

RN Circulator AORN Model Bill

Approved by AORN Board on September 8, 2008

This AORN Model Bill addresses the AORN legislative priority to preserve and protect the Perioperative Registered Nurse's scope of practice. Specifically to ensure the supervisory presence of the RN in the perioperative setting (e.g.; RN as Circulator) and to respond to any legislative initiatives by allied health care personnel that may affect the perioperative nursing scope of practice and profession (e.g.; surgical technologists).

This Model Bill addresses RN as Circulator. For states that have not addressed this issue we recommend the entire Model Bill as a proactive effort to preserve and protect the perioperative nurse's scope of practice.

This version of the AORN Model Bill includes 'Notes' to provide explanation for certain provisions and also to provide reference to the AORN principles and other AORN policy that guide the bill language. These Notes are in italics. A clean copy of the AORN Model Bill without the Notes is also available.

This Model Bill must be used carefully. While every attempt has been made to highlight key issues and provide suggested language, the specific terminology and use of words must be adapted to the terminology and history within your state. The intent for each Model Bill provision as it relates to AORN policy and principles should guide the drafting of your bill for your state. We strongly encourage you to obtain feedback on terminology from your state Board of Nursing and obtain expert advice and review of your specific draft legislative language through your AORN National Legislative Committee (NLC) Regional Coordinator who can bring in other AORN members and staff resources to review the draft language and intent for your state.

Legislative activities require a team effort and the Model Bill gives us a clear national objective to achieve patient safety through the AORN legislative priorities to preserve and protect Perioperative Registered Nurses' scope of practice.

MODEL REGISTERED NURSE AS CIRCULATOR BILL

CHAPTER _____

REGISTERED NURSE CIRCULATOR

SUBCHAPTER A. GENERAL PROVISIONS

Sec _____ SHORT TITLE RN Circulator Act

Sec _____ DEFINITIONS

() “Registered Nurse means an individual licensed and authorized by the state to practice acts for compensation under Chapter ----- (Nurse Practice Act). Any individual practicing on a temporary permit or through provisions of the Interstate Compact for Nursing is held to the standards of Chapter -----.

() “Perioperative Phase” refers to the phase of patient care before, during, and immediately following an invasive procedure which requires specialized knowledge and skills.

() “Intraoperative Phase” refers to the time period that begins when the patient is transferred to the operating room and ends with transfer from the operating room to the recovery room.

() “Perioperative Nurse” is defined as a registered nurse who accepts the assignment to care for, take responsibility for, and advocate for an individual patient by coordinating efforts of the surgical team. The perioperative nurse has the requisite skills and knowledge to assess, diagnose, plan, intervene, and evaluate the outcomes of interventions. The perioperative nurse addresses the physiological, psychological, socio-cultural, and spiritual responses of the patient while maintaining an environment that ensures safety and compliance with administrative policies and procedures.

Note: See Glossary of terms for AORN Legislative Principles

() “Circulating RN” means a registered nurse who utilizes professional judgment to direct, manage, and delegate the nursing aspects of care throughout the perioperative phase. Directing, guiding, and overseeing care does not encompass “administrative management” of allied health personnel.

() “Delegating Circulating RN ” means a registered nurse who is licensed by the [STATE] Board of Nursing, and specializes in perioperative nursing, and who delegates the scrub role and other functions to the surgical technologist and oversees the performance of those functions through direct supervision/supervision.

() "Delegation" means the transfer of responsibility for the performance of an activity while retaining the accountability for the outcome

Note: See Glossary of Terms and FAQs

Note: Meets Principle #2. This provides clarification of nursing delegation to and supervision of surgical technologists functioning in the scrub role

() "Direct Supervision/Supervision" means the active process of directing, guiding and influencing the outcome of a planned activity. Direct supervision/supervision of the range of functions delegated by the Circulating RN to the surgical technologist applies to the intraoperative phase of patient care. Direct supervision/supervision by the Circulating RN shall be accomplished by a registered nurse who is physically present in the operating room during the surgical procedure except for brief periods when the RN Circulator may leave the room to fulfill required responsibilities related to same surgical procedure. During a surgical procedure, the Circulating RN may leave the operating room for extended personal breaks if relieved by another Circulating RN. *Note: Meets Principle #2 regarding supervision of the surgical technologist performing tasks/functions of the scrub role. See FAQ's.*

() "Scrub role" means a role in which a member of the sterile team establishes and maintains the integrity, safety, and efficiency of the sterile field throughout the surgical procedure. It requires the knowledge of and experience with aseptic and sterile technique to prepare and arrange instruments and supplies and to facilitate the performance of a surgical procedure by providing the required sterile instruments and supplies. The person in the scrub role plans for and responds to the needs of the surgeon and other team members by constantly watching the sterile field. This role may be performed by a Registered Nurse, a Licensed Vocational/Practical Nurse, or a Surgical Technologist.

() "Surgical technology" means

(A) Collaborating with the RN Circulator prior to the surgical procedure to carry out the plan of care by preparing the operating room by gathering and preparing sterile supplies, instruments and equipment and by preparing and maintaining the sterile field using sterile and aseptic technique;

(B) Intraoperatively, planning for and responding to the needs of the surgeon and other team members by watching the sterile field and applying the knowledge of the planned surgical procedure and the anatomy of the patient to adjust to unexpected findings that may alter the surgical procedure and required instruments or supplies.

(C) Performing, under direct supervision/supervision of the RN Circulator, the following intraoperative tasks/functions associated with the scrub role in each and any operating room setting:

Note: The following tasks/functions should be carefully addressed in your legislation. The drafting challenge is to permit these tasks/functions but not to the extent they may evolve or be interpreted as surgical first assistant level activities.

- (i) passing supplies, equipment, or instruments;
- (ii) sponging or suctioning an operative site;
- (iii) preparing and cutting suture material;
- (iv) transferring and pouring irrigation fluids;
- (v) transferring but not administering drugs;

Note: does not allow STs to administer drugs.

- (vi) holding but not placing retractors (should not be performed concurrently by the same individual passing instruments/supplies)
- (vii) counting sponges, needles, supplies, and instruments with the RN Circulator; and
- (viii) other similar tasks delegated in accordance to this chapter.

Note: Subsection (viii) allows for additional tasks to be performed by the ST as long as they are similar and delegated/supervised by the RN Circulator.

(C) Provisions of CHAPTER (insert RN Circulator Bill Chapter #) , Subchapter A. GENERAL PROVISIONS, Section (insert section #) DEFINITIONS, Sub-section (insert sub-section #) B (i)-(viii) shall not be expanded to allow or provide authorization for the performance of surgical first assistant activities by the surgical technologist.

Note: AORN Position Statement on Allied Health Personnel States: “Surgical technologist: Possesses expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive, therapeutic, and diagnostic procedures.”¹³ Surgical technologists can achieve certification.”

Note: Meets Principle #2. Clarifies nursing delegation to and supervision of surgical technologists functioning in the scrub role.

Sec _____ REQUIREMENTS. An operating room circulator in a healthcare facility, ambulatory surgery center (including free standing ambulatory surgery centers) must be a licensed registered nurse who is educated to practice perioperative nursing.

Note: This section mandates that the Circulator is a registered nurse. AORN Position Statements on Allied Health Personnel and on the Scrub Role support requirement of an RN Circulator.

Sec _____ DELEGATION TO SURGICAL TECHNOLOGISTS. *Note: The section below meets Principle # 2 because according to the AORN Position Statement on the Scrub Role, the scrub role is considered to be a nursing role and is thereby a delegated nursing task when performed by an LVN or other unlicensed personnel.*

- (a) A person who may be employed to function as a surgical technologist in a healthcare facility, ambulatory surgery center or free standing ambulatory surgery center may assist in the performance of circulating duties under the delegation and direct supervision of the RN circulator, who shall be in the operating room for the duration of the procedure.
- (b) Delegated tasks that can be assigned to a surgical technologist are based upon the patient's acuity level and the competency of the healthcare worker. Considerations for delegated tasks are:
 - a. The potential for harm
 - b. Complexity of the task
 - c. Problem solving skills/innovation required
 - d. Unpredictability of the patient's outcome
 - e. Level of patient interaction
 - f. Consistent with available law, regulations, and accrediting agency standards
- (c) Delegation criteria shall comply with the Nurse Practice Act

Note: Ensures that the definition of delegation and the act of nursing delegation falls in line with the state's NPA.