
A-0943

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.51(a)(2) - Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as “scrub nurses” under the supervision of a registered nurse.

Interpretive Guidelines §482.51(a)(2)

If the hospital utilizes LPN or operating room technicians as “scrub nurses,” those personnel must be under the supervision of an RN who is immediately available to physically intervene and provide care.

Survey Procedures §482.51(a)(2)

- Determine that an RN is available for supervision in the department or service. Validate the availability by requesting and reviewing a staffing schedule for the OR.
- Review staffing schedules to determine adequacy of staff and RN supervision.

A-0944

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.51(a)(3) - Qualified registered nurses may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.

Interpretive Guidelines §482.51(a)(3)

The circulating nurse must be an RN. An LPN or surgical technologist may assist an RN in carrying out circulatory duties (in accordance with applicable State laws and medical-staff approved hospital policy) but the LPN or surgical technologist must be under the supervision of the circulating RN who is in the operating suite and who is available to immediately and physically respond/intervene to provide necessary interventions in emergencies. The supervising RN would not be considered immediately available if the RN was located outside the operating suite or engaged in other activities/duties which prevent the RN from immediately intervening and assuming whatever circulating

activities/duties that were being provided by the LPN or surgical technologist. The hospital, in accordance with State law and acceptable standards of practice, must establish the qualifications required for RNs who perform circulating duties and LPNs and surgical technologists who assist with circulating duties.

Survey Procedures §482.51(a)(3)

- If LPNs and surgical technologists (STs) are assisting with circulating duties, verify that they do so in accordance with applicable State laws and medical-staff approved policies and procedures.
 - Verify in situations where LPNs and STs are permitted to assist with circulating duties that a qualified RN supervisor is immediately available to respond to emergencies.
 - Verify that RNs working as circulating nurses are working in accordance with applicable State laws and medical-staff approved policies and procedures.
-

A-0945

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.51(a)(4) - Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.

Interpretive Guidelines §482.51(a)(4)

Surgical privileges should be reviewed and updated at least every 2 years. A current roster listing each practitioner's specific surgical privileges must be available in the surgical suite and area/location where the scheduling of surgical procedures is done. A current list of surgeons suspended from surgical privileges or whose surgical privileges have been restricted must also be retained in these areas/locations.

The hospital must delineate the surgical privileges of all practitioners performing surgery and surgical procedures. The medical staff is accountable to the governing body for the quality of care provided to patients. The medical staff bylaws must include criteria for determining the privileges to be granted to an individual practitioner and a procedure for applying the criteria to individuals requesting privileges. Surgical privileges are granted in accordance with the competencies of each practitioner. The medical staff appraisal procedures must evaluate each individual practitioner's training, education, experience, and demonstrated competence as established by the hospital's QAPI program, credentialing process, the practitioner's adherence to hospital policies and procedures, and in accordance with scope of practice and other State laws and regulations.