

Louisiana State Board of Nursing

DECLARATORY STATEMENT FOR REGISTERED NURSES FIRST ASSISTING IN SURGERY

I. Background:

The safety and welfare of the patient should be given primary consideration in the selection of a first assistant in surgery. Ideally, the first assistant to the surgeon should be a qualified physician. However, in those situations when a qualified physician is not available to assist in surgery, a registered nurse/RN who has acquired the necessary knowledge, skills, abilities, and judgment as delineated in this declaratory statement may function in the role of a first assistant in surgery under the direction of the surgeon.

In accord with LRS 37:913(14)(l) and LAC 46:XLVII.3703.(A) and as authorized by the Board, RNs may perform additional activities beyond those taught in basic nursing education programs. Since May, 1985 the Board has recognized RNs functioning as first assistants in surgery in this State. Furthermore, those RNs privileged and educated to perform in this role prior to August of 2014 are recognized as having the specific knowledge, skills, abilities, and judgment to serve in this capacity.

The decision by an RN to function as a first assistant in surgery is to be made deliberately with an understanding of the professional accountability that the role requires. The complexity of knowledge and skill required to competently function as a first assistant in surgery necessitates that specialized education beyond basic nursing programs be formally obtained and documented.

II. Qualifications:

RNs seeking to function as registered nurse first assistants (RNFAs) must meet the requirements and qualifications for RNFA practice as set forth by the professional organization, the Association of periOperative Registered Nurses/AORN including but not limited to:

A. completion of an RNFA educational program that meets the “AORN Standards for RN First Assistant Education Programs”:

1. “AORN Standards for RN First Assistant Education Programs” are programs that:

- a. are at a minimum equivalent to six (6) semester credit hours of formal, post-basic RN education;
- b. award college credits and degrees or certificates of completion upon satisfactory completion of all requirements;
- c. are associated with
 - 1.) a college or university that is accredited by an institutional accrediting agency that is recognized by the US Department of Education;
 - 2.) a nursing program (eg, school, college, department of nursing) that is accredited by a national nursing accrediting

agency that is recognized by the US Department of Education, if eligible; and

3.) a nursing program that is

approved/recognized/accredited by a state board of nursing;

d. adheres to the current version of the “AORN Position Statement on RN First Assistants” and the “AORN Position Statement on the Perioperative Advanced Practice Nurse”; and

e. incorporate all of the content in the current edition of the *Core Curriculum for the RN First Assistant*.

B. maintenance of current certification in perioperative nursing as a Certified Nurse, Operating Room (CNOR) and current licensure as a registered nurse in Louisiana;

C. demonstration of compliance with statutes, regulations, and institutional policies relevant to RNFAs; and

D. possession of a baccalaureate degree, with the exception that RNFAs privileged, educated, and practicing as an RNFA prior to January 1, 2020, may continue to practice at their existing level of education.

III. Scope of Practice:

The RN practicing as a first assistant in surgery functions in an expanded perioperative nursing role. Perioperative nursing is a specialized area of practice. The activities included in first assisting in surgery are further refinements of perioperative nursing practice which are executed within the context of the nursing process for RNs. The RNFA collaborates with the surgeon to promote optimal patient outcomes and does not concurrently function as a scrub nurse or circulator. Intraoperative nursing behaviors are based on an extensive body of scientific knowledge. Additionally, intraoperative first assistant techniques include but are not limited to:

- handling and/or cutting tissue;
- providing surgical site exposure;
- providing hemostasis.
- using instruments or medical devices;
- suturing; and
- surgical wound management.

These behaviors may vary depending on patient populations, practice environments, services provided, accessibility of human and fiscal resources, agency policy, and the Law Governing the Practice of Nursing.

IV. Credentialing & Clinical Privileges:

An RN may function as a first assistant in surgery only after the qualifications listed above have been met and after privileges to function as a first assistant in surgery have been granted by a credentialing committee established by the health care facility. The Board recommends that nursing representation be included on the credentialing

committee when privileges for nurses are under consideration. Written policies and procedures should be available in facilities utilizing RNFAs and should address current and continued competencies. An orientation to the operating room should be provided to first assistants in surgery who are not employees of the facility. The performance of the RNFA should be reviewed by the credentialing committee at regular, designated intervals to evaluate current and continued competency. Documentation of completion of an RNFA educational program that meets the “AORN standards for RN First Assistant Education Programs” must be retained in the RN’s file.

References:

Association of periOperative Nurses. (2013). AORN Position Statement on RN First Assistants. Retrieved from http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx

Association of periOperative Nurses. (2013). AORN Standards for RN First Assistant Education Programs. Retrieved from [http://www.aorn.org/Clinical_Practice/RNFA_Resources/First_Assisting_\(RNFA\).aspx](http://www.aorn.org/Clinical_Practice/RNFA_Resources/First_Assisting_(RNFA).aspx)

Center for Medicare and Medicaid Services. (June, 2014). State Operations Manual Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Retrieved from http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Delineation of Surgical Privileges, 42C.F.R.482.51(a)(4). (2007). Retrieved from <http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-part482.pdf>

Definition: Under the direction of the physician means that the physician is available and physically present in the practice setting; does not mean that the physician must observe every action performed by the nurse.

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