

The following responses from Sidney Regional Medical Center and the Nebraska Hospital Association address questions and issues members of the Technical Review Committee posed at the June 18<sup>th</sup> meeting.

**Questions and Issues the Committee Members want addressed at their Public Hearing on July 8, 2015:**

**1. Comments regarding the definition of ‘misdemeanors’ being used. What are some examples?**

Please see the document entitled “Examples of DHHS Regulations On ‘Misdemeanor’ & ‘Felony’” dispersed at the June 18<sup>th</sup> meeting of the Technical Review Committee for examples of current professional and occupational licensure regulatory definitions of “misdemeanor” and “felony.”

As discussed at the meeting, the applicant group wants to ensure the absence of subjectivity in interpretation of the reporting requirements in the licensure application process. Requiring reporting of all misdemeanors and felonies while excluding infractions ensures full disclosure on the part of the applicant. Additionally, the applicant group wants to facilitate the Department of Health and Human Services’ (“Department”) efforts to standardize credentialing regulations while maintaining public safety. Recent occupational licensure regulations do not limit the definition of “misdemeanor” and “felony.”

The applicant group recommends that application requirements for both licensure of surgical first assistants and registry of surgical technologists exclude minor traffic violations and do not limit the definition of “misdemeanor” and “felony.”

**2. Comments on ‘due diligence’ pertinent to the following items NOT being included in the SFA scope of practice: a. positioning the patient, b. preparing and draping the patient for the operative procedure, c. providing visualization of the operative site d. applying wound dressings.**

As discussed at the June 18<sup>th</sup> meeting, inclusion of functions within a statutory scope of practice are specific to the occupation addressed and **do not preclude** other allied health care professionals or health care practitioners from performing them. In meeting with the Department, it was recommended that functions integral to an occupation are included in the proposed scope of practice. Based on the Department’s recommendation, these functions will remain in the proposed scope of practice for the surgical first assistant.

**3. Comments on the role of SFAs in the closure of body planes, if any.**

Based on feedback obtained during the June 18<sup>th</sup> meeting and in discussions with individuals trained in surgical assisting, the proposed scope of practice will be amended to include the Association of Surgical Assisting limitations on closure of body planes as indicated below.

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

**4. Comments on the role of SFAs in preparing specimens, grafts, etc., if any.**

As indicated in the proposed scope of practice for surgical first assistants, licensed practitioners will be able to prepare specimens, including grafts, which is an accepted function for the occupation. Harvesting of grafts is not included in the proposed scope of practice.

**5. Comments regarding who should or should not be required to sit for the ST assessment procedure.**

The applicant group recommends that proof of current national certification exempts registry applicants from the competency requirement if the Department deems it appropriate.

**6. Comments regarding which board or boards should administer the regulation of STs and SFAs?**

As indicated in the application amendment dated July 8<sup>th</sup>, 2015, the applicant group recommends that the Board of Medicine and Surgery administers licensure of surgical first assistants. As registered nurses are the primary supervisors of surgical technologists and delegate tasks integral to the field of surgical technology, the Board of Nursing is best suited to regulate the registry of surgical technologists.

**7. Comments regarding which health professionals should administer or evaluate the competency assessment for STs?**

Though the Department will determine who the appropriate health care professionals are for evaluating surgical technologists for purposes of the competency assessment, the applicant group recommends that it is in line with the medication aide registry requirements of a licensed health care professional who must indicate his or her occupation and medical license number.

**8. Comment on the nature of the assessment process for STs: Is it a formal examination? Or is it an interview? Or something else?**

As is the case for medication aides in Nebraska, the competency assessment is a demonstration of the registry applicant's ability to perform basic functions of the occupation. The licensed health care professional must observe and certify that s/he witnessed the registry applicant's ability to successfully complete the functions listed. This might occur during the educational process, on-the-job training, or in the course of the applicant's employment.

**9. Comment on the idea of defining a scope of practice for SFAs and a range of functions for STs under the terms of the proposal, with the exception that SFAs would have both a scope of practice and a range of functions, whereas STs would only have a range of functions.**

As licensed health care professionals under this proposal, surgical first assistants will have a scope of practice that dictates the functions an individual can perform under the license. The functions are statutory and limiting.

This proposal creates a mandatory registry for surgical technologists. The proposed registry does not limit the functions of the surgical technology occupation. It simply dictates minimum standards for competencies through a required assessment during the application process. The best model of this type of regulation is in Nebraska's medication aide registry (which can be found [here](#)). Under this proposal, the only limiting factor on the full range of functions of a surgical technologist will be determined through a hospital or clinic's job description and/or competency requirements.