



Recommendations for:

**REGISTERED NURSE FIRST SURGICAL
ASSISTANT**

FOR

OPERATING THEATRES

IN

NEW ZEALAND

SERVICE GUIDELINES

**NEW ZEALAND NURSES' ORGANISATION (INC)
RECOMMENDATIONS FOR:**

**REGISTERED NURSE FIRST SURGICAL ASSISTANT
in OPERATING THEATRES in NEW ZEALAND.
SERVICE GUIDELINES**

March 2009, Reviewed 2014

New Zealand Nurses' Organisation

Approved by NZNO February 2015

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Published 2009 & 2014
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ISBN 978-1-877461-15-6

Printed Wellington, New Zealand

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1 BACKGROUND

Perioperative nurses provide assistive support to surgeons intraoperatively. This generally occurs within the scrub, circulating, anaesthetic support and assisting roles. A recent development in New Zealand has been the formalising of a new Perioperative nursing role, that of a Registered Nurse First Surgical Assistant (RNFSA) whose role is to act as the surgical assistant to the surgeon. This role has historically been undertaken by a registered medical practitioner, for example a surgical registrar. The RNFSA is an expanded practice role requiring specific knowledge and skill. Registered Nurses working in this role should meet the requirements of expanded practice as outlined by Nursing Council of New Zealand (NCNZ, 2010).

The role of the RNFSA was recognised as an expansion of the RN scope of practice after wide consultation between NZNO, NCNZ and other stakeholders such as The New Zealand Private Surgical Hospitals Association (NZPSHA) in 2007. In 2008, it was recommended that the Perioperative Nurses College of NZNO (PNC) was the appropriate body to set national guidelines for the standards and credentialing of RNFSAs.

In September 2010 NCNZ produced the document *Guideline: Expanded Practice for Registered Nurses* (NCNZ, 2010). This was in response to health consumer needs and the continual development of new health services. The NZNO continues to support the notion that employer credentialing to a national standard is the appropriate method to manage expanded nursing practice. The NCNZ definition of expanded practice is as follows;

Expanding the boundaries of nursing practice occurs as a professional strategy in response to a changing health care need with increased range of autonomy, accountability and responsibility. The formal pathway to role expansion that entail further education and credentialing (NCNZ 2010).

The purpose of this document is to identify national service guidelines for the RNFSA role and organisational credentialing. The final document will be promulgated widely for national implementation. This will meet the requirements of the Health Practitioners Competence Assurance Act (2003) by ensuring appropriate, nationally consistent standards for this expanded nursing role.

The process utilised in developing this document included;

- A Literature review
- International Standards as well as NZPSHA submissions and correspondence have been key references underpinning the standards and policies.
- NCNZ reference group minutes (August 2008)
- Consultation with an expert PNC working party (named below)
- National consultation including PNC members, NCNZ, NZPSHA, Nurses Executives of New Zealand, Royal Australasian College of Surgeons (NZ branch)
- Document review by the expert PNC working party 2014

The PNC thanks all those who contributed to the development of this document: Specifically the original working party Susanne Trim, Yvonne Morgan, Berice Beach, Prue Hames and external advisor Bridie Kent and the 2014 review committee consisting of Yvonne Morgan, Sandra Millis and Amelia Howard-Hill.

Feedback was sought from key stakeholder organisations prior to document approval. The organisations consulted were:

New Zealand Nurses Organisation
Nursing Council of New Zealand
Royal Australasian College of Surgeons
College of Nurses Aotearoa NZ
Nurse Education in the Tertiary Sector
Nurse Executives of New Zealand
Faculty of Medical and Health Sciences, University of Auckland
Office of Chief Nurse, Ministry of Health
Health Workforce New Zealand
New Zealand Private Surgical Hospital Association
District Health Board Directors of Nursing
Theatre Managers and Educators Group
Perioperative Nurses College Membership

1A Glossary of Terms

Audit: The process of an unbiased analysis of any complications experienced in the RNFSAs practise. Used predominately as a reflective learning tool to ensure further practice/knowledge development.

Competence: The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse. (NCNZ, 2010)

Competency: A defined area of skilled performance. (NCNZ, 2010)

Competent: The person has competence across all domains of competencies applicable to the nurse at a standard that is judged to be appropriate for the level of nurse being assessed.(NCNZ, 2010)

Credentialing: The process a RNFSA undergoes via their employer to ensure competency to practise in the extended and expanded scope of a RNFSA.

Expanded Practice: Expansion of the registered nurse scope of practice occurs when nurses with demonstrated nursing expertise assume responsibility for a health care activity or role which is currently outside their scope of practice. Expanded practice may include areas of practice that have not previously been in the nursing realm or have been the responsibility of other health professionals. (NCNZ, 2010)

Log book: A confidential and secure record of the specific cases the RNFSA has assisted with including any specific extended practice roles (e.g. graft preparation). The logbook also covers any complications. Patient confidentiality must be maintained when the logbook is presented to employers/ NCNZ.

Scope of Practice: The boundaries set out by the NCNZ in which a nurse may practice.

2 Perioperative Nurses College NZNO - Position Statement on Registered Nurse First Surgical Assistant

Underlying assumptions are that RNFSAs meet the

- NCNZ competencies for a registered nurse;
- PNC standards and guidelines for practice for Perioperative nursing in New Zealand.

The PNC supports the development of the RNFSA role in New Zealand and considers it an expansion of the registered nurse scope of practice which is supported by NCNZ guidelines for expanded practice (NCNZ 2010).

The PNC believes that only RNs with a minimum of 5 years perioperative experience, who have undertaken a Post Graduate Certificate in the area of surgical assisting, who can provide evidence of the required knowledge and skills and have been assessed as being competent in the expanded practice activities should practise within the RNFSA role. It is expected that perioperative experience would include the roles of circulating and scrubbing for complex major surgical cases.

Disclaimer

The Perioperative Nurses College NZNO assumes no responsibility for the practises or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. RNFSAs function within the limitations of legislation and organisational policy.

3 PURPOSE

The RNFSA is an expanded scope of practice for the perioperative registered nurse. The provision of high quality care is the primary consideration in extending the role of the nurse. This will ensure safety for the public, the nurse and the service provider.

The purpose of this document is to achieve a national quality and consistency for perioperative nurses assisting surgically.

There will be alignment with:

- Organisational policies
- Standards of practice and competencies
- Preparation for the RNFSA role, and
- Credentialing and auditing processes

This document offers a framework to RNFSAs and service providers and will assist in the recognition and transportability of nursing skills nationally in RNFSA roles.

4 POLICY

4.1 Definition of Registered Nurse First Surgical Assistant

The RNFSA is a perioperative nurse who has acquired additional formal knowledge, training, experience, judgement and skills as outlined in the position description; functioning in an expanded role. The RNFSA carries out functions that will assist the surgeon in performing a safe surgical procedure with optimum results for the patient. The RNFSA practices perioperative nursing, functions directly under the supervision of the surgeon during the surgical procedure, and does not function simultaneously as the scrub nurse (AORN, 2013).

4.2 Policy

The RNFSA provides direct patient care as part of the perioperative role in compliance with the HPCAA (2003). The RNFSA works within the RNFSA position description and the organisation policy, is credentialed by the organisation where they practice as an RNFSA and undergoes an annual audit process. The RNFSA functions interdependently with the surgeon during the intraoperative portion of his/her practice. The RNFSA does not concurrently function as the scrub nurse.

4.3 Specialised Area of Practice

The Association of Perioperative Registered Nurses (AORN 2004) states that "The scope of practice of the nurse performing as first assistant is a part of the RN scope of practice. Perioperative nursing is a specialised area of practice. The activities included in first assisting are further refinements of perioperative nursing practice which are executed within the context of nursing process. The observable behaviours are based on an extensive body of scientific knowledge. These intraoperative nursing behaviours may include

- Transition assessment on entry to the operating room, including surgical safety checklist, sign-in and time-out
- Handling tissue
- Providing exposure
- Using instruments
- Suturing
- Providing haemostasis,
- Surgical safety checklist sign-out, and
- Transition to Post Anaesthetic Care Unit"

The decision by an RN to practice as a RNFSA must be made voluntarily and deliberately, with understanding of the professional accountability that the role entails.

The RNFSA must be aware of his/her limitations as stated in their employee Position Descriptions and Guidelines and/ or their defined scope and area of practice under a credentialing arrangement. He/she must adhere to the policies of the facility while remain within the scope of practice as defined by these policies and the Health Practitioners Competence Assurance Act (2003).

4.4 Organisation Policy

The organisation(s) where the RNFSA practices should have a formal policy in regard to RNFSA.

The policy should cover:

- Expanded practice activities and definitions
- Standards and practice guidelines
- Credentialing process
- Position description or defined scope and area of practice activities
- Prerequisite knowledge, skills and experience
- Responsibilities of the surgeon

The policy should include but is not limited to the following:

The RNFSA provides perioperative assistance within expanded scope of practice framework for an RN and the wider context of perioperative nursing practice.

The RNFSA functions directly under the supervision of the surgeon during the procedure, and does not concurrently function as a scrub/circulating nurse.

The RNFSA is responsible and accountable for his/her own nursing practice within the legislation governing nurses and the policies of the employing organisation.

The RNFSA functions according to a position description, or a credentialing process in which the RN defines their scope and area of practice, NCNZ Expanded Practice Guideline (2010) and the standards and practice policies of the employing organisation.

Maintenance of competence requires that the RNFSA assists for a minimum of 320 hours per annum (equivalent to 40 full day lists); maintains a log book of procedures and complications to be reviewed/audited by the RNFSA and submitted to the credentialing organisation; and is able to provide evidence of ongoing RNFSA specific professional development and integrates this into their level four PDRP/ or equivalent (minimum).

5 THE CONTINUUM OF PERIOPERATIVE NURSE ASSISTING ROLES

The RNFSA is considered an expanded level of RN practice within a continuum of perioperative nurse assisting. An overview of that continuum is presented below to assist differentiating the RNFSA role from that of experienced perioperative nurse assisting and the advanced practice of the Nurse Practitioner - Perioperative. The overview assumes the NCNZ competencies and PNC standards and guidelines for perioperative nurses are met.

A Continuum of Perioperative Nurse, surgeon assistant roles

	Perioperative Nurse	Surgical Assistant Nurse Experienced Perioperative Nurse	RNFSA Expanded & Extended Practice	Nurse Practitioner - Perioperative
		More Task Orientated	Uses knowledge based clinical decision making skills	Advanced Practice
Registration	RN EN/NA	RN EN (grandparented provision for those currently undertaking role)	RN	NP
Tasks	<u>Retraction</u> - under direction, instruction & visual supervision - surgeon places retractor - not independent <u>Sutures</u> - cutting sutures <u>Haemostasis</u> - suction and swab under surgeon's direct instruction - diathermy onto forceps placed by surgeon <u>Instrument management</u> - manipulation under direct supervision and instruction Example: release of clamps during vessel tying	<u>Retraction</u> – under direction and visual supervision but with anticipatory advanced knowledge of anatomy may initiate retraction. <u>Haemostasis</u> – similar to column 1 <u>Clinical specialty knowledge</u> -Troubleshoots <u>Preparation of surgical site</u> – hair removal & skin prep <u>Instrument management</u> – same as column 1 but using clinical knowledge & initiative Suturing of skin if appropriate training undertaken	INTRAOPERATIVE; LA tissue infiltration <u>Retraction</u> – may initiate some tissue handling and dissection <u>Haemostasis</u> – grasp and tie vessels Initiate patient positioning intraoperatively. Procedural advice and input. Diagnostic tests → assessments → specimen mgmt Graft – preparation Preparation of surgical site <u>Interdependent surgery</u> – not same site but same surgical episode <u>Suturing</u> – skin, subcutaneous tissue, fascia as directed PERIOPERATIVE (for RNFSA's working towards NP); Preoperative planning Perioperative education Pre/Post op care and follow up Liaison with MDT	Performs Column 3 RNFSA expanded and extended role + practises across the perioperative continuum meeting the competencies of the NP.
Education	Comprehensive orientation to specialty of perioperative nursing	In-house training and mentoring Workshops Beginning Post Graduate studies	Post Graduate Certificate as minimum (additional study required as responsibility increases) Mentoring by surgeon into role	MN – Clinical

5.1 Distinguishing between RNFSA and Nurse Practitioner

RNFSA role

The RNFSA works within a clinical governance framework primarily during the intra-operative phase of the patient care. Working as part of the operating room team, the RNFSA provides skilled informed assistance to the surgeon (PCC 2003).

The RNFSA provides skilled assistance to, and works under the direct supervision of, the surgeon and at no time will their activities lead to independent surgical intervention. Interdependent surgical activities may be included after the RNFSA has gained sufficient clinical knowledge and education to enable safe practice. Examples of interdependent surgical activities are vein procurement for cardiac and vascular procedures, formation of ileostomy and bone graft harvesting.

Nurse Practitioner Role (NP)

The perioperative NP works both in, and out of, the operating room clinical environment and undertakes specified surgical intervention, either under direct, indirect or proximal supervision. The NP works within the NCNZ Scope of Practice for NPs. The role of a perioperative NP includes but is not limited to:

- Preoperative care
- Independently performing invasive procedures
- Postoperative care
- Evaluation of care

The perioperative NP works as a member of the surgical team and may conduct surgical interventions delegated by the operating surgeon and is supervised by the consultant surgeon responsible for the episode of patient care.

The perioperative NP may make clinical judgements about the care of patients reflective of their agreed competence and delegation by the surgeon.

Appleton (2002) has suggested that with the relevant educational preparation RNFSA's could become perioperative NPs. Such a role would provide increased patient contact and opportunities to provide health education to patients and others thereby enhancing the quality of patient care

Specific examples of this include enhanced perioperative planning to reduce patient delays or cancellations. Discharge planning that commences at the time of the surgical booking to reduce patient length of stay and enhance postoperative rehabilitation. Reduced surgical time through performing some aspects of surgery in tandem. Improved patient outcomes through the patients being better prepared and therefore empowered to manage their perioperative journey to recovery.

6 RN FIRST SURGICAL ASSISTANT: POSITION DESCRIPTION

Position: Registered Nurse First Surgical Assistant (RNFSA)

Qualification: Registered Nurse with current practising certificate
PG Certificate in surgical assisting as minimum

Hours of Work:

Department: Perioperative Services/Surgeon employed

Responsible To: The surgeon
If employed by a healthcare organisation, the Perioperative services manager or contractor.

Collaborates with the nursing personnel including the Perioperative team and the surgeon regarding best practice and optimal outcomes for the patient

In the intraoperative phase, functions under the direct supervision of the surgeon.

Definition:

- The RNFSA is a perioperative nurse functioning in an expanded role with additional skills and post graduate education, PG Cert with a surgical assisting focus the minimum but PG Diploma desirable.
- The RNFSA to the surgeon during a surgical procedure carries out functions intended to assist the surgeon in performing a safe surgical procedure with optimal results for the patient.
- The RNFSA practises Perioperative nursing and has acquired the knowledge, skills and judgement necessary to assist the surgeon, through organised instruction and supervised practice.
- The RNFSA functions interdependently with the surgeon during the intraoperative phase of practice.
- The RNFSA does not concurrently function as scrub/instrument nurse.

Principal Responsibilities:

- To uphold the patient's right to safety and well-being during Perioperative care, ensuring patient's code of rights is upheld.

- May have some responsibility for preoperative assessment and postoperative evaluation with a primary emphasis on the intraoperative phase.¹

Key Duties:

- Preoperatively may assist with the assessment of the patient.
- Assists with preparation and administration of pharmaceutical agents perioperatively, as directed by the surgeon.
- Participates in all stages of the Surgical Safety Checklist process
- Assists with patient positioning, skin preparation and draping.
- May assist with the provision of haemostasis by clamping blood vessels, coagulating bleeding points, ligating vessels and by other means, as directed and supervised by the surgeon.
- Provides wound exposure through appropriate use of instruments, retraction, suction and sponging techniques.
- Handles tissue as directed by the surgeon; sutures subcutaneous tissues and skin and in appropriate circumstances, fascia.
- Manages specimens
- Applies surgical dressings, casts or immobilising devices.
- Writes perioperative orders according to agreed protocols (must be countersigned by the surgeon).
- Assists with transferring the patient from the operating room to the post-anaesthetic care unit and may participate in hand-over.
- Performs perioperative patient evaluation, teaching and discharge instructions.
- Practises within the limitations of preparation and experience.
- Maintains continuing education relative to practice.
- Recognises hazards and initiates appropriate corrective action.
- May assist in the provision of postoperative assessment of patient and postoperative care as required.
- Participates in continuous quality improvement monitoring as indicated.

¹ This position description has been adapted from the ACORN standards (2008) Perioperative Nurse Surgeon's Assistant: Position Description

- Maintains a surgical procedure log.
- Proactively collects quality and audit data as 'evidence' of his or her competence (Ministry of Health, 2010)
- Actively engages in all aspects of credentialing as a condition of access to the patient care environment and/ or employment policies and processes (Ministry of Health 2010)

Specific Duties:

The RNFSA will:

Assist with the patient positioning, skin preparation and draping of the patient, or perform these actions independently, if so directed by the surgeon.

Provide retraction by:

- Closely observing the operative field at all times.
- Demonstrating stamina for sustained retraction
- Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
- Managing all instruments in the operative field to prevent obstruction of the surgeons view.
- Anticipating retraction needs with knowledge of the surgeons preferences and anatomical structures.

Provide Haemostasis by:

- Applying electrocautery to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
- Swabbing and utilising pressure as needed.
- Utilising suctioning techniques.
- Applying clamps on vessels and the tying or electrocoagulation of them as directed by the surgeon.
- Placing suture ligatures in tissue as directed by the surgeon.
- Placing ligation clips on vessels as directed by the surgeon.

Perform knot tying by:

- Having knowledge of the basic techniques.
- Tying knots firmly to prevent slipping.

Perform dissection as directed by the surgeon by:-

- Having knowledge of the anatomy and demonstrating the ability to use the appropriate instrumentation.
- Dissecting all layers to but not the peritoneum, for abdominal surgery in accordance with the HPCAA (2003), only after specific training and as directed by surgeon.
- Dissecting (including harvesting when applicable) the saphenous vein or other vessel for cardiac surgery, only after specific training and as directed by the surgeon.

Perform closure of layers by:-

- Correctly approximating the layers under the direction of the surgeon.
- Demonstrating knowledge of different types of closure.
- Demonstrating knowledge of wound healing and infection control.

Assist the surgeon at the completion of the procedure by:-

- Affixing and stabilising all drains.
- Cleansing the wound and applying the dressing.
- Application of casts, splints and various other immobilisation devices, as directed by surgeon.
-
- Specimen management

Additional Responsibilities:

The RNFSA should be present during the continuum of the patient visit through the operative phase. The following responsibilities are desirable to fulfil the scope of role of the RNFSA:

- May assist with the perioperative assessment and handover on admission of the patient to the operative area.

- May assist with the provision of preoperative counselling and education to the patient where appropriate and reinforces this prior to entry of the operating room.
- Communicates all pertinent information to the operating room team, and ensures a safe transfer to the operating room.
- May assist in the provision of a detailed hand-over of patient to PACU using specific knowledge gained during the procedure.

Addendum:

The following additional responsibilities may also be undertaken by RNFSAs moving towards NP registration:

- Provides preoperative counselling and education to patients scheduled for surgery and their families and commences discharge planning.
- Provides postoperative care by way of wound management, postoperative education, application and removal of dressings and plaster casts.
- Visits patients postoperatively to complete planning of discharge and to provide discharge instructions.
- Participates in the follow-up postoperative visits of the patient.

Qualifications & Attributes:

Qualifications for RNFSA should include:

1. Registered Nurse.
2. Current practising certificate.
3. Credentialed to work as a RNFSA within the organisation
4. Documentation of expertise (Level 4 PDRP equivalence) in Perioperative nursing practice (including the expanded practice competencies).
5. Post Grad Certificate with RNFSA focus
6. Knowledge and skill in applying principles of asepsis and infection control.

7. Knowledge of surgical anatomy, physiology, and operative technique related to the operative procedures in which the Perioperative Nurse assists.
8. Current certification in line with hospital policy. (May include CPR certificate and mandatory training).
9. Communicates effectively and works collaboratively within the interdisciplinary team.
10. Ability to recognise safety hazards and initiate appropriate preventive and corrective action.
11. Ability to perform effectively in stressful and emergency situations.
12. Ability to demonstrate skill in behaviours unique to the RNFSA.
13. Must provide evidence of professional indemnity insurance cover (if not covered by an employer's indemnity insurance arrangement)..

Approval:

Department Manager

.....
 (Name) (Signature) (Date)

7 PREPARATION FOR THE RNFSA ROLE

The RNFSA role has been established in many countries due to service provision needs and professional requirements, and is generally considered to be an expanded practice role, with the majority of international literature suggesting post graduate education as a minimum requirement (Morgan & Kent 2008).

The principles of knowledge, observation, guided practise, mentoring, supervised practice, competence assessment and review apply to the preparation for any expanded practice role.

Limited access to formal RNFSA education programmes for New Zealand perioperative nurses has meant that alternative pathways to developing the requisite knowledge and skills required have been used in the past. To date, experienced Perioperative nurses have prepared for the role of RNFSA by a variety of methods including

- PG Certificate in RNFSA undertaken overseas
- Self directed learning
- Surgeon mentoring and supervision
- In-house training programmes
- Conference and seminar attendance
- Maintenance of a log book of procedures
- Audit

Since 2010 there is now formal Postgraduate education available in New Zealand for RNs who wish to practice in the expanded role of RNFSA. The training covers practical surgical assisting skills as well as building upon theoretical knowledge required for RNs to work at an expanded level.

Nurses practising in the RNFSA role throughout the intraoperative phase require a minimum post graduate certificate. However if the RNFSA wishes to practice over the perioperative continuum then it is recommended that they have completed a post-graduate diploma including advanced assessment skills and clinical reasoning papers.

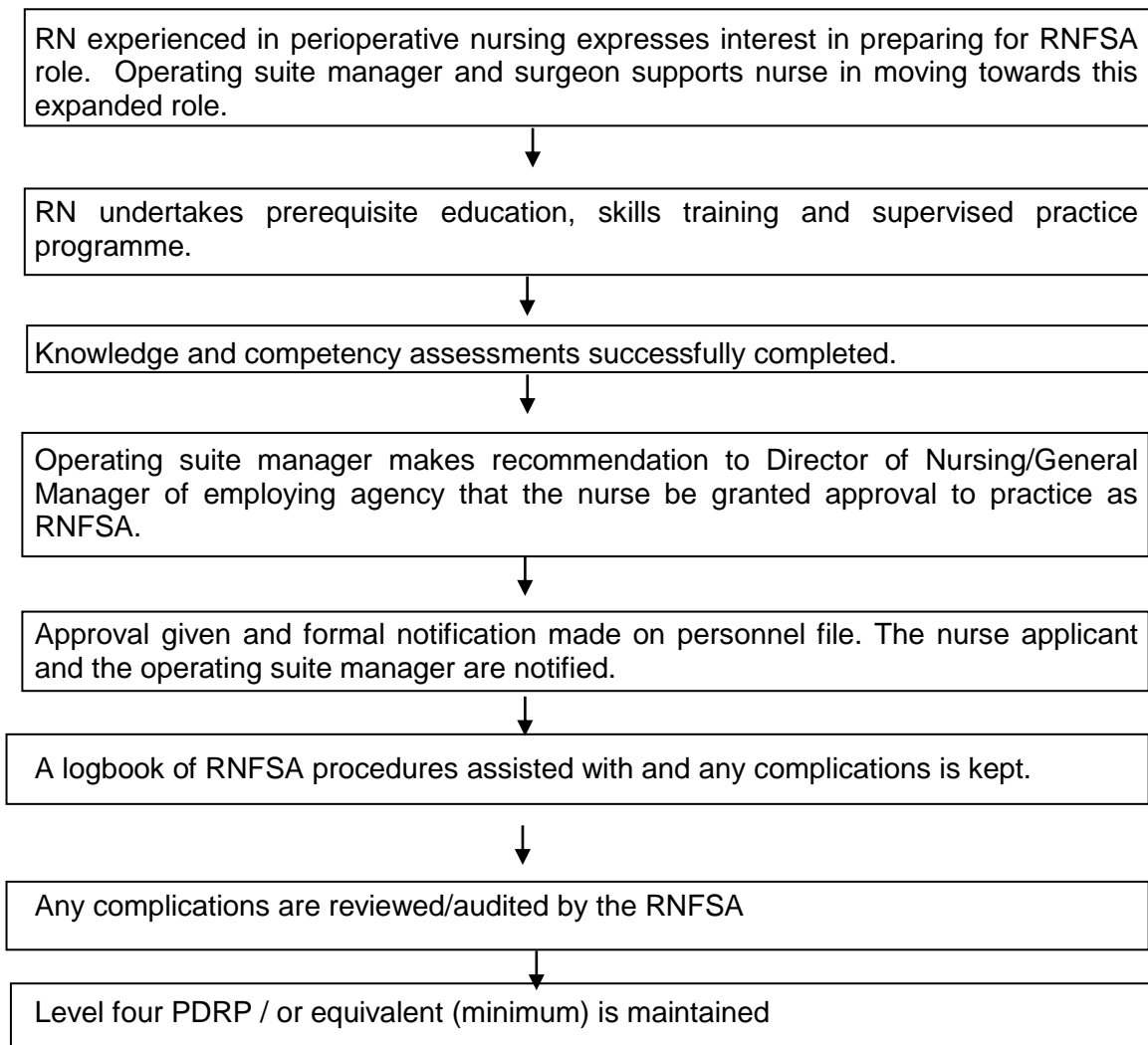
8 CREDENTIALING

RNFSA is an expanded scope of practice for the perioperative nurse.

To determine if an RN qualifies for credentialing as an RNFSA, an approval process must be established. Credentialing is part of an organisational quality and risk management system.

Credentialing is not the same as performance review. Performance review monitors a practitioner's performance against their employment contract; while credentialing identifies the specific clinical responsibility a practitioner has within an organisation and monitors their ongoing competence in that respect (Ministry of Health, 2010).

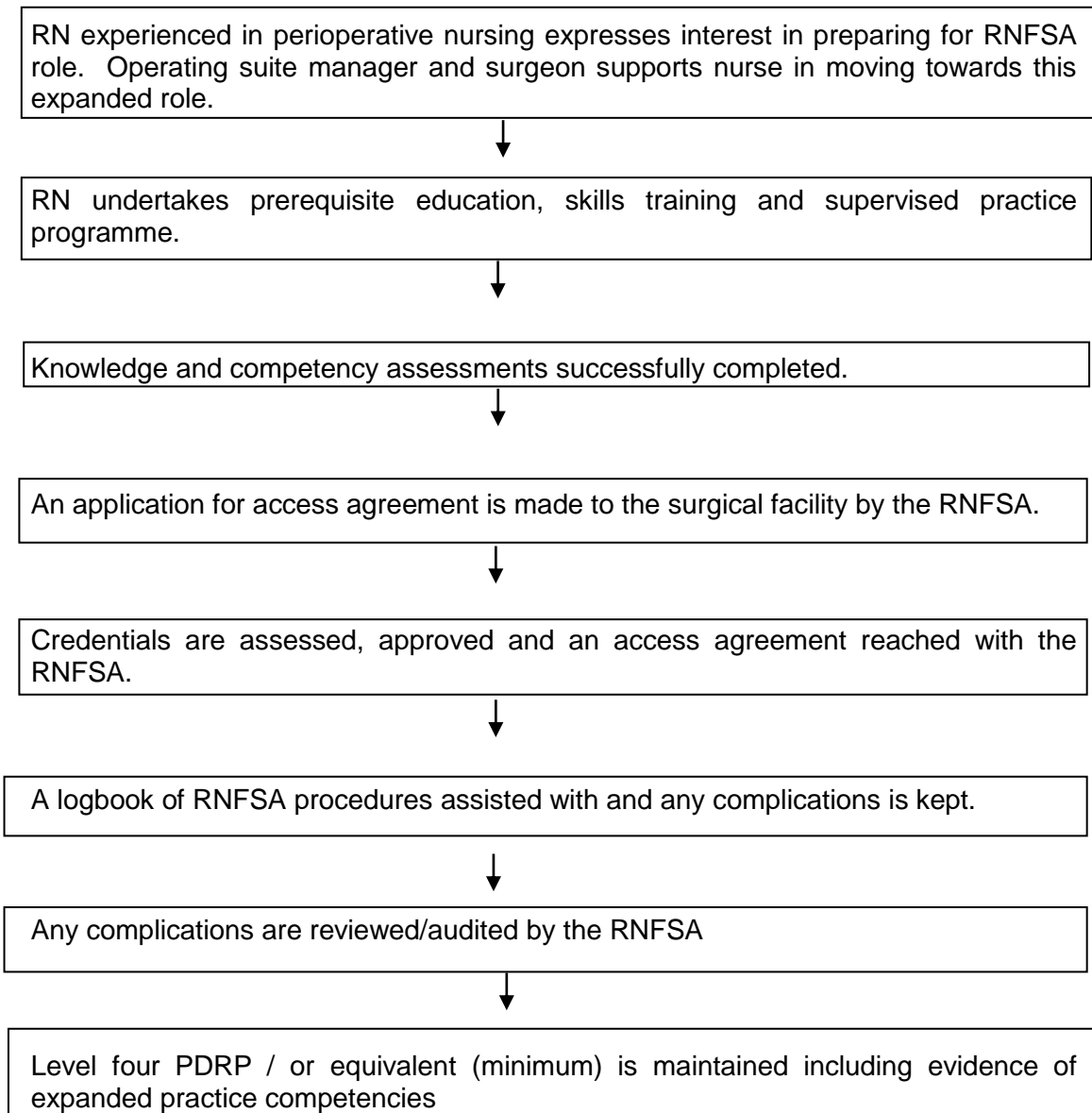
8.1 The credentialing process for a nurse employed by a surgical facility is as follows:



And

The employing agency monitors the RNFSA through its performance review programme and/ or re-credentialing process. The RNFSA policy is monitored through the employing agencies quality assurance programme, incident reporting and patient outcome data.

8.2 The credentialing process for a nurse employed by a surgeon or independently contracting to surgeons is as follows:



8.3 The re-credentialing process for RNFSA

RNFSA provides annual evidence of:

- Current Practising Certificate
- Current level four PDRP/ or equivalent (minimum) – including expanded practice competencies
- Logbook of RNFSA procedures assisted with and any complications
- Review/audit of any complications
- Ongoing professional development specific to RNFSA
- An annual RNFSA competence assessment is completed by the surgeon(s) that the RNFSA regularly assists



If an employee of a Surgical facility–

Operating suite manager makes recommendation to Director of Nursing/General Manager of employing agency that the nurse be granted re-certification as RNFSA.



Approval given and formal notification made on personnel file. The RNFSA and the operating suite manager are notified.

9 COMPETENCE CHECKLIST: RN FSA

This competence checklist has been adapted from the sample performance review in the RN First Assistant Guide to Practice, 3rd edition (AORN, 2007). The checklist assumes that the Nurses Council of New Zealand's domain and competencies are being met.

This checklist may be used for annual performance reviews also.

	Met	Not Met	Comments
<p>Demonstrates knowledge of procedures to which assigned.</p> <ol style="list-style-type: none"> 1. Participates in clinical decision making and modifies techniques based on clinical findings. 2. Identifies normal and abnormal anatomy. 3. Anticipates needs of surgeon, steps in surgical procedure. 			
<p>Assesses, plans, implements and evaluates intraoperative patient care needs.</p> <ol style="list-style-type: none"> 1. Collaborates with surgical team members to plan Perioperative patient care. Uses advance skills of decision making to ensure appropriate care plans are recognised, communicated and implemented based on best patient outcomes. 			
<p>Communicates relevant data to team members.</p> <ol style="list-style-type: none"> 1. Reports lab results, x-rays, diagnostic tests. 2. Discusses procedures and special techniques to be implemented during surgery. 3. Identifies any unusual instrumentation required. 			

<p>Analyses critical situations and initiates appropriate corrective or preventative action.</p> <ol style="list-style-type: none"> 1. Applies principles of aseptic technique and reports any variances. 2. Identifies and reports safety hazards and proposes solutions. 3. Monitors changes in patient's condition and reports concerns to appropriate team members. 4. Prioritises tasks calmly and efficiently in emergent situations. 5. Demonstrates knowledge of CPR. 			
<p>Participates in surgical safety checklist and timeout practices.</p>			
<p>Demonstrates the following skills</p> <ol style="list-style-type: none"> 1. Preparation of surgical site <ol style="list-style-type: none"> a) clipping and hair removal b) Positioning c) Surgical skin preparation 2. Draping 3. Retraction <ol style="list-style-type: none"> a) Exposure b) Tissue handling 4. Suctioning techniques 5. Manual dexterity in appropriate use of surgical instrumentation. 6. Haemostasis <ol style="list-style-type: none"> a) Electrosurgery b) Swabbing c) Clamping d) Haemostatic agents e) Bone wax f) Other _____ 7. Suturing skills <ol style="list-style-type: none"> a) Knot-tying b) Stapling c) Cutting d) Approximation e) Ligating vessels f) Skin closure g) Subcuticular closure h) Securing wound drains i) Skin adhesives 			

<p>8. Application of wound dressing</p> <ul style="list-style-type: none"> a) Gauze b) Splints c) Casts d) Eye patches e) Ostomy dressings f) Wool & crepe bandaging g) Other _____ <p>9. Transfer of patient to trolley/bed</p>			
<p>Assists in postoperative care and discharge planning for the patient and family.</p> <ul style="list-style-type: none"> 1. Reviews postoperative orders with the surgeon and team members. 2. Reports patient status to PACU and provides pertinent surgical information to nursing staff. 3. Acts as conduit of information between PACU and surgeon on patient status. 			
<p>Completes annual self-performance appraisal in collaboration with surgical staff.</p>			
<p>Proactively engages in continuing education.</p>			
<p>Performs duties of perioperative registered nurse when not assigned to the RNFSA role.</p>			
<p>Complies with facility RNFSA policies.</p>			
<p>Procedural log maintained & presented.</p>			

Completed by:

Date:

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Appendix 1

AORN Standards Identified as an Expanded Practice role in New Zealand

Competency statements	Measurable criteria	Example
4.The RNFA is competent to provide technical first assistance to the primary surgeon in the operating room and throughout the perioperative period.	4.1 Demonstrates clinical expertise	4.1.1 Recognizes anatomical abnormalities that may impact the surgical intervention. 4.1.2 Applies cognitive and technical skills obtained throughout formal RNFA educational programs.
	4.5 Uses surgical instruments to assist the surgeon and facilitate the surgical intervention	4.5.2 Demonstrates skill and manual dexterity in instrument use.
	4.6 Handles tissue safely	4.6.1 Employs principles of safe tissue handling. Handles tissues with a gentle touch to preserve neurovascular structures and promote wound healing. 4.6.2 Applies knowledge regarding tissue response to injury, wound healing, and wound classification (i.e., identifies and assesses risk factors that impair wound healing and/or encourage wound complications). 4.6.3 Exercises independent clinical judgment when identifying specific types of tissue and selecting appropriate instrument(s) for handling that tissue (e.g., muscle, fat, and most organ tissues are easily lacerated when clamped or pulled; skin, fascia, cartilage, ligament, and bone tissues are generally tough and may be handled with toothed tissue forceps or Kocher clamps).
	4.7 Provides exposure of operative site to promote a	4.7.1 Exercises independent judgment in selecting and employing various methods to provide exposure of the surgical site, including patient positioning, use of retractors and

	safe and effective surgical procedure	<p>other instruments, refraction sutures, and/or packing materials as indicated by procedural need.</p> <p>4.7.2 Selects, places, and moves proper retractor(s) to provide surgical site exposure and reduce tissue injury.</p> <p>4.7.3 Packs wound as appropriate.</p> <p>4.7.4 Suctions surgical site as necessary to remove smoke, blood, and fluids from the site to improve visualization and decrease biohazard exposure.</p>
	4.8 Provides and maintains hemostasis	<p>4.8.1 Maintains tissue integrity to the degree possible.</p> <p>4.8.2 Independently selects and uses the correct hemostatic mechanism(s) depending on tissue characteristics and the specific situation. For example, hemostasis may be achieved mechanically with pressure (e.g., with sponges); by clamping, tying, or suturing (e.g., ligature); or by applying hemoclips to the tissue. Thermal hemostasis can be achieved by applying electrical current to thrombose a vessel. Topical hemostatic agents, such as thrombin, gelatine sponges, microfibrillar collagen, absorbable collagen sponges, or oxidized regenerated cellulose, may be used.</p> <p>4.8.3 Demonstrates skill in use of all hemostatic methods.</p>
	4.9 According to individual state regulation and facility policy, dissects tissue as delegated and supervised by the primary surgeon	<p>4.9.1 Under the direction of the operating surgeon, uses appropriate tissue dissection techniques to facilitate an optimum surgical outcome. For example, privileges may be granted to qualified RNFA's to perform specialized tissue handling, such as trocar placement, preparation of allografts, and saphenous vein harvesting.</p>
	4.10 According to individual state regulation and facility policy, assists with/and or performs wound closure	<p>4.10.1 Uses suture and suturing techniques in a manner consistent with principles that promote wound healing.</p> <p>4.10.2 Differentiates one type of suture from another, having knowledge of the physical characteristics and biological responses to various suture materials.</p> <p>4.10.3 Selects appropriate suture material for the type of closure to be performed.</p> <p>4.10.4 Demonstrates proficiency in knot-tying techniques with consideration to knot</p>

		<p>security, suture selection, and tissue characteristics.</p> <p>4.10.5 Demonstrates proficiency in wound closure using a skin stapler.</p>
<p>5 The RNFA is competent to work as a professional colleague with the physician and to enhance the effectiveness of patient care</p>	<p>5.1 Partners with the physician to collaboratively direct the patients perioperative course</p>	<p>5.1.1 Prepares patient preoperatively for surgical intervention, performs intraoperative surgical assisting, and collaboratively manages the patient's postoperative regimen.</p> <p>5.1.2 Understands and applies current theories and concepts of antimicrobial prophylaxis, ensuring that the appropriate medication is administered at the correct time to maximize effectiveness.</p> <p>5.1.3 Participates with physician in determining product use and/or therapies to be used.</p> <p>5.1.4 In collaboration with surgical team, directs and/or manages patient care activities during the intraoperative phase of care.</p> <p>5.1.5 Implements and directs (as appropriate) use of environmental control measures and standard/ transmission-based precautions to prevent undue patient and provider exposure to and infection from blood borne pathogens.</p> <p>5.1.6 Accepts appropriate responsibility if surgeon becomes incapacitated; protects the surgical wound, maintains hemostasis, and maintains sterility of the operative field until the replacement surgeon accepts responsibility for procedure completion.</p> <p>5.1.7 Writes and/or dictates operative procedure notes and writes postoperative orders according to guidelines of practice and within institutional policy.</p> <p>5.1.8 Makes postoperative rounds in conjunction with or at the direction of physician.</p> <p>5.1.9 Plans for patient discharge, accessing community resources as appropriate.</p>
	<p>5.2 Serves as an educator, mentor, consultant, and resource to patients, colleagues, other health care professionals, and the community.</p>	<p>5.2.1 Provides individualized patient and family education by applying principles of learning, actively involving the learner, and providing an environment conducive to teaching/ learning.</p> <p>5.2.2 Consults effectively with the surgeon and other members of the health care team to promote efficient use of time, supplies, equipment, and personnel.</p> <p>5.2.3 Monitors emerging technology. Analyses new products to determine risk/ benefit for patients and the facility.</p>

		<p>5.2.4 Participates in and consults on facility and nursing committees, nursing associations, and medical/industry focus groups.</p> <p>5.2.5 Serves as a community resource to educate the public and promote quality patient care.</p> <p>5.2.6 Educates the public and other health care professionals about the role of the RNFA.</p>
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Appendix 2



5th July 2014

Summary of the review process carried out on the 'Recommendation for Registered Nurse First Surgical Assistant for Operating Theatres in New Zealand Service Guideline' (NZNO, 2009)

The Recommendation for Registered Nurse First Surgical Assistant for Operating Theatres in New Zealand Service Guideline (2009) has been reviewed by a working party appointed by the Perioperative Nurses College^(NZNO). The working party membership was Yvonne Morgan (RN, MHSc, RNFSA, Course Coordinator RNFSA programme, University of Auckland), Amelia Howard-Hill (RN, MN(1st Class Hons), RNFSA, Nelson) and Sandra Millis (BN, PG Cert HSc, RNFSA, Dunedin).

Recommendations made by the working party have been critiqued by the National Committee and Education Committee of the Perioperative Nurses College and the document has been circulated to the following key stakeholders for consultation.

New Zealand Nurses Organisation
Nursing Council of New Zealand
Royal Australasian College of Surgeons
College of Nurses Aotearoa NZ
Nurse Education in the Tertiary Sector
Nurse Executives of New Zealand
Faculty of Medical and Health Sciences, University of Auckland
Office of Chief Nurse, Ministry of Health

Health Workforce New Zealand
New Zealand Private Surgical Hospital Association
District Health Board Directors of Nursing
Theatre Managers and Educators Group
Perioperative College Membership

Valuable feedback was received from 16 organisations and individuals, leading to minor amendments being made. The amended document has concentrated on incorporating documents released since the initial publication such as the “Expanded Practice Guidelines” (NCNZ, 2010) and “Credentialing Framework for NZ Health Professionals” (MOH, 2010). A definition of ‘expanded practice’, has been added along with more emphasis on credentialing, auditing and re-auditing processes. There has also been further clarification on the differences between a Registered Nurse First Surgical Assistant (RNSFA) and a Perioperative Nurse Practitioner. General wording has been altered throughout the document to help make it more inclusive and less prescriptive in line with the original purpose of the document as a recommendation.

The working party wishes to thank you for providing valuable feedback on this important document. The document will be endorsed at the PNC AGM in October and then will be available on the NZNO website.

Yours sincerely

Fiona Unaç (Chair PNC) and

Sandra Millis (Leader of RNFSA Review Working Party)