



KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

NURSES PRACTICING IN THE PERIOPERATIVE SETTING

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

Opinion: Nurses Practicing in the Perioperative Setting

Approved Date: 10/1984;
Revised Date: 1/1993; 6/1993; 2/2005;
4/2007; 6/2012; 2/2020
Editorial Revision: 1/2011; 6/2016;
5/2018

Accountability and Responsibility of Nurses

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Request for Opinion

Numerous inquiries have been received by the Board office requesting an opinion of the Board regarding the role and scope of practice of registered nurses who act as first assistants to the physician during surgical procedures. The Kentucky Board of Nursing, through the Board Practice Committee, studied the issues and concerns regarding this nursing practice question.

Advisory Opinion

After study of the issues and concerns regarding both the role and scope of practice of registered nurses who act as first assistants to the physician during surgical procedures, the Kentucky Board of Nursing issued the following opinions:

Registered Nurse First Assistants (RNFAs)

- 1) It is within the scope of registered nursing practice for a registered nurse who is educationally prepared and clinically competent, possessing substantial, specialized knowledge, professional accountability, and technical skill to act as an RN first assistant (RNFA) to the physician who is immediately available and onsite during surgical procedures.
- 2) In no event should the RNFA be expected to replace or assume the responsibilities of the physician performing the surgical procedure, but may accept appropriate responsibility if the physician becomes incapacitated by protecting the surgical wound, maintaining homeostasis, and maintaining sterility of the operative field until the replacement physician accepts responsibility for procedures completion.
- 3) Registered nurses who perform first assistant acts should:
 - A. Possess an in-depth knowledge of perioperative and intraoperative nursing practice;
 - B. Be knowledgeable of the potential complications and adverse reactions, which may result from such acts;
 - C. Possess the knowledge and skill to recognize adverse reactions and to take appropriate action as directed by the physician;
 - D. Perform acts which are in accordance with: 1) the Kentucky Nursing Laws, 2) documented facility policy and procedure, 3) evidence based practice, and 4) the scope of practice of RNFAs established by Association of periOperative Registered Nurses.(AORN, Position Statement on RN First Assistants. 2018)

KRS 216B.015 (25) defines 'Registered nurse first assistant' as one who:

- a. "Holds a current active registered nurse licensure;
- b. Is certified in perioperative nursing; and
- c. Has successfully completed and holds a degree or certificate from a recognized program, which shall consist of:
 - i. The Association of Operating Room Nurses, Inc., Core Curriculum for the registered nurse first assistant; and
 - ii. One (1) year of postbasic nursing study, which shall include at least forty-five (45) hours of didactic instruction and one hundred twenty (120) hours of clinical internship or its equivalent of two (2) college semesters.

A registered nurse who was certified prior to 1995 by the Certification Board of Perioperative Nursing shall not be required to fulfill the requirements of paragraph (c) of this subsection."

Advanced Practice Registered Nurses (APRN) Functioning in the Role of First Assistant in the Perioperative Environment

The APRN is certified to practice in a specific designation and in a specific population focus. The APRN's post basic program of study and clinical experience does not prepare the APRN to function in the APRN First Assist role [KRS 314.011 (8)].

The APRN who wishes to practice as an APRN in the perioperative environment must obtain the requisite education and competency as an APRN FA.

- 1) It is within the scope of practice for an APRN who is educationally prepared and clinically competent, possessing substantial, specialized knowledge, professional accountability and technical skills to practice in an expanded role as a first assistant in the perioperative environment.
- 2) "The perioperative APRN who functions in the role of the first assistant at surgery is functioning in an expanded perioperative nursing role which requires additional specialized education." [AORN. (2014) Position Statement on *Advanced Practice Registered Nurses in the Perioperative Environment*]
- 3) The APRN first assistant practices as part of the surgical team in the preoperative, operative, and postoperative area, managing patient care "based on their role-specific competency, patient populations, practice environments,..." (AORN, APRN, 2014) all applicable state and federal laws, and the facilities policies and procedures.

The Kentucky Board of Nursing endorses the 2014 AORN position statement on Advanced Practice Registered Nurses in the Perioperative Environment.

Education and Competency Requirements

Registered nurses and APRNs who perform first assistant acts should maintain documentation of their educational preparation that provides for clinical practice and demonstration of competency in the performance of such acts.

RNFAs

Effective January 1, 2020, AORN recommends RNs have a baccalaureate degree for entry into RNFA programs and RNFA practice. RNs currently practicing as RNFAs prior to the January 1, 2020 date, who do not have a baccalaureate degree, should be permitted to practice as RNFAs. [AORN (2018) Position Statement on RN First Assistants]

Standards for RN First Assistant Education Programs

Registered nurse first assistant (RNFA) education programs should be designed to provide RNs and advanced practice RNs (APRNs) with the educational preparation necessary to assume and function in the role of the first assistant during operative and other invasive procedures. These programs should be built on a common foundation to provide consistent content leading to a level of knowledge that will promote safe patient care. (AORN, 2014)

APRNs

- The APRN functioning as a first assistant at surgery;
- Is licensed and board certified as an APRN.
 - Is doing so under the provision of advanced practice and not as an RN first assistant (RNFA).

- Complies with all statutes, regulations, and institutional policies relevant to the APRN who first assists at surgery.
- Has successfully completed education that prepares him or her to function as a first assistant at surgery. The educational content at a minimum should include the following criteria:
 - The content builds on the APRN's education in a specialty [population focus] that has prepared the APRN to function in the preoperative and postoperative care of the surgical patient.
 - The first assistant education prepares the APRN to function in the intraoperative phase of the perioperative process [AORN Position Statement: Advanced Practice Registered Nurse Practicing in the Perioperative Setting. (2013). *AORN Journal*. 97. 3. 299 – 302.]

For the APRN with no perioperative experience, it is imperative that the first assistant education process provide him or her with knowledge of the following topics:

- anesthesia
- aseptic technique;
- energy devices;
- endoscopic surgery;
- hemostasis, sponges, and drains;
- latex allergy;
- positioning the patient;
- safety in the surgical suite;
- scrubbing, gowning, and gloving;
- skin preps;
- specimen management;
- surgical draping;
- surgical instruments; and
- wound closure and healing (AORN Journal, 2013)

In addition to the educational standards stated above, the APRN with no perioperative experience would require didactic and clinical components that prepare the APRN to first assist by addressing the following intraoperative surgical first assisting techniques:

- using instruments and medical devices,
- providing surgical site exposure,
- handling and/or cutting tissue,
- providing hemostasis, and
- suturing. (AORN Journal, 2013)

Standards for APRN First Assistant Education Programs

APRNs new to the first assistant role after January 1, 2016, are required to successfully complete a formal RNFA program that meets the AORN Standards for RN First Assistant Education Program. (AORN, 2014, 2016)

The program may be a “stand-alone” program or it may be offered as a portion of a graduate or post graduate program which includes additional coursework included in a graduate APRN program. [AORN, (2014) Standards for RN First Assistant Education Programs. Retrieved from <https://www.aorn.org/-/media/aorn/guidelines/rnfa/rnfa-education-standards.pdf?la=en&...&form=IPRV10>]

Certification

The Board and AORN encourage certification via a national nursing organization, Competency & Credentialing Institute (CCI), and recognizes it as one mechanism for demonstrating knowledge and competency.

Completion and maintenance of the Certified Registered Nurse First Assistant (CRNFA) certification is recommended to maintain competency,

Practice

RNFA

The Association of periOperative Registered Nurses (AORN) Position Statement on RN First Assistants (2018) states the following:

Registered nurse first assistant's responsibilities in the perioperative arena include, but are not limited to:

- Preoperative patient management in collaboration with other health care providers, such as
 - Performing focused preoperative nursing assessments and
 - Communicating and collaborating with other health care providers regarding the patient's plan of care; and
- Intraoperative performance of surgical first assistant techniques, such as
 - Using instruments and medical devices,
 - Providing surgical site exposure,
 - Handling and/or cutting tissue,
 - Providing hemostasis,
 - Suturing, and
 - Wound management; and
- Postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as
- Participating in postoperative rounds and
- Assisting with patient discharge planning and identifying appropriate community resources as needed.”(AORN, 2018)

APRN

The AORN defines APRN practice in the preoperative and postoperative environment to include:

- Formulating “clinical decisions in managing acute and chronic illnesses by assessing, diagnosing, and prescribing treatment modalities, including pharmacologic agents;”
- Promotion of “maximum patient functioning and wellness during performance of comprehensive health assessments;”
- Fostering “patient advocacy and patient safety;
- Use of “the skills specific to the role of the APRN when diagnosing and treating the responses of the patient, family, and community to actual and potential health problems and the responses related to the prospect of having or of actually having an operative or other invasive procedure;”
- Utilization of the “Standards of perioperative nursing practice”; and

- Incorporation of “specialized perioperative nursing knowledge and skills in the care of patients undergoing operative and other invasive procedures and of their family members.”(AORN, APRN, 2014)

The APRN practicing as a first assistant in surgery in an expanded perioperative APRN role, functions independently as part of the surgery team in the management of patients, and “intraoperatively in a coordinated manner with the surgeon while using instruments, and medical devices, providing for surgical site exposure, handling and/or cutting tissue, providing hemostasis, suturing and wound management.” (AORN, APRN (2014)

American College of Nurse Midwives Position Statement

“A specific credential external to the midwifery profession is **not** necessary for the CNM/CM to function as first assistant during obstetric or gynecologic surgery. The American College of Nurse-Midwives (ACNM) standard of practice VIII provides for a competency-based approach to expand skills and practice as a midwife.” (ACNM. (2017) Position Statement. *The Certified Nurse-Midwife/Certified Midwife as First Assistant during Surgery.*)

Facilities

Facilities should have written policies and procedures regarding RNFA's and APRN's in the perioperative arena providing the following:

- “...a care delivery model based on patient needs which includes, but is not limited to:
- (1) Defined roles and responsibilities of licensed and unlicensed health care personnel;
 - (2) A policy that establishes the credentialing, oversight, appointment, and reappointment of the registered nurse first assistant and for granting, renewing, and revising of the registered nurse first assistant's clinical privileges; ...” (KRS 216B.160)

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has issued Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines which contains the KBN Decision-Making Model providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs may be downloaded from the Board's website <https://kbn.ky.gov/practice/Documents/41%20KBN%20Decision-Making%20Model%20for%20Determining%20Scope%20of%20Practice%20for%20RNs-LPNs.pdf> and a copy of the APRN guidelines may be downloaded from the Board's website <http://kbn.ky.gov/practice/Documents/APRN%20Scope%20of%20Practice%20%20Decision%20Making%20Model.pdf>

This opinion statement is an advisory opinion statement of the Board as to what constitutes safe nursing practice; it is not a regulation of the Board and therefore does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice.

Excerpts from Applicable Kentucky Revised Statutes:

The Cabinet for Health and Family Services, Office of the Inspector General, Frankfort, KY, governs the following statutory provisions:

• **KRS 216B.015** Definitions for chapter.

(21) "Perioperative nursing" means a practice of nursing in which the nurse provides preoperative, intraoperative, and postoperative nursing care to surgical patient:

(25) "Registered nurse first assistant" means one who:

(a) Holds a current active registered nurse licensure;

(b) Is certified in perioperative nursing; and

(c) Has successfully completed and holds a degree or certificate from a recognized program, which shall consist of:

1. The Association of Operating Room Nurses, Inc., Core Curriculum for the registered nurse first assistant; and

2. One (1) year of postbasic nursing study, which shall include at least forty-five (45) hours of didactic instruction and one hundred twenty (120) hours of clinical internship or its equivalent of two (2) college semesters.

A registered nurse who was certified prior to 1995 by the Certification Board of Perioperative Nursing shall not be required to fulfill the requirements of paragraph (c) of this subsection;

Effective: July 14, 2018

• **KRS 216B.160** Requirement for a care delivery model based on patient needs for licensed health care facilities and services.

All health care facilities and services licensed under this chapter shall include in their policies and procedures a care delivery model based on patient needs which includes, but is not limited to:

(1) Defined roles and responsibilities of licensed and unlicensed health care personnel;

(2) A policy that establishes the credentialing, oversight, appointment, and reappointment of the registered nurse first assistant and for granting, renewing, and revising of the registered nurse first assistant's clinical privileges;

Effective: June 21, 2001

The Environmental and Public Cabinet, Public Protection Department, Office of Insurance, Frankfort, KY, governs the following statutory provision:

• **KRS 304.17A-146** Coverage for registered nurse first assistant.

Notwithstanding any provision of law, a health plan issued or renewed on or after July 15, 2000, that provides coverage for surgical first assisting benefits or services shall be construed as providing coverage for a registered nurse first assistant who performs services that are within the scope of practice of the registered nurse first assistant.

Effective: July 14, 2000

Applicable Statutes From the Kentucky Nursing Laws¹

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Scope and Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 1. Preparing and giving medication in the prescribed dosage, route, and frequency;
 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 3. Intervening when emergency care is required as a result of drug therapy;
 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 6. Instructing an individual regarding medications;

KRS 314.021(2) states:

All individuals licensed or privileged under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.