



# **AORN Position Statement on Allied Health Care Providers and Support Personnel in the Perioperative Practice Setting**

## **POSITION STATEMENT**

The perioperative RN is accountable for patient outcomes resulting from the nursing care provided during the perioperative experience.<sup>1</sup> To ensure that patients receive the highest quality and standard of care, the circulator must always be a perioperative registered nurse (RN).

The perioperative RN plans, directs, and coordinates the care of every patient undergoing operative and other invasive procedures

The perioperative RN is responsible for supervising the appropriate performance and completion of delegated nursing tasks, both direct and indirect. Supervision of allied health care providers and support personnel is a function of the perioperative RN.

Delegation of tasks should be within the defined role functions and documented competency of the individual. Any nursing intervention that requires independent, specialized nursing knowledge, skill, or judgment cannot be delegated.<sup>2</sup> Delegation must be consistent with applicable laws, regulations, and accrediting agency standards.

Skilled and competent allied health care providers and support personnel are valued members of the perioperative care team. They contribute to safe patient care and positive patient outcomes.

Allied health care providers should be graduates of accredited education programs or should successfully complete a specialty certification process. Allied health care providers in the perioperative setting include, but are not limited to,

- anesthesia technicians and technologists,
- biomedical technicians,
- endoscopy technicians,
- materials management personnel,
- medical assistants,
- nursing assistive personnel,
- sterile processing technicians, and
- surgical technologists.

Support personnel should have the appropriate education and documented competency required to perform the defined role functions. Support personnel include, but are not limited to,

- administrative and clerical staff,
- building/facilities engineering personnel,
- environmental services personnel,
- patient transporters, and
- surgery schedulers.

The perioperative RN should participate in the perioperative education and utilization of allied health care providers and support personnel who provide direct and indirect patient care.

## **RATIONALE**

Today's complex health care environment requires a health care workforce that is composed of individuals in a widely diverse and broad mix of roles with varying levels of education and experience. Perioperative RNs demonstrate leadership by selecting nursing activities that may be safely and legally delegated to competent allied health care providers and support personnel. The role of the surgical assistant is outside the scope of this document.

Concern for patient safety mandates that the perioperative RN examine and understand the roles and responsibilities for appropriate delegation to and supervision of these individuals and the delegated nursing tasks they perform. The perioperative RN coordinates patient care and directs the activities of the perioperative care team with respect for the individual and recognition of the important contribution each team member makes to the patient's well-being. Effective perioperative care teams consist of multi-skilled direct and indirect care providers and support personnel working in a collaborative partnership to achieve expected patient outcomes and satisfaction. During a surgical or invasive procedure, the circulating nurse is a registered professional nurse. Team members must perform patient care activities consistent with the needs of the patient and the team member's education, scope of practice, and skills to ensure patient safety.

AORN recognizes that the key to understanding the roles and responsibilities of the perioperative RN and the allied health care providers and support personnel is the clarification of professional nursing care delivery and the activities that can be delegated within the domain of nursing. Delegation is the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcome.<sup>2</sup>

Delegation of select nursing tasks requires the perioperative RN to use professional judgment based on the concept of patient safety; individual needs of the patient; patient acuity; complexity of technology; the education, experience, and skill of allied health care providers and support personnel; and the extent of supervision required.<sup>2</sup> The National Council on State Boards of Nursing states that "Delegation is the act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation, the process for doing the work."<sup>3</sup>

## **GLOSSARY**

*Anesthesia technician and technologist.* Provide assistance to licensed anesthesia care providers in the acquisition, preparation, and application of the equipment and supplies required for the administration of anesthesia. Anesthesia technicians and technologists provide support in anesthesia for routine and complex surgical procedures. They provide this service by preparing and maintaining patient monitoring devices and anesthesia delivery systems before, during, and after anesthesia administration.

Depending on individual expertise and training, the tasks of the anesthesia technician, certified anesthesia technician, and certified anesthesia technologist may include equipment maintenance and servicing, such as cleaning, sterilizing, assembling, calibrating, testing, troubleshooting, requisitioning, and recording inspections and maintenance. They may operate a variety of mechanical, pneumatic, and electronic equipment used to monitor, evaluate, and manage the patient undergoing anesthesia. The anesthesia technologist who has the appropriate training may perform equipment inspection and inventory and service record maintenance. They also may provide support in areas of pressure monitoring, autotransfusion,

and laboratory functions. Certification can be achieved through the American Society of Anesthesia Technologists and Technicians (ASATT).

*Biomedical technician or biomedical equipment technician (BMET):* One who is knowledgeable in the theory of operation, the underlying physiological principles, and the safe clinical application of biomedical equipment. The BMET applies electrical, electronic, mechanical, chemical, optical, and other engineering principles to perform maintenance, service, repair, and overhaul of medical equipment and medical systems. Examples of equipment may include imaging, hemodialysis, physiological monitoring systems, electrocardiograms, lasers, sterilizers, and dental equipment. Because of the diversity of the equipment, specialization is sometimes required. The international certification for BMETs is a formal recognition by the International Certification Commission for Clinical Engineering and Biomedical Technology that individuals have demonstrated excellence in theoretical as well as practical knowledge of the principles of biomedical equipment technology.

*Building/facilities engineering personnel:* Perform advanced maintenance, repair, and inspections of hospital systems and equipment to provide a safe and comfortable environment for patients and staff members. Responsible for adhering to all applicable maintenance and repair work practices, quality standards, and policies in accordance with building structure and plant equipment. Maintain fixed and movable equipment and the physical environment within surgical services. Ensure the regulatory requirements for air quality, positive/negative pressure, temperature and humidity are met and maintained.

*Environmental service personnel:* Ensure the OR environment and the surgical suite have been cleaned between surgical procedures and terminally cleaned at the end of the day, clean fixed and movable equipment, and clean the physical environment according to policies and procedures that have been approved by the facility infection control department.

*Competency:* The knowledge, skills, and abilities required to fulfill patient care activities in the perioperative setting.

*Delegation:* Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.

*Endoscopy technician:* Provides delegated patient care activities, after demonstrating competency, including:

- assisting in collecting data for an objective assessment to identify the patient's needs, problems, concerns, or human responses (eg, vital signs);
- assisting in collecting data for an objective assessment to identify the patient's needs, problems, concerns, or human responses (eg, vital signs);
- assisting the perioperative RN with the implementation of the established plan of care;
- assisting the physician and the perioperative RN during diagnostic and therapeutic procedures; and
- cleaning and maintaining equipment according to standards and infection control policy and procedures.

The certification for flexible GI scope techs (CFGIST) credential can be obtained through the Certified Board for Sterile Processing and Distribution (CBSPD).

*Materials management personnel:* Responsible for inventory management, both stock and non-stock supplies, as well as preventing stock overload and out of stock situations, in addition to procuring stock, non-stock, and specialty supplies and equipment as needed. Monitors and contributes to the budget process. The Certified Materials and Resource Professional (CRMP) credential can be obtained by passing the certification examination that is administered under the auspices of the American Hospital Association Certification Center.

*Medical Assistant:* Unlicensed person who performs routine administrative and clinical tasks to support physicians and other health care professionals. Medical assistants perform

many administrative duties. Clinical duties vary according to state law and include taking medical histories and recording vital signs, explaining treatment procedures to patients, preparing patients for examination, and assisting the physician during the examination. Medical assistants also may arrange examining room instruments and equipment, purchase and maintain supplies and equipment, and keep waiting and examining rooms neat and clean. Two agencies accredit programs in medical assisting: the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES).

*Nursing Assistive Personnel (NAP):* The NAP may provide direct hands on care and perform delegated nursing care tasks set forth by the Board of Nursing in administrative rules. In surgery, the NAP work under the supervision of a perioperative registered nurse. The licensed nurse may need to limit the range of tasks based on patient needs, situation, or available resources and shall supervise all nursing tasks, functions, and activities.

*Sterile processing technician:* Processes, issues, and controls medical supplies, devices and equipment, both sterile and nonsterile, for patient care areas. Reprocessing responsibilities include decontamination, disinfection, preparation, packaging, sterilization, sterile storage, and distribution. The Certified Registered Central Service Technician (CRCST) credential can be obtained through the International Association of Healthcare Central Service Materiel Management (IAHCSMM); and the Certified Sterile processing and Distribution Technician (CSPDT) credential can be obtained through the Certified Board for Sterile Processing and Distribution (CBSPD).

*Supervision:* The active process of directing, guiding, and influencing the outcome of an individual's performance of an activity.

*Surgery scheduler:* Member of the perioperative team whose primary responsibility is to schedule procedures and perform data entry of required information. The surgery scheduler ensures that the procedure is scheduled in an appropriate block of time and ensures that special needs are communicated to the appropriate staff members.

*Surgical technologist:* Possesses expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy and physiology, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive, therapeutic, and diagnostic procedures. Under direct supervision of the RN circulator, the surgical technologist may assist with delegated circulator tasks. The Certified Surgical Technologist (CST) credential is achieved by passing the national certification examination administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

*Transporter:* The OR transporter is responsible for ensuring the safe transportation of the patient to and from the operating room. Transport personnel also ensure that the transport vehicle is safe, in good repair, and clean, and that the transport vehicle is appropriate for the specified mode of transport.

## REFERENCES

1. Standards of perioperative nursing. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc;2015:693-708.
2. Joint statement on delegation. American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). <https://www.ncsbn.org/1625.htm>. Accessed June 19, 2015.
3. Working with others: a position paper. National Council of State Boards of Nursing. [http://www.ncsbn.org/pdfs/Working\\_with\\_Others.pdf](http://www.ncsbn.org/pdfs/Working_with_Others.pdf). Accessed June 19, 2015.

**PUBLICATION HISTORY**

*Original approved by the House of Delegates, March 2006*

*Revision: approved by the Board of Directors, February 2011*

*Reaffirmed by the Board of Directors, August, 2015*

*Sunset review: August, 2020*