



**ALLIED HEALTH PROFESSIONAL STAFF
NONPHYSICIAN SURGICAL ASSISTANT**

Name: _____ Credentials/Certification _____

Supervising Physician: _____ Specialty: _____

Surgical technologists are integral members of the surgical team who work closely with surgeons, anesthesiologists, registered nurses, and other surgical personnel delivering patient care before, during, and after surgery. Their primary responsibility consists of maintaining the sterile field, and ensuring that all members of the team adhere to aseptic technique.

All applicants requesting privileges to function as a surgical assistant/technologist must be non-employees working under current employment/contractual agreement with the surgeon.

The applicant must also have successfully completed an accredited surgical technology program holding appropriate licensure and/or certification as a Certified Surgical Assistant "CSA", Certified Surgical Technologist "CST" or have equivalent specialized training and surgical experience as determined by the Chief of Surgery and approved by the hospital's credentialing committee.

The surgical assistant is limited in performing specific functions and tasks as approved below and shall work under the direction of a supervising sponsoring physician appropriately credentialed and a medical staff member in good standing at Teche Regional Medical Center.

(R)= Recommended as Requested (A)=Approved as Requested (C)=Recommended with Condition(s) (N)=Not Recommended

Requested		CORE PRIVILEGES				
Yes	No	[Please indicate which procedure/privilege you intend on performing at this facility]	(R)	(A)	(N)	(C) Condition/Reason(s)
		<p>SCRUB SURGICAL TECHNOLOGIST:</p> <p>The scrub surgical technologist handles the instruments, supplies, and equipment necessary during the surgical procedure. S/he has an understanding of the procedure being performed and anticipates the needs of the surgeon. S/he has the necessary knowledge and ability to ensure good quality patient care during the operative procedure and is constantly on vigil for maintenance of the sterile field. Duties include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check supplies and equipment needed for surgical procedure <input type="checkbox"/> Scrubs, gowns, and gloves <input type="checkbox"/> Sets up sterile table with instruments, supplies, equipment, and medical/solutions needed for procedure <input type="checkbox"/> Gowns and gloves for surgeon and assistants <input type="checkbox"/> Helps in draping sterile field <input type="checkbox"/> Passes instruments and other appropriate items to surgeon and assistants during procedure <input type="checkbox"/> Maintains highest standard of sterile technique during procedures <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 				

		<p>CIRCULATING SURGICAL TECHNOLOGIST The circulating surgical technologist retrieves additional instruments, supplies, and equipment needed while the surgical procedure is in progress. S/he monitors conditions in the operating room and constantly assesses the needs of the patient and surgical team. Duties include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepares sterile dressings <input type="checkbox"/> Positions patient, using appropriate equipment and safety measures <input type="checkbox"/> Positions and operates equipment needed for the procedure <input type="checkbox"/> Prepares the patient's skin prior to draping by surgical team <input type="checkbox"/> Anticipates additional supplies needed during the procedure <input type="checkbox"/> Holds retractors or instruments as directed by the surgeon <input type="checkbox"/> Sponges or suction operative site <input type="checkbox"/> Cuts suture material as directed by the surgeon <input type="checkbox"/> Connects drains to suction apparatus <input type="checkbox"/> Applies dressing to the closed wound <input type="checkbox"/> Secures dressings after incision closure <input type="checkbox"/> Help transport patient to recovery room <input type="checkbox"/> Keep accurate records throughout the procedure, signs appropriately <input type="checkbox"/> _____ <input type="checkbox"/> _____ 				
		<p>ON NURSING UNIT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apply casts <input type="checkbox"/> Apply traction apparatus <input type="checkbox"/> Split casts as ordered by physician <input type="checkbox"/> Accompanies physician on rounds <input type="checkbox"/> Remove sutures as required by physician <input type="checkbox"/> Make entries on Progress Notes, date/time/signs appropriately <input type="checkbox"/> _____ <input type="checkbox"/> _____ 				

In making application for appointment/reappointment to the Allied Health Professional Staff of Teche Regional Medical Center, my sponsoring physician and I agree to the following:

1. The supervising physician and applicant have read the Medical Staff Bylaws, Rules and Regulations concerning Allied Health Professionals, and agree to abide by these rules and regulations and policy & procedures of Teche Regional Medical Center.
2. The physician who employs or contracts with the AHP assumes full responsibility for any services provided by the applicant and agrees to indemnify and hold harmless Teche Regional Medical Center from any liability to anyone including patients and third parties, arising from any act or omission or commission of the AHP applicant.
3. The applicant fully understands that any significant misstatements in, or omission from this application constitute cause for denial of appointment or cause for denial of privileges and immediate removal from the Allied Health Professional Staff.
4. All information submitted in this application is true to the best of applicant's knowledge.
5. The applicant's signature certifies that he/she is not dependent upon drugs or alcohol to the best of his/her knowledge, and based upon his/her last physical examination, his/her mental and physical capabilities are fully adequate for the performance of the duties and privileges requested.

Signature of Applicant

Signature of Supervising Physician

Date

Date

Requested clinical privileges reviewed and recommend as indicated above.

Signature of Service or Department Chairman

Date

Board of Trustees' Decision

Teche Regional Medical Center's Board of Trustees

Does

Does not grant clinical privileges as requested
(if "does not" grant, give reasons in letter to the applicant with a copy of privilege list)

Secretary, Board of Trustees

Date



HEALTH STATEMENT

TO CHIEF OF SERVICE / CHIEF OF STAFF

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES NO

If yes, please explain:

3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST? YES NO
If yes, please give date of positive skin test. _____
If no, when was your last PPD test? _____

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

SIGNATURE OF APPLICANT

DATE

CHIEF OF SERVICE

DATE