

RNFA Scope of Practice by State

Last updated: 3/28/07

NA = Not Available

ALABAMA: Alabama Board of Nursing, Chapter 610-X-6, Standards of Nursing Practice, 610-X-6.12, Registered Nurse as Surgical First Assistant.

(3) When directed by the attending surgeon, the RNFA intra-operative functions include but are not limited to:

- (a) positioning the patient, preparing and draping the surgical site.
- (b) providing exposure, retraction, and hemostasis.
- (c) use and handling of surgical instrumentation.
- (d) tissue handling, dissection, suturing, and stapling.
- (e) making the skin nick or stab wound for laparoscopic surgery or drains excluding placement of trocar for laparoscopic access.
- (f) securing drains.
- (g) closing of wounds external to the fascia.
- (h) harvesting extremity veins and closure of the resulting wounds.

(4) Functions for the RNFA that are not listed in these rules shall be defined in standardized procedures. Approval by the Board is required prior to implementation of RNFA standardized procedures for all practice settings.

(6) The RNFA shall not function as a scrub nurse concurrently with responsibility as a surgical first assistant.

ALASKA: NA

ARIZONA: Arizona State Board of Nursing, Advisory Opinion, App'd 10/87, Rev'd 7/04

It is within the scope of practice of a Registered Nurse First Assistant (RNFA), who possesses the necessary knowledge, judgment, and skills, to act as an RNFA to the physician during surgical procedures.

The Board of Nursing endorses the 2004 AORN official statement on RNFAs.

A. The RNFA is not authorized to perform a surgical procedure, which is the primary purpose of the surgery, or to perform organ transplants.

B. The RNFA will comply with the policies as delineated by the employer/facility and meet the requirements of the credentialing review committee (if any).

ARKANSAS: NA

CALIFORNIA: State of California Department of Consumer Affairs, Board of Registered Nursing, NPR-B-18 5/98: “The RN as First Assistant to the Surgeon”

F. The RNFA may perform technical functions:

1. Assist with the positioning, prepping and draping of the patient or perform these independently, if so directed by the surgeon.
2. Provide retraction by:
 - a. Closely observing the operative field at all times.
 - b. Demonstrating stamina for sustained retraction.
 - c. Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
 - d. Managing all instruments in the operative field to prevent obstruction of the surgeon’s view.
 - e. Anticipating retraction needs with knowledge of the surgeon’s preferences and anatomical structures.
3. Provide hemostasis by:
 - a. Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
 - b. Sponging and utilizing pressure as necessary.
 - c. Utilizing suctioning techniques.
 - d. Applying clamps on superficial vessels and the tying off, electrocoagulation of them as directed by the surgeon.
 - e. Placing suture ligatures in the muscle, subcutaneous, and skin layers.
 - f. Placing hemoclips on bleeders as directed by the surgeon.
4. Perform knot tying by:
 - a. Having knowledge of the basic techniques.
 - b. Tying knots firmly to avoid slipping.
 - c. Avoiding undue friction to prevent fraying of suture.
 - d. Carrying knot down to the tissue with the tip of the index finger and laying the strands flat.
 - e. Approximating tissue rather than pulling tightly to prevent tissue necrosis.
5. Provide closure of layers by:
 - a. Correctly approximating the layers under the direction of the surgeon.
 - b. Demonstrating a knowledge of different types of closure.
 - c. Correctly approximating skin edges when utilizing skin staples.
6. Assist the surgeon at the completion of the procedure by:
 - a. Affixing and stabilizing all drains.
 - b. Cleaning the wound and applying the dressing.
 - c. Assist with applying casts or plaster splints.

COLORADO: NA

CONNECTICUT: Department of Health Services, State of Connecticut, Bureau of Health System Regulation, Division of Medical Quality Assurance, Declaratory Ruling adopted on November 7, 1988.

1. The registered nurse in Connecticut who acts as a first assistant in the operating room does function within the scope of nursing as defined in Connecticut General Statutes Section 20-87a if;
2. The nurse is competent to practice as a RNFA as measured by education, training and experience and if;
3. The surgeon provides supervision appropriate to the complexity of the surgery and appropriate to the education, training and experience of the RNFA.

“...The Department adopts the standards espoused by the Association of Operating Room Nurses. AORN Journal, December 1980, Vol. 32, No. 6; September 1984, Vol. 40, No 3; and May 1987, Vol. 45, No. 5 (Exhibit No. 11). Should the standards as espoused by the association of operating room nurses be modified by that association, this declaratory ruling should be read to incorporate the standards as so modified by that association. Therefore, the following is adopted as the standard in Connecticut.”

Scope of Practice

Under the direct and constant supervision of the operating physician:

1. Tissue handling,
2. Providing exposure,
3. Using instruments,
4. Suturing,
5. Providing hemostasis.

DELAWARE: NA

FLORIDA: The Florida 2005 Statutes, Regulation of Professions and Occupations, Chapter 464, § 464.027, Registered Nurse First Assistants.

- (4) INSTITUTIONAL POWERS.--Each health care institution must establish specific procedures for the appointment and reappointment of registered nurse first assistant staff members and for granting, renewing, and revising their clinical privileges.

GEORGIA: Statutes and Regulations do not specify scope of practice for RNFAs but a qualification is that they have completed an AORN approved educational program. They may defer to AORN for scope of practice. On GA RN Scope of Practice Decision Tree: “Professional Standards of Practice (generally found through professional and specialty organizations (ANA, GNA, etc.)”

HAWAII: NA

IDAHO: Idaho State Board of Nursing, IDAPA 23.01.01, Rules of the Idaho Board of Nursing, 402 – Licensed Professional Nurse Functioning in Specialty Areas.

- b. Surgical First Assistants. A surgical first assistant is a licensed professional nurse who, under direct supervision, assists the operating surgeon.
 - i. Nurses acting as surgical first assistants may not concurrently serve as scrub or instrument nurses.
 - ii. A licensed professional nurse first surgical assistant in cardiovascular surgery may harvest saphenous veins after completing additional educational instruction acceptable to the board and supervised practice under direct supervision of the operating physician.

ILLINOIS: NA

INDIANA: NA

IOWA: NA

KANSAS: NA

KENTUCKY: Kentucky Board of Nursing, Advisory Opinion Statement, Approved 10/84, Rev'd 2/05.

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:

- 1) It is within the scope of registered nursing practice for a registered nurse who possesses substantial, specialized knowledge and technical skill to act as an RN first assistant to the physician who is immediately available and onsite during surgical procedures.
- 2) In no event should the RN first assistant 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 established written agency policies and procedures, 2) the definition of "registered nursing practice" as stated in KRS 314.011(6), 3) evidence-based practice, and 4)

the scope of practice of RN First Assistants as established by Association of Operating Room Nurses.

Further, it was the advisory opinion of the Board that handling and/or tissue cutting for performance of small skin lesion excision and punch biopsy are within the scope of registered nursing practice for the registered nurse who possesses substantial, specialized knowledge and current clinical competency in the performance of the procedures. The procedures should be performed under the supervision of a physician who is onsite and immediately available to the nurse.

LOUISIANA: Louisiana Board of Nursing, Declaratory Statement for Registered Nurse First Assistants, Adopted 5/31/85, Revised 3/19/87; 2/4/98.

In accord with LRS 37:913(14)(l) and LAC 46:XLVII.3703.A registered nurses may perform additional activities beyond those taught in basic nursing education programs.

Scope of Practice - The registered nurse serving as first assistant is a part of perioperative nursing practice. Perioperative nursing is a specialized area of practice. The activities included in first assisting are further refinement of perioperative nursing practice which are executed within the context of the nursing process. The RNFA collaborates with the surgeon in performing a safe operation to promote optimal patient outcomes and does not concurrently function as a scrub nurse. The observable intraoperative nursing behaviors are based on an extensive body of scientific knowledge and may include:

- handling tissue;
- providing exposure;
- using instruments; suturing; and
- providing hemostasis.

MAINE: Maine State Board of Nursing

At its December, 1995 meeting, the Board adopted the Association of Operating Room Nurses (AORN) Recommended Education Standards for RN First Assistant Programs, and determined that an advanced practice registered nurse does not automatically qualify as a registered nurse first assistant in the operating room but must meet the same requirements as set forth in the AORN's recommended standards.

The Board at its February 16-17, 1994 meeting reiterated its position with respect to RN First Assistants and percutaneous endoscopic gastrostomy. The RN First Assist may assist during surgery, but may NOT perform this procedure.

The Board at its June 15-16, 1993 meeting determined that it is not within the scope of practice of a RN First Assistants to (1) take histories and perform physical exams; (2) make patient rounds; and (3) write medical orders.

The Board at its February 16-17, 1994 meeting clarified that the intent of the Board was to disallow the RN First Assistant in the O.R. from being utilized as a

physician extender, i.e. performing the history and physical examination that is clearly the physician's responsibility.

MARYLAND: Maryland Board of Nursing, Declaratory Ruling 94-3, June 28, 1994
The expanded nursing role of the Registered Nurse First Assistant encompasses pre-operative, intraoperative, and post-operative functions. The Registered Nurse First Assistant functions include pre-operative patient assessment, patient teaching and staff teaching. The Registered Nurse First Assistant intra-operative functions include, but are not limited to:
positioning, prepping and draping; aiding in exposure; retraction; hemostasis; use and handling of surgical instrumentation; and, tissue handling including dissecting, suturing, tying, stapling, and stab wound (nick) for laparoscopy surgery or drains. The Registered Nurse First Assistant post-operative functions include patient evaluation, evaluation of diagnostic and/or laboratory studies, resource for patient pain management, and patient and staff teaching.

MASSACHUSETTS: Massachusetts Board in the Regulation of Nursing, Advisory Ruling on Nursing Practice, Feb. 1986, Rev'd May 2002.

The RNFA scope of practice includes the;

Pre-operative Phase including but not limited to:

- Pre-admission assessment
- Patient & Family Education
- Patient & Family Interview
- Immediate preoperative assessment
- Review of patient data
- Collaboration & Communication with the OR staff

Intra-operative Phase including but not limited to:

- Handling tissue
- Providing exposure
- Using instruments
- Suturing and providing hemostasis
- * The RNFA shall not concurrently function as a scrub nurse

Post-operative Phase including but not limited to:

- Communication to the PACU staff
- Assist with PACU monitoring
- Writing transfer notes
- Daily rounds (may include wound management, dressing changes, suture and/or drain removal, other type of catheter & IV removal and as ordered by the duly authorized prescriber)

MICHIGAN: NA

MINNESOTA: NA

MISSISSIPPI: Mississippi Board of Nursing, Frequently Asked Questions

The appropriately prepared registered nurse may function in the role of RNFA according to the position statement adopted by the AORN.

The Board has determined two tasks, suturing and procurement of the saphenous vein, belong solely to the RNFA.

As additional education and education are required to obtain the necessary technical skills and knowledge to function as the assistant to the surgeon during an operation, advanced surgical assisting skills are outside the scope of practice the registered nurse.

MISSOURI: NA

MONTANA: Montana Board of Nursing, Declaratory Ruling, May 28, 1992

The role of an RN first assistant in preoperative preparation, intraoperative assistance and postoperative duties comes within the statute as administration of treatments authorized by physicians.

The institution employing the RN as first assistant has a specific written policy regarding the circumstances in which registered professional nurses may perform as first assistants and specifying the qualifications and training necessary to perform as first assistants.

NEBRASKA: Nebraska Board of Nursing, Advisory Opinion, App'd 1/99, Reaff'd 2000

The Nebraska Board of Nursing supports the AORN Official Statement on RN First Assistants. The board supports the Scope of Practice statement that includes the intraoperative nursing behaviors of a) handling tissue, b) providing exposure, c) using instruments, d) suturing, and e) providing hemostasis.

NEVADA: Nevada State Board of Nursing. Practice Decision. Scope of Practice of RNFA. Preparing/harvesting saphenous vein. For coronary artery bypass grafting Adopted by the Nevada State Board of Nursing March 16, 2005

If the RN is a Registered Nurse First Assistant, prepare/harvest a saphenous vein for coronary artery bypass grafting. This procedure is within the scope of nursing for a Registered Nurse First Assistant (RNFA) and/or a Certified Registered Nurse First Assistant (CRNFA) provided the following guidelines are followed (The nurse in the following text refers to either the RNFA or the CRNFA):

1. The nurse must have successfully completed an RN First Assistant program that meets the "AORN Education Standards for RN First Assistant Programs" and a clinical preceptorship devoted to the application of knowledge and clinical skills associated with the process of harvesting a coronary conduit/saphenous vein. The nurse must maintain documentation of competency and maintain current CNOR certification.
2. The nurse will use surgical instruments to perform dissection or manipulate tissue as directed by the surgeon to accomplish the preparation/harvest of saphenous vein.

3. As part of informed consent, the patient or responsible party is informed that a registered nurse will be practicing as a first assistant at surgery and performing the procedure.
4. The nurse is competent to perform the procedure and has the documented and demonstrated knowledge, skill and ability to perform the procedure pursuant to NAC 632.071, 632.224, and 632.225.
5. There are agency policies and procedures, a provision for privileging and required protocols in place for the nurse to perform the procedure.
6. The nurse maintains accountability and responsibility for nursing care related to post-operative follow up for the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse.
7. The procedure is performed interdependently by the surgeon and the nurse. The surgeon must be in attendance while the nurse performs this procedure.

NEW HAMPSHIRE: New Hampshire Board of Nursing, Frequently Asked Questions

Question: What is the Scope of Practice of an RNFA?

Answer: The decision by a RN to practice as an RNFA must be voluntary and deliberated with an understanding of the professional accountability the role entails. The intraoperative nursing behaviors of the RNFA may include:

- handling tissue,
- providing exposure,
- using instruments,
- suturing, and
- providing hemostasis.

Note: An RNFA should not concurrently function as a scrub nurse.

NEW JERSEY: New Jersey Administrative Code, Title 13- Law and Public Safety, Chapter 45 – Board of Medical Examiners, Subchapter 4 – Surgery.
§ 13:35-4.1 Major surgery; qualified first assistant

(b) A major surgical procedure shall be performed by a duly qualified surgeon with a duly qualified assisting physician who may be a duly qualified resident in or rotating through a training program approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

(c) In addition to those individuals listed in (b) above who may act as qualified first assistants, in a health care facility licensed by the Department of Health and Senior Services, a duly qualified registered nurse first assistant (RNFA), a duly qualified physician assistant or a licensed podiatric physician may so act. A duly qualified certified nurse midwife (CNM) may also act as a qualified first assistant in the performance of cesarean sections. For purposes of this subsection, a licensed CNM shall be deemed to be "duly qualified" provided that the CNM has taken and passed a 30-hour didactic training course that includes anatomy,

physiology, surgical technique (including wound closure), and direct observation of cesarean sections. Following the completion of the course, a CNM shall serve and be supervised as a second assistant on 10 cesarean sections and complete a supervised preceptorship as a first assistant in 20 cesarean sections.

(d) A duly qualified surgeon, duly qualified assistant physician, duly qualified resident, duly qualified registered nurse first assistant, duly qualified physician assistant, or duly qualified certified nurse midwife (CNM) shall be determined by the hospital credentials committee in conjunction with the chairman or chief of the appropriate committee in conjunction with the chairman or chief of the appropriate department or division consistent with the requirements of law or applicable rule.

NEW MEXICO: NA

NEW YORK: Statement on the Role of the RN First Assistant in the Operating Room – New York State Board of Nursing – July 10, 2001

It is within the scope of practice of a registered nurse or a registered nurse who is also a nurse practitioner to function as a First Assistant in surgery, provided that s/he can demonstrate competence through successful completion on additional and training that meets the AORN Recommended Educational Standards for RN-First Assistant Programs, and with the condition that procedures and duties are within and do not exceed the scope of practice of the registered nurse and the nurse practitioner.

NORTH CAROLINA: NA

NORTH DAKOTA: NA

OHIO: Ohio Administrative Code. 3701 – Department of Health, Chapter 3701-84 Quality Standards for Providers of Health Care Service, 3701-84-82 Personnel/staffing.

(C) The provider of a pediatric cardiovascular surgery service shall have competent and qualified staff available, including but not limited to:

(1) Surgical assistants to assist the surgeon. A surgical assistant may consist of a resident, another physician, a registered nurse first assistant, or a specially trained surgical assistant;

OKLAHOMA: Oklahoma Board of Nursing, Declaratory Ruling, Issued 5/96.

The Board finds: 2. The role and scope or responsibilities of the Registered Nurse to perform the duties of the Registered Nurse First Assistant is described in the “Revised AORN Official Statement on RN First Assistants,” adopted April 2, 1998, a copy of which is attached to this ruling and made a part hereof.

OREGON: Oregon State Board of Nursing, Policy Statement, Adopted 1/94, Reaffirmed 2/99: Registered Nurses as First Assistants in Surgery.

The Oregon State Board of Nursing acknowledges that it is within the role and the scope of practice for a registered nurse to perform the duties of first assistant in surgery.

In the role of the first assistant, the registered nurse may perform such functions as handling tissue, providing exposure using instruments, suturing, providing hemostasis, applying clamps, tying knots, suturing skin and subcutaneous tissue. While in the role of first assistant, the registered nurse may not concurrently serve as a scrub or circulating nurse.

PENNSYLVANIA: NA

RHODE ISLAND: NA

SOUTH CAROLINA: South Carolina Department of Labor, Licensing and Regulation, Board of Nursing, Advisory Opinion, Formulated July 31, 1987, Rev'd 2/2003.

The Board of Nursing for South Carolina acknowledges that it is within the role and scope of responsibilities of the RN to perform the duties of the Registered Nurse First Assistant (RNFA) as described in the 1998 Association of periOperative Registered Nurses (AORN) Official Statement on Registered Nurse First Assistants, and as the "expanded role" is defined in the Laws Governing Nursing in South Carolina, Section 91-3.

SOUTH DAKOTA: South Dakota Board of Nursing, Advisory Opinion, April 1993.

The South Dakota Board of Nursing acknowledges that the role of the Registered Nurse First Assistant in the Operating Room may be within the scope of practice of the registered nurse, with additional training, continued competence, and supervision by a physician.

TENNESSEE: Tennessee Board of Nursing, Position Statements, 6/87, Reaffirmed 12/01 – Page 9 – First Assistants.

The Tennessee Board of Nursing believes the RN surgical first assistant is a category in which the RN functions in a role that is an extension of an M.D. surgeon or dentist and that the RN first assistant is performing a delegated medical function during surgical procedures.

To reiterate, we believe the RN first assistant is performing a delegated medical function during a surgical procedure.

The Board, in considering the entire perioperative period, takes the position that the pre and post operative instruction of client and family is a nursing function and is addressed in the Nurse

Practice Act of the State of Tennessee.

TEXAS: Texas Administrative Code, Title 22 - Examining Boards, Part 11 - Board of Nurse Examiners, Chapter 217 - Licensure, Peer Assistance and Practice, Rule § 217.18 - Registered Nurse First Assistants.

(3) The registered nurse whose functions include acting as a first assistant in surgery shall know and conform to the Texas Nursing Practice Act; current Board rules, regulations, and standards of professional nursing; and all federal, state and local laws, rules, and regulations affecting the RNFA specialty area. When collaborating with other health care providers, the RNFA shall be accountable for knowledge of the statutes and rules relating to RNFAs and function within the scope of the registered nurse.

(4) A registered nurse functioning as a first assistant in surgery shall comply with the standards set forth by the AORN.

UTAH: NA

VERMONT: Vermont State Board of Nursing, Advisory Opinions, October 1998, Registered Nurse First Assistant.

A Registered Nurse First Assistant serves as a part of perioperative nursing practice.

First assisting is an intra-operative skill as well as a delegated medical function. The first assistant must be able to assess, plan, implement, and evaluate patient care, as well as, perform specific intraoperative skills.

It is the opinion of the Vermont State Board of Nursing that the role of the First Assistant is within the scope of practice of the RN provided:

1. the RN has received appropriate education which emanates from a recognized body of knowledge
2. the RN meets the criteria established by the Association of Operating Room Nurses (AORN) and is certified as an RN First Assistant.
3. the RN has demonstrated adequate knowledge and skill in performing the role
4. the RN has demonstrated continuing competency in performing the role
5. the agency/facility has established policies and procedure regarding the role of first assistant
6. guidelines for emergency situations are well established

VIRGINIA: Virginia Board of Nursing, Guidance Documents #90-1, November 1983, RN/LPN as First Assistant in Surgery.

Registered Nurses may serve as first assistant in surgery in cases compatible with their preparation and experience.

The medical staff, hospital administration and nursing service department of any hospital that permits registered nurses to serve as first assistant in surgery shall have mutually agreed upon written policies under which the registered nurse may

safely act as a first assistant. The policies should include qualifications of nurses who may act in this capacity, the types of surgical procedures in which they may act in this capacity and prohibitions.

WASHINGTON: Washington State Department of Health, Health Professions Quality Assurance, Nursing Care Quality Assurance Commission, Position Statement, Adopted March 19, 2001 - RNFA: Registered Nurse First Assistant at Surgery.

The Registered Nurse (RN) can function in the position of First Surgical Assistant, as long as the nurse stays within the scope of practice of the Registered Nurse license and practices in collaboration with and under the on-site supervision and direction of a surgeon. The RN First Assistant does not concurrently function as a scrub nurse.

The activities included in first assisting are further refinements of perioperative nursing practice, which are executed within the context of the nursing process. The observable nursing behaviors are based on an extensive body of scientific knowledge.

The intraoperative nursing behaviors may include, but are not limited to:

- handling tissue
- providing exposure
- using instruments
- suturing, and
- providing hemostasis.

It is not within the scope of licensed practical nursing to be placed in the role of a first assistant to a surgeon. The first assist nursing role represents a specialized, expanded, scope of practice of the registered nurse, which builds upon the education obtained in the generic nursing program.

WEST VIRGINIA: NA

WISCONSIN: NA

WYOMING: Wyoming State Board of Nursing, Advisory Opinion # 92-48, September 1992, Rev'd 1/04 – RN as First Assistant.

The Board supports the AORN Official statement and qualifications on RN as First Assistant.

Advisory Opinion # 00-99, App'd 6/2000, Rev'd 1/04 – First Assistant – LPN.

The Board reviewed a written request inquiring whether a LPN may be a First Assistant.

Discussion ensued and it was determined that it was not within a LPN's scope of practice as a nurse to be recognized as a first assistant.

