



Cert Surgical Tech 1st Assist-Cert Surgical Assist

Kettering Health Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/date form and submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Kettering Health (KH) hospital at which the applicant applies for a proper evaluation of the applicant's current competence, current clinical activity, and other qualifications for the privileges requested and for resolving questions related to such qualifications.

NOTE:

Privileges granted may only be exercised at the site(s) and within the setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the care, treatment, and/or services for which privileges are granted.

Required Qualifications	
Education/Training	Graduate of a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited/approved surgical assistant educational program.
Certification	Achievement and maintenance of national certification as a Certified Surgical First Assistant (CSFA) from the National Board of Surgical Technology and Surgical Assisting or Certified Surgical Assistant from the National Surgical Assistant Association (NCCSA). AND Obtain and maintain current CPR certification
Clinical Experience (Initial Grant of Privileges)	Submission of case logs documenting clinical experience during preparation for certification or previous employment if experienced.
Clinical Experience (Regrant of Privileges)	Demonstration of current competence as a surgical assistant in the prior privilege period (e.g., as evidenced by focused and ongoing professional practice evaluation, etc.) during which time the surgical assistant exercised privileges granted at a KH hospital(s) pursuant to this Delineation of Privileges.

Scope of Practice

Description: Description: Certified Surgical Assistants may perform surgical tasks delegated by the primary surgeon for which the Non-Physician Surgical Assistant has been specifically trained so long as the surgical task is not prohibited by Ohio law or State Medical Board of Ohio rules, including those related to physician delegation to unlicensed persons at OAC 4731-23, and the surgeon has made the determination that delegation is appropriate as required by OAC 4731-23-02. In all instances of surgical task delegation, the primary surgeon must be fully participating in the surgery and actively supervising the Non-Physician Surgical Assistant. As used in the privilege list below, the phrase "assist actively participating surgeon" in relation to a surgical task, means the Non-Physician Surgical Assistant acts as another set of hands for the fully participating and actively supervising surgeon. A physician cannot delegate the administration of anesthesia, controlled substances, or drugs administered intravenously, to an unlicensed person.

Request						Request all privileges listed below.
KHHM	KHDO	KHMC	SOIN	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Apply appropriate wound and compression dressings
						Assist Anesthesia personnel with patients under anesthesia
						Assist with moving, positioning and draping of surgical patient
						Assist with resuscitation of patient during cardiac arrest or other life-threatening events in the operating room
						Assist with verification and marking of specimens
						Gather specific equipment needed for surgical procedure
						Perform any other duties incidental to the surgical procedure, as directed by the surgeon, deemed necessary for patient safety and optimal patient outcomes
						Place x-rays for reference during the procedure
						Remove casts, splints, and other orthopedic devices
						Review H&P and consent to confirm procedure and special equipment, medicine, or therapeutic needs
						Assist actively participating surgeon with:
						Cauterization of vessels for hemostasis
						Clamping, ligating, and cutting tissue
						Maintenance of hemostasis by direct pressure, use and application of appropriate surgical instrument for the task, placement of ties, placement of suture ligatures, application of chemical hemostatic agents, or other necessary measures
						Operation of intra-operative surgical devices, other than light-based medical devices for ablative procedures (to include, but not limited to, stapling devices, ligating devices, ablating devices, energy sources, retraction devices, etc.)
						Placement of pneumatic tourniquets
						Placement of trocars for minimally invasive and robotic procedures under direct supervision
						Placement of Wound Vac Systems
						Retraction of tissue and organs for optimal visualization with regard to tissue type and appropriate retraction instrument and/or technique
						Suturing fascia, subcutaneous, and skin tissues

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital(s) and I understand that:

In exercising any clinical privileges granted, I am subject to this Delineation of Privilege, applicable Hospital and Medical Staff policies and laws, rules regulations and accreditation standards.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date

