

Australian and New Zealand College of Anaesthetists (ANZCA)

Statement on the Assistant for the Anaesthetist

1. INTRODUCTION

The presence of a trained assistant for the anaesthetist during the conduct of anaesthesia is a major contributory factor to safe patient management. The backgrounds and pathways to becoming assistants are variable, however, appropriate training must be undertaken in order to provide effective support to the anaesthetist. The recommendations that follow establish both the practical and educational responsibilities of a competent assistant to the anaesthetist.

2. PURPOSE

The purpose of this document is to recognise the importance of and to promote the development of quality assistants to the anaesthetist, and to guide the training of assistants by identifying the necessary core competencies to assist with the development of training curricula. It is also intended to guide staffing requirements.

3. SCOPE

This document is intended to apply wherever general anaesthesia, regional anaesthesia, local anaesthesia and/or sedation are administered by an anaesthetist. Henceforth, these activities are referred to as "anaesthesia".

4. PRINCIPLES

- 4.1 The presence of a trained assistant for the anaesthetist is essential:
 - 4.1.1 During preparation for and induction of anaesthesia. The assistant must remain under the immediate direction of the anaesthetist until instructed that this level of assistance is no longer required.
 - 4.1.2 During the maintenance of anaesthesia an assistant must be immediately available.
 - 4.1.3 At the conclusion of anaesthesia.
- 4.2 Facilities in which anaesthesia is administered must provide a service which ensures that anaesthesia equipment is available, properly maintained, checked before use and cleaned, as per College professional documents *PS31 Guidelines on Checking Anaesthesia Delivery Systems*, *PS55 Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations*, and *PS28 Guidelines on Infection Control in Anaesthesia*.



- 4.3 Staff employed as assistants to the anaesthetist must be properly trained, as defined by the core competencies below.

5. STAFFING OF FACILITIES

- 5.1 The assistant to the anaesthetist is an essential member of the staff establishment in all locations where anaesthesia is administered.
- 5.2 Management must ensure that staff establishments and rostering practices allow the allocation of an assistant to the anaesthetist for every case where anaesthesia is administered.
 - 5.2.1 During normal day-time hours trainee assistants may work independently but must be supervised at ANZCA Level 1 to Level 3 depending on experience. See the *ANZCA Handbook for Training and Accreditation* for further information on supervision levels.
 - 5.2.2 Trainee assistants must not be unsupervised after-hours.
- 5.3 The duties of the assistants in each location must be specified in an appropriate job description.
- 5.4 Where a number of assistants are employed, an appropriately trained and experienced senior member of the group should be designated as the supervisor.
- 5.5 Whilst assisting the anaesthetist, the assistant must be wholly and exclusively responsible to that anaesthetist.

6. EDUCATIONAL REQUIREMENTS FOR ASSISTANTS

A trained assistant to the anaesthetist must have completed a training course, which at a minimum covers the knowledge, skills, and competencies outlined in this document. The duration of the course will be determined by the course provider taking into account recognition of prior learning, and achievement of the core competencies listed below. Courses should include at least twelve months full-time equivalent clinical experience, which should continue during any part-time components of the course.

As a minimum, the course must include:

- 6.1 Input from anaesthetists in curriculum development, preparation and delivery of relevant lectures, practical supervision and assessments. The recommended core competencies are outlined in Section 7, below.
- 6.2 Theoretical instruction and assessment on elements of the basic sciences appropriate to anaesthesia, including physiology; pharmacology; anatomy; clinical measurement; and microbiology.
- 6.3 Teaching and assessment on non-technical skills, including: communication; cultural competence; working in a team environment; and situational awareness.
- 6.4 Supervised practical experience in anaesthetising locations, which should be documented in a logbook describing the type of instruction received and the competencies demonstrated.
- 6.5 Assignments and/or learning activities appropriate to the curriculum.

- 6.6 Assessments, which confirm the participants can demonstrate the knowledge and skills articulated within the core competencies, including but not limited to a combination of direct observation and examinations.
- 6.7 Certification in assisting the anaesthetist with the safe handling of controlled/restricted drugs.

7. CORE COMPETENCIES

In-depth understanding of the following topics is necessary and must be reinforced by appropriate practical experience obtained while providing assistance to anaesthetists.

Anaesthesia assistants must demonstrate, be assessed on, and maintain the core competencies outlined below.

Assistants to the anaesthetist who work in specialised scopes of practice (for example cardiac, cell salvage, or paediatric anaesthesia) must demonstrate and maintain the core competencies outlined below, as well as any additional skills required.

7.1 Standards

- 7.1.1 Explain and adhere to anaesthesia standards and protocols.
- 7.1.2 Apply workplace, occupational health and safety regulations.
- 7.1.3 Liaise with other health professionals and healthcare workers.
- 7.1.4 Discuss legal responsibilities including confidentiality.

7.2 Anaesthesia equipment

- 7.2.1 Describe the care, use and servicing of all equipment related to the provision of anaesthesia services including:
 - Anaesthesia delivery systems and ventilators.
 - Monitoring equipment including ultrasound devices.
 - Airways devices including fiberoptic instruments.
 - Intravascular devices.
- 7.2.2 Describe the cleaning and sterilisation of equipment related to the provision of anaesthesia services.
- 7.2.3 Describe the various infection control issues for staff, patients and equipment.
- 7.2.4 Apply measures to prevent pollution.

7.3 Safety

Describe and apply safety principles to reduce potential hazards that may arise from the following:

- Electricity.
- Radiation.
- Lasers.
- Gas cylinders and pipelines.
- Biological fluid exposure.

Ensure staff and patient safety when utilising equipment in anaesthetising locations.

7.4 Anaesthesia Techniques

Discuss anaesthesia techniques involving all areas of perioperative practice including:

- Preparation and participation in surgical safety checklists.
- Patient positioning.
- Patient transfer.
- Monitoring.
- Induction.
- Securing the airway.
- Maintenance.
- Emergence.

7.5 Regional and local anaesthesia

Describe regional and local anaesthesia, including all commonly used techniques for regional and local blockade.

Discuss guidelines for the management of major regional analgesia as articulated in ANZCA professional document PS03.

7.6 Sedation

Describe the principles of sedation and/or analgesia for diagnostic and interventional medical, dental or surgical treatment as articulated in ANZCA professional document PS09.

7.7 Invasive techniques and ultrasound

Assist the anaesthetist with invasive techniques including insertion of peripheral, central venous and pulmonary artery catheters and arterial lines.

Assist the anaesthetist with ultrasound techniques for nerve and vascular location.

Outline the ongoing management of pulmonary artery catheters and arterial lines.

Discuss the following:

- Intercostal tube drainage.
- Endoscopy of the airways.
- Rapid infusion devices.

7.8 Therapeutics

Describe the safe storage, preparation and use of all drugs, fluids and other therapeutic substances administered during anaesthesia.

Assist with the preparation of drugs, fluids and therapeutic substances as directed by the anaesthetist.

Assist the anaesthetist with the safe handling of controlled / restricted drugs.

7.9 Emergency care

For the following emergency situations:

- Cardiopulmonary resuscitation.
 - Management of the difficult airway, failed intubation and “can’t intubate, can’t oxygenate”.
 - Cardiac defibrillation and cardioversion.
 - Massive blood transfusion.
 - Anaphylaxis.
 - Malignant hyperthermia.
1. Recall the appropriate algorithms for crisis management.
 2. Describe the role of the anaesthetic assistant.
 3. Provide the necessary equipment.
 4. Assist the anaesthetist as required.

7.10 Postoperative pain

Outline postoperative pain alternatives and list the equipment that may be required.

7.11 Work environment

Discuss and demonstrate non-technical skills including:

- Communication.
- Cultural competence.
- Working in a team environment.
- Situational awareness.

8. CONTINUING PROFESSIONAL DEVELOPMENT

Anaesthesia assistants must maintain and upgrade their knowledge and skills with regular continuing education activities. Management must ensure that staff establishments and rostering practices allow for continuing education of anaesthesia assistants.

RELATED ANZCA DOCUMENTS

PS03 Guidelines for the Management of Major Regional Analgesia.

PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical treatment.

PS31 Guidelines on Checking Anaesthesia Delivery Systems.

PS55 Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations.

PS59 Statement on Roles in Anaesthesia and Perioperative Care.

ANZCA Handbook for Training and Accreditation.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the

application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the College's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the College website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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**This professional document is being piloted and will be reviewed in March 2016.*

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