

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

Dear Ms. Jackson and Members of the Committee:

4. *comments on the role of the surgical first assistants in preparing specimens, grafts, etc. if any.*

Surgical technologists handle specimens obtained by the operating surgeon, and are responsible to transfer that specimen to the RN circulator. They are also responsible for handling grafts removed from patients that are intended for re-implantation. Surgical assistants would be responsible for those actions as well.

In the case of the surgical first assistant that is working with an orthopedic surgeon, a surgical first assistant may prepare a hamstring graft at the back table for use in that procedure.

AORN is concerned that it be explicitly clear that the graft is obtained by the surgeon only, as obtaining a graft is a surgical procedure. Our concern over listing graft preparation is in the complexity of graft preparation of various types of grafts, to include vascular grafts for coronary bypass and peripheral bypass, renal grafts for transplantation, skin grafts, hair plugs, bone grafts and the like.

In granting licensure with broad statements regarding scope of practice such as this could become problematic and potentially cause harm to the patient. While some graft preparation may be appropriate, others may not.

AORN has concerns regarding some of the activities listed in the scope of practice for the SFA and the range of function for the CST, most notably the application of a tourniquet and urinary catheterization, as has been listed in #9 of the questions.

Urinary catheterization is an intervention carried out traditionally by the nurse but may be performed by the physician. The number one cause of nosocomial infection is the urinary catheter and should not be delegated. The application of a tourniquet is problematic in that improper fit may cause permanent nerve damage and should not be delegated either. The selection of the appropriate cuff is correlated to the physical assessment of the patient that is performed by the nurse or physician.

AORNs biggest concern in the credentialing of the SFA is the limited amount of post secondary education required. I have included a copy of the requirement for obtaining and maintaining SFA and compared it to the CRNFA, who would be first assisting at the level being requested for these practitioners.

CRNFA

1. Current, unrestricted nursing license
2. Bachelors Degree
3. Currently hold CNOR certification/APRN certified in the specialty
Two years employment as a perioperative registered nurse and write and pass the CNOR exam
4. Currently working full or part time as an RNFA
5. Documented 2000 hours of first assisting (not classroom work)
6. 500 of those hours must have been in the previous 2 years
7. Completion of an accredited formal RNFA program
140 hours online/ home study (35 credit hours)
60 hour didactic workshop
Internship of 60 cases
8. Write/Pass CRNFA exam
9. Renews every 5 years
200 contact hours if 1000 active hours of first assisting is logged
300 contact hours if 500 active hours of first assisting has been logged

CSFA

1. Graduate of a SFA program
(28 credit hour's average)
2. Previous operating room experience such as CST
3. Log 200 cases (75 general surgery, 75 specialty, 50 in another specialty)
4. Write /Pass CSFA exam
5. Renews every 2 years
50 contact hours
Log 200 cases verified by 2 different surgeons

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