staples and skin adhesive under personal supervision by another licensed health care professional who approximates wound edges; (16) Applying dressings to closed wounds; (17) Counting sponges, needles, supplies, and instruments as appropriate for the procedure being performed with the registered nurse circulator prior to the operation and before the incision is closed; (18) Cleaning and preparing instruments for sterilization on completion of the surgery; and (19) Assisting the surgical team with cleaning of the operating room on completion of the surgery.
<p>5. Performing tasks in an operating room setting in the unsterile role as an assistant to and under the personal supervision of the circulating nurse, including the following:</p> <ul style="list-style-type: none"> (1) Verifying and obtaining appropriate sterile and unsterile items needed for procedure (2) Opening sterile supplies (3) Transferring the patient to operating room table (4) Providing comfort and safety measures as well as verbal and tactile reassurance to the patient (5) Assisting anesthesia personnel (6) Positioning the patient, using appropriate equipment and safety precautions (7) Applying electrosurgical grounding pads, tourniquets, monitors, etc., before the procedure begins (8) Preparing the patient's skin prior to draping by the surgical team by applying the appropriate skin preparation solution and shaving as ordered by the surgeon (9) Performing urinary catheterization when necessary (10) Anticipating additional supplies needed during the procedure (11) Properly caring for specimens (12) Securing dressings after incision closure (13) Assisting in transport of the patient to the recovery room or critical care area (14) Assisting in cleaning of the operating room and preparing for the next surgical procedure that is directed by the surgeon and or Registered Nurse.

The Nebraska Legislature has not placed any restrictions on the functions of an ST.

6. Identify other occupations that perform some of the same functions or similar functions.

Medical residents, nurse practitioners, physician assistants, and registered nurse first assistants perform some of the same functions as an SA and ST.

7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

It is difficult to articulate what distinguishes an SA and ST from the occupations identified in Question #6 as no licensure exists for the occupations addressed in this application in Nebraska; and, therefore, there is no formal scope of practice for comparison.

8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

Licensed independent practitioners regularly supervise members of the SA occupation. This supervision occurs in the surgical environment at which time licensed independent practitioners have personal supervision over the SA assisting in surgical procedures.

Licensed independent practitioners and registered nurses regularly supervise members of the ST occupations. This supervision occurs in the surgical environment at which time licensed independent practitioners have direct supervision and registered nurses have personal supervision over STs monitoring the safety and sterility of the operating room.

These practitioners (SAs and STs) do not regularly supervise members of other occupations.

9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?

No judgments and procedures of these occupations can typically be carried out without supervision or orders. The majority of the SA's and ST's actions are carried out without orders under direct and/or personal supervision.

These occupations require the direct and/or personal supervision of a licensed independent practitioner and registered nurse as outlined in #8.

10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

Nebraska does not currently have a registry of these occupations and association membership is not mandatory. Therefore, the exact number of individuals performing these occupations in Nebraska is unknown. The Bureau of Labor Statistics estimates STs but not SAs. According to the Bureau, approximately 650 STs currently work in Nebraska.

Practitioners of these occupations are not credentialed in Nebraska.

11. Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

Surgical Assistants

Currently, SAs are not required to have any formal education or training in Nebraska and may obtain on-the-job training. Usually SAs trained on-the-job have attended an accredited surgical technology program or were previously trained on-the-job as surgical technologists with no related post-secondary education.

To obtain professional certification as a surgical assistant from the National Board of Surgical Technology and Surgical Assisting (NBSTSA), a practitioner must graduate from an accredited surgical assisting program approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or perform a required number of clinical cases in the surgical assistant role and pass the certifying body's exam. The National Commission on the Certification of Surgical Assistants (NCCSA) also issues a private credential requiring similar education, experience, and examination. There are seven CAAHEP accredited surgical assisting programs nationally, and programs extend from 10 to 22 months. CAAHEP recommends the following prerequisite eligibility requirements for entering into an accredited program:

- Bachelor of Science degree (or higher)
- Associate degree in allied health field with 3 years of recent experience
- Certified surgical technologist credential, certified nurse operating room credential, or certified physician assistant credential, with current certification
- Three years of current operating room scrub and/or assisting experience within the last five years
- Military medical training with surgical assistant experience
- Proof of liability insurance
- Current CPR/BLS certification
- Acceptable health and immunization records
- Computer literacy

Students should also have successfully completed college level instruction in:

- Microbiology
- Pathophysiology
- Pharmacology
- Anatomy and physiology
- Medical terminology

The curriculum of an accredited program, according to CAAHEP, includes:

- Advanced surgical anatomy
- Surgical microbiology
- Surgical pharmacology
- Anesthesia methods and agents
- Bioscience
- Ethical and legal considerations
- Fundamental technical skills
- Complications during surgery
- Interpersonal skills
- Clinical application of computers

To obtain certification, an SA must apply through a national certifying body such as the NBSTSA or the NCCSA. Currently, the national certifying agencies recognized in all states that regulate SAs are the NBSTSA and the NCCSA. As the NBSTSA has the most clearly outlined and stringent eligibility requirements, its standards are utilized for purposes of this application.

The NBSTSA is a nationally accredited certifying agency. The National Commission for Certifying Agencies (NCCA) reviews and grants accreditation to the NBSTSA for administration of certified surgical first assistant (and certified surgical technologist) certifications. Practitioner eligibility for certification can occur in multiple ways under the NBSTSA and is indicated in the table below.

Certified Surgical First Assistant Eligibility (CSFA) (under the NBSTSA)	
Status	Certification Requirements
A current or previously certified CSFA	<ul style="list-style-type: none"> • Complete a renewal application • Submit evidence of certification
Graduate of an accredited surgical first assisting program	<ul style="list-style-type: none"> • Submit a notarized letter attesting to successful completion of the program; or • Submit a copy of the graduation certificate; or • Submit an official transcript; and • Apply for and pass the CSFA examination
A CST with a qualifying facility sponsor for experience training	<ul style="list-style-type: none"> • Submit a notarized pre-authorization form signed by the facility's Director of Surgery and evidence of insurance; and • Document 200 surgical first assistant cases that meet the Case Experience Requirements with notarized verification form; and • Apply for and pass the CSFA examination
A graduate of a military training program in surgical technology with 200 clinical cases as a SFA within the last four years	<ul style="list-style-type: none"> • Submit a copy of a DD214; or • Submit a copy of a graduation certificate or official transcript from a ST program; and • Document 200 clinical cases in the surgical first assistant role that meet the Case Experience Requirements with notarized verification form; and • Apply for and pass the CSFA examination
A current CSA through the National Surgical Assistant Association, or a current Surgical Assistant – Certified through the American Board of Surgical Assistants who has completed 200 cases within the last two years and obtained 50 continuing education credits within the past two years	<ul style="list-style-type: none"> • Submit a copy of the certification document; and • Submit verification of the CE credits; • Submit a copy of a graduation certificate or official transcript from a ST program; and • Document 200 clinical cases in the surgical first assistant role that meet the Case Experience Requirements with notarized verification form; and • Apply for and pass the CSFA examination

Typically, this education and training is acquired through classroom instruction and hands-on clinical training in the operating room.

The NBSTSA requires 75 continuing education credits for renewal of certification. Renewal is required every four years.

Surgical Technologists

Currently, there are no educational or certification requirements in place for STs in Nebraska. Many surgical technologists are trained on-the-job and have no post-secondary or related post-secondary education.

Certified surgical technologists who hold the certified surgical technologist credential from the NBSTSA have completed a programmatically-accredited education program. The NBSTSA recognizes two surgical technologist program accreditors: the CAAHEP and the Accrediting Bureau of Health Education Schools (ABHES). Approximately 500 accredited surgical technology programs are active nationwide. Programs are generally 10 to 22 months in length and reward a certificate/diploma or Associate's Degree, respectively. Program curriculum includes anatomy, physiology, microbiology, medical terminology, surgical asepsis, sterilization techniques, assembling and operating surgical equipment including lasers and robotics, medical ethics, basic and advanced surgical techniques and basic and advanced surgical operative procedures. Accredited programs also include diverse clinical training with a certified surgical technologist preceptor. Once a person successfully completes an accredited program, he or she is eligible to take the certified surgical technologist exam. If passed, the person earns the certified surgical technologist credential.

12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).

SAs and STs are employed by hospitals, surgery centers, endoscopy centers, private physician offices, clinics, surgical equipment manufacturers and educational facilities with surgical technology programs. While SAs are commonly hired by independent physicians, STs are generally employed by facilities.

The predominant practice situation for the majority of these practitioners is in operating rooms/surgical suites of a hospital or surgery center functioning as an integral member of the surgical team. They may also be employed by a private physician, dentist, optometrist or any other licensed independent practitioner that performs surgical procedures. SAs and STs practice in a wide variety of surgical specialties including:

- General surgery
- Orthopedic surgery
- Neurosurgery
- Spinal surgery
- Otolaryngology
- Obstetrical surgery
- Oral/Maxillofacial surgery
- Gynecological surgery,
- Craniofacial surgery
- Radical neck surgery
- Genitourinary surgery
- Cardiac surgery
- Thoracic surgery
- Vascular surgery
- Trauma surgery
- Plastic surgery

- Ophthalmologic surgery

13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.

Practitioners of these occupations routinely serve members of the general population. Services are not restricted to certain segments of the population.

14. Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.

SAs and STs are utilized in a surgical situation to support the licensed independent practitioner. Specific situations that require the services of the SA include medical device implants, complex surgical cases, and general surgical cases. A surgical technologist is generally present in most surgical cases.

15. Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?

The occupational group would not be referring patients to others and would not have patients referred upon it.

16. Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?

Yes. SAs and STs are not able to practice without the order of a licensed independent practitioner.

17. How is continuing competence of credentialed practitioner evaluated?

Currently, SAs and STs in Nebraska are not evaluated for continued competency unless professionally certified by a national certifying body.

Under the NBSTSA, a certified surgical first assistant must earn 75 continuing education credits in the four year renewal cycle to maintain competency under the credential. Under the NBSTSA, a certified surgical technologist must earn 60 continuing education credits in a four year renewal cycle to maintain competency under the credential. Under the NBSTSA, a dual credential holder (CSFA/CST) must earn 75 continuing education credits in the four year renewal cycle to maintain competency under both credentials.

Individual employers may also have continuing education requirements in addition to those stipulated by the NBSTSA.

18. What requirements must the practitioner meet before his or her credentials may be renewed?

Under the NBSTSA, to renew his or her credential, a practitioner must:

- complete the continuing education credits required during the renewal cycle and pay the renewal fee;
- or
- demonstrate competency through reexamination.

It is recommended that along with the continued competency information, each applicant for renewal is required to report any conviction for a misdemeanor or felony since the last renewal. Applicants are also required to report any discipline against any health care professional licensed in this state or any health care professional licensed in any other state since the last renewal period.

19. Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.

Surgical Assistants

There are four jurisdictions that license surgical assistants: Illinois, the District of Columbia, Kentucky and Texas.

Indiana requires surgical assistants to possess certification under the NBSTSA only for purposes of harvesting veins.

Colorado requires registration of surgical assistants (and surgical technologists) for employment. Virginia passed laws requiring registration of both practitioners in 2014, though the registry has not yet been implemented.

Surgical Technologists

Indiana, South Carolina, and Tennessee all require professional certification of surgical technologists under the NBSTSA.

Idaho requires that surgical technologists are either certified under the NBSTSA or have successfully completed an accredited surgical technology program.

Massachusetts, New Jersey, Texas, and New York allow an individual to practice surgical technology if he or she has done one of the following: 1) completed an accredited program and possesses a credential as a certified surgical technologist, 2) completed an accredited program and intends on obtaining a credential within a specific number of months after graduation, 3) been employed prior to specific “grandfathering” dates, 4) completed a training program within the U.S. military or in the U.S. Public Health Service, or 5) performs tasks or functions in the service of the federal government specific to that role. Practitioners must maintain the certified surgical technologist credential and pursue continuing education.

Regarding registration, Colorado has a registry of surgical technologists (and surgical assistants) as a requirement for employment. Washington registers surgical technologists only. Virginia passed laws requiring registration of both practitioners in 2014.

Illinois

In 2003, Illinois passed the Illinois Registered Surgical Assistant and Surgical Technologist Title Protection Act. Illinois registers both surgical assistants and surgical technologists. However, the registration rules amount to a title protection program. The law specifically notes that health facilities and licensed physicians are not required to use registered surgical assistants or registered surgical technologists. To qualify for registration, a

surgical technologist must complete an approved educational program, maintain certification by the NBSTSA, and meet normal administrative requirements.

Indiana

In 2011, the Indiana State Department of Health began requiring the certified surgical first assistant (CSFA) credential for “the performance of vein harvesting.”

District of Columbia

Since 2007, the District of Columbia has required all persons practicing as surgical assistants to obtain a license. To be eligible for licensure, surgical assistants must meet one of the following requirements:

- Completed a Commission on Accreditation of Allied Health Education Program (CAAHEP) accredited surgical assisting program or a military training program for surgical assisting, or
- Completed 1,300 hours of experience as a surgical assistant within the last three years.

Additionally, applicants must be certified by the NBSTSA, the National Surgical Assistant Association (NSAA), or the American Board of Surgical Assistants (ABSA). Licensed surgical assistants must keep certifications current and complete 50 hours of continuing education every two years. The District of Columbia lists specific tasks that surgical assistants may perform:

- Provide local infiltration or the topical application of a local anesthetic and hemostatic agents at the operative site;
- Incise tissues;
- Ligate and approximate tissues with sutures and clamps;
- Apply tourniquets, casts, immobilizers, and surgical dressings;
- Check the placement and operation of equipment;
- Assist in moving and positioning the patient;
- Prepare a patient by cleaning, shaving, and sterilizing the incision area;
- Retract tissue and expose the operating field area during operative procedures;
- Place suture ligatures and clamp, tie, and clip blood vessels to control bleeding during surgical entry;
- Use cautery for hemostasis under direct supervision;
- Assist in closure of skin and subcutaneous tissue;
- Assist in the cleanup of the surgical suite; and
- Check and restock the surgical suite

These tasks are particular to the surgical assistant role. They notably do not include harvesting veins. Additionally, regulations prohibit surgical assistants from performing surgical procedures independently, prescribing medication or writing non-operative progress notes or orders. A licensed physician must directly supervise the surgical assistant and the physician must remain within the surgical suite (although not the operating room) while the surgical assistant performs.

Kentucky

Kentucky provides certification for surgical assistants, which began in 2005. Persons who are otherwise unlicensed or uncertified by the state to practice as surgical assistants must attain state certification to practice as surgical assistants. However, surgical assistants employed by a hospital and under the direct supervision of a registered nurse are exempt from the certification requirement. To qualify for certification, surgical assistants must:

- Maintain a current certification from the NSAA or NBSTSA;
- Graduate from a CAAHEP surgical assisting program or a US Military program that emphasizes surgical assisting; and
- Have 3 years of full time work experience including 800 hours in surgical assisting.

Texas

The Texas Medical Board licenses surgical assistants; however, exemptions to the licensure requirement are broad and render the program, in practice, voluntary. The list of exemptions includes a person acting under the delegated authority of a licensed physician. A licensed physician physically present in the operating room must directly supervise licensed surgical assistants.

To qualify for licensure, a surgical assistant must meet the following requirements:

- Have an associate's degree;
- Have completed a CAAHEP accredited surgical assistant program or equivalent;
- Have 2,000 hours of experience in surgical assisting; and
- Maintain current certification by the ABSA, NSAA or NBSTSA.

A few states have conducted sunrise and sunset reviews of surgical assistant and surgical technologist regulations. In 2004, the Texas Sunset Advisory Commission performed a sunset review of the surgical assistant licensure program as part of its normal legislative process. The sunset review noted that, due to exemptions, the Texas statute does not actually prevent anyone from surgical assisting. The report also noted that health care facilities must approve surgical assistants to practice in operating rooms and that surgical assistants may only perform under the direct supervision of an accountable licensed physician. Additionally, ambiguous credentialing requirements demand excessive research time from staff. For these reasons, the Board recommended abolishing the licensure program. As of this date, however, the program is still in place.

Colorado

The Office of Surgical Assistants and Surgical Technologists Registration regulates individuals that perform the duties of a surgical assistant and surgical technologist. Program activities include registering individuals who will be performing these job duties in the state of Colorado, investigating complaints against surgical assistants and surgical technologists, including those practicing without a registration, and enforcing disciplinary actions against those that violate the statute and/or program rules. This is a director model program that has no Board. The Director of the Division of Professions and Occupations, or his/her designee, has authority to make the decisions for the program.

Washington

In 1989, Washington passed the Physician Assistant Surgical Assistant (PASA) statute. This law declared that only licensed personnel could perform tasks associated with the assistant-at-surgery role. Currently, physician assistants and registered nurses (not licensed practical nurses) may assist at surgery, as well as surgical assistants exempted under the “grandfathering” clause.

In 1996, following an application by the Greater Seattle Chapter of the Association of Surgical Technologists, the Office of Health Services Development performed a sunrise review on surgical technologists. According to comments received, surgical technologists were routinely, and illegally, performing tasks associated with the first assistant role, including clamping and tying blood vessels, suturing, stapling and inserting urinary catheters. This prompted the legislature to pass a law requiring registration of surgical technologists. Under the law and regulations, surgical technologists may sponge, suction, retract tissue, irrigate and cut sutures as well as perform tasks associated with the scrub role.

Virginia

In 2014, Virginia passed a law establishing registration for registration for all certified surgical technologists (certified by the NBSTSA) and all surgical assistants certified by either the NBSTSA or the NCCSA. Only appropriately-certified surgical technologists, surgical assistants, grandfathered practitioners (those practicing in the six months immediately preceding the effective date of the bill), and military program graduates are entitled to register with the Board of Medicine. The registration is distinct for surgical assistants and surgical technologists. The registration database is open to the public, allowing access by patients and others.

ADDITIONAL QUESTIONS AN APPLICANT GROUP MUST ANSWER ABOUT THEIR PROPOSAL

1. What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?

The role of a surgical assistant is an emerging health profession. Regulation protects the public by mitigating the degree of risk from the unregulated practice. Although surgical assistants would practice with the personal supervision of surgeons, the nature of their work requires independent judgment, knowledge and competence. Licensure is the best means of protecting the public and ensuring the minimum qualifications of surgical assistants.

In the absence of licensure and regulatory requirements, most surgical assistants have not pursued formal certification and/or licensure. Licensure would require the applicant to pass a Board approved professional education program and exam. A primary issue related to the lack of regulation of surgical assistants is the increased use of such unlicensed personnel as assistants-at-surgery or second set of hands for the surgeon. The surgical assistant does not perform surgery, but performs complex surgical tasks including harvesting veins for bypass grafts, dissecting tissue, removing tissue, altering tissue, clamping and cauterizing vessels, subcutaneous sutures, suctioning, irrigating, sponging and implanting devices. Currently, the surgical assistant role is often performed by a surgeon, physician, physician assistant, nurse practitioner or registered nurse with a first assist designation.

In the operating room, an increased work load accentuates the need for more licensed health care professionals. Surgeons find their time fractionated by multiple demands. By providing state licensure for the surgical assistants, they could perform several tasks that improve care, help schedules to be kept, enable the operating room to run more smoothly, reduce patient waiting and recovering times and improve the patient's overall experience.

2. If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.

Inspection requirements: Inspection provides a strong measure of public protection. All licenses, continuing education and hospital credentialing of the surgical assistant shall remain current and would be available for inspection by the State of Nebraska, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) inspections and Centers for Medicare and Medicaid (CMS) inspections.

Injunctive relief: This remedy is generally sought in situations in which there is a high likelihood that an individual has broken or will break the law and is intended to prevent future harm. If the applicant group were found to be negligent in some manner, an injunctive relief could be utilized to stop the applicant group, temporarily, from practicing until a decision can be made based on evidence presented whether patient safety was compromised.

Regulating the business enterprise rather than individual providers: A majority of surgical assistants would practice in operating rooms and surgical suites of hospitals or surgery centers, which are already

regulated. Other business enterprises may include ambulatory surgical centers which are also regulated. Health Care Practitioner Facilities are not currently surveyed by the State of Nebraska where some SAs may perform within their scope of practice under the personal supervision of an independent licensed practitioner.

Regulating or modifying the regulation of those who supervise the providers under review: A surgical assistant and his/her supervising physician may establish written guidelines by adopting protocols for some or all of the tasks performed by the surgical assistant within his/her scope of practice.

Licensing the providers under review: Licensure of surgical assistants who have attained a level of education, training, and examination as approved by the Nebraska Department of Health and Human Services creates the need for an appropriate fee schedule. The following fees are suggested:

- Application fee to be charged to each applicant: \$25.00
- Initial licensing fee: \$150.00
- Biennial license renewal fee: \$110.00
- Renewal late fee: \$25.00 (within 30 days), \$35 (within one year), \$75 (one year or longer)
- Reinstatement fee: \$35.00
- Duplicate license fee: \$10.00
- Fee for a letter of endorsement, letter of good standing or letter of licensure verification: \$10.00

Registering the providers under review: Creating a mandatory registry of all surgical assistants and surgical technologists which includes previous educational experience will provide the State of Nebraska a comprehensive list of these individuals performing services within the State. Appropriate fees should be collected in order to maintain a current registry for these professional groups. The following fees are suggested:

- Application fee to be charged to each registrant: \$18.00
- Biennial registration renewal fee: \$25.00
- Registration late fee: \$15.00
- Duplicate registration fee: \$10.00
- Certification of registration fee: \$25.00
- Expired registration reissuance: \$30.00
- Fee for a letter of registration verification: \$5.00

Certifying the providers under review by the State of Nebraska: State certification is a voluntary form of title protection only and does not restrict the practice of individuals. However, the proposal in this application seeks to license surgical assistants that have obtained a level of education, training, and examination as approved by the Department. The SA occupation has its own specific educational standards as well as private certification requirements. Under this proposal, the Department would collaborate with the private certifying bodies issuing certification for surgical assistants to facilitate the State of Nebraska's endorsement of the education, training, and testing upon which the private credential is based. These standards would become part of the new licensure standard for surgical assistants in Nebraska. Under this proposal, only those surgical assistants who have met the new licensure standard of appropriate education, training, and examination are eligible for licensure.

Licensing the providers under review: This application is seeking licensure for surgical assistants. In this application, the SA has a delimited scope of practice, has strong entry standards, and a provision for assessing

continuing competency. Persons not licensed by the State of Nebraska may not represent themselves either by the protected title or as performing the scope of practice of a licensed surgical first assistant.

3. What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?

The primary objective of regulating surgical assistants through licensure is to protect public safety by ensuring that only competent and properly vetted professionals are permitted to practice in the operating room, and by establishing and enforcing ethical guidelines and technical standards. Regulation will ensure that practitioners have the credentials required by the Board of Medicine. Licensure will allow surgical assistants to perform many tasks that improve care, help the operating room run more smoothly and improve the patient's outcome and experience.

4. What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?

Regulating surgical assisting practitioners who have attained a level of education, training, and examination (as approved by the Department) through licensure is the best way to protect public safety and ensure that only competent and properly vetted professionals are permitted to practice in the operating room. This also holds true for regulation of surgical assistants and surgical technologists through mandatory registration with the State. Licensure of surgical assistants will ensure that practitioners meet the requirements set forth by the Department. Failure of the public and private sectors to properly enforce the regulations, guidelines and standards would pose the greatest harm to the public. Additionally, failure to recognize surgical assisting practitioners as a regulated profession may cause patients in underserved areas to experience greater problems with access to health care as the availability of currently licensed health care personnel in those areas continues to dwindle.

5. What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

Currently, only competency of CSFA and CST practitioners is monitored through the respective certifying agencies, which are outlined in questions #17 and #18. As indicated in Part A of the proposal, the Department would, through administration of this proposal, establish minimum requirements for continued competency of a licensed surgical assistant.

6. What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?

The majority of surgical assistants are directly compensated through their employer and do not bill directly for services. Currently, the services these practitioners perform are attributed to a hospital or physician under the national provider identifier (NPI) of the independent licensed practitioner. In accordance with the Social Security Act, physicians may bill for services performed by qualified personnel in their employment. Hospitals utilize global billing practices to incorporate charges incurred.

Regulation as described above would not substantively impact billing practices, and the applicant group does not propose a modified third-party reimbursement model. In administering this proposal, the Department may need to evaluate the way in which billing is structured for a licensed surgical assistant.

7. What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.

Very few states have a disciplinary model for surgical assistants and surgical technologists. In Texas, surgical assistants have had their licenses revoked or been otherwise disciplined for practicing medicine without a license; drug or alcohol intoxication on the job; inappropriate touching of a co-worker; aggravated sexual assault of a child under 14 years of age; and billing fraud.

In Colorado, surgical assistant and surgical technologist registration was set-up because a drug-addicted, uncertified surgical technologist infected at least 33 patients with Hepatitis C.

The Association of Surgical Assistants and the Association of Surgical Technologists has received no complaints about unintended consequences of increased regulation, though the Association of Surgical Assistants and the Association of Surgical Technologists frequently receives calls asking how complaints can be filed about inappropriate behavior by surgical assistants and surgical technologists in order to protect patients. Unfortunately, most states do not have a mechanism for this type of patient protection.

8. What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?

Neither the state nor the general public will realize any net costs. The state will realize some costs for supplies, postage, administration, enforcement, program development and implementation. However, those costs will be minimal in comparison to the revenues generated from the licensure and registration fees for surgical assistants and surgical technologists respectively. Regulation of surgical assistants and surgical technologists will ultimately help bend the health care cost curve by utilizing well trained mid-level practitioners practicing medicine to the height of their credentials, experience and education; resulting in improved care, more efficiency in the operating room, reduced patient waiting and recovering times and improved patient experience.

9. Is there any additional information what would be useful to the technical committee members in their review of the proposal?

None at this time.

APPENDIX

DEFINITIONS

A Certified Surgical First Assistant (CSFA) is a surgical assistant that has been determined eligible through education, training and examination and granted CSFA certification as a surgical assistant by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). The CSFA is a protected, copyrighted, trademarked credential. Certification ensures minimum entry-level theoretical and practical knowledge of surgical assisting.

A Certified Surgical Assistant (CSA) is a surgical assistant that has been determined eligible through education, training and examination and granted CSA certification through the National Commission on the Certification of Surgical Assistants (NCCSA).

A Certified Surgical Technologist (CST) is a surgical technologist that has been determined eligible through examination and granted certification as a Certified Surgical Technologist by the National Board of Surgical Technology and Surgical Assisting. There is only one agency that awards the CST credential which is the NBSTSA. It is a protected, copyrighted, trademarked credential. Certification ensures minimum entry-level theoretical and practical knowledge of surgical technology.

Personal supervision means physical attendance in the room during the performance of a service or procedure.

A surgical assistant (SA) is an allied health professional trained to actively assist a surgeon during a surgical operation, promoting patient safety using appropriate techniques for processes including but not limited to maintaining hemostasis, proper patient positioning, clear visualization of the operative site, proper closure of the operative site, and correct dressing of a wound. A surgical assistant works under the personal supervision of a licensed independent practitioner.

Surgical assisting is the practice of promoting patient safety through provision of primary assistance to the primary surgeon during a surgical procedure.

A surgical technologist (ST) is an allied health professional trained in sterile and aseptic techniques, human anatomy, and appropriate surgical procedures as a member of a surgical team, monitoring the operating room environment for safety and ensuring equipment functions properly. A surgical technologist works under the direct supervision of a licensed independent practitioner and the personal supervision of a registered nurse.