



Position Statement Regarding the Intraoperative Dual Role Caregiver

Approved by BOD: April 29, 2019

The Association of Surgical Assistants recognizes the potential risk of errors in the perioperative setting and the utilization of team work to minimize the delivery costs while reducing the risk of errors/harm to the patient. ASA realizes that the CST and the CSFA performs two distinct and separate surgical roles during an operative procedure that require separate job descriptions based on their specialized training and credential(s) attained. The efficient and safe conduct of the operation includes the separation of the roles and duties for surgical procedures intraoperatively. AST (Association of Surgical Technologists) and ASA defines the term dual role caregiver as the “simultaneous performance of the role of first scrub and surgical assistant by one person during a surgical procedure.”

It is recognized that it is common practice for certain procedures to be completed as a dual role assignment (CST and CSFA), such as a minor or minimally invasive surgical procedure. When a major or intricate case requires both a first scrub (CST) and a surgical first assistant (CSFA), the CST in the scrub role is focused on supplying the required instrumentation/suture and prevention of Retained Surgical Items (RSI) at the same time that the CSFA is focused on the safe completion of the surgical procedure and performance of wound closure.

It is the position of ASA, that when the certified caregiver who is both a CST and CSFA is functioning in a dual role assignment, multitasking can lead to distraction which may compromise tissue manipulation, effective case management, organization of thoughts and activities critical to safe and efficient patient care, and diminish the ability of the first scrub to monitor/guard aseptic technique by all surgical team members. In addition, using the dual role caregiver in some cases may actually lengthen the case, if movement from one role to the other causes delays in receiving needed items, reloading staplers, providing the next suture, or other critical activities intraoperatively. The CST and CSFA caregiver can contribute to facilitating the case start up and turnover by providing perioperative assistance to facilitate the case by opening needed items, assisting with positioning, performing the skin prep, assist with patient exit, while the primary RN circulator is transferring medications, performing the initial count, and completing required documentation.

Therefore, it is the position of ASA that individuals who have attained the credential of CST and CSFA, have the knowledge, training and experience to competently perform those tasks that are specific to their designated roles as first scrub or surgical assistant. CSTs in the first scrub role and CSFAs in the first assistant role should function separately and be independent of dual role responsibilities according to the specific role description and competencies established by the *Core Curriculum for Surgical Assisting*. ***It is further recommended that the institution evaluate specific cases and develop policies in conjunction with the entire surgical team that prevents dual role responsibilities which could affect positive patient outcomes such as surgical delays or retained surgical items (RSI).***