

**Association of Surgical
Technologists'
Recommended**



STANDARDS OF PRACTICE

Association of Surgical Technologists

**Accreditation Review Committee for the
Surgical Technologist (ARC-ST)**

**Liaison Council on Certification for the
Surgical Technologist (LCC-ST)**

6 West Dry Creek Circle
Littleton, CO 80120

Adopted by the AST House of Delegates in
May 1997. Last amended in May 2001.

Acknowledgement

The Association of Surgical Technologists gratefully acknowledges the following individuals for their contributions to the development of the Recommended Standards of Practice.

1997

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1989

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Introduction

The *Recommended Standards of Practice* are recommendations or guidelines that are purposefully broad with the intent that they be serviceable in a wide variety of settings in which surgical technologists are employed.

The following is an officially adopted statement of the House of Delegates of the Association of Surgical Technologists (AST) as of May 31, 1997. This statement will be referred to as "Role Definitions and Qualifications." A related resolution makes the Section II (see page 7) the official statement of AST on Role Definitions and Qualifications for the Surgical Technologist.

SECTION I FOUNDATIONAL PRINCIPLES OF SURGICAL TECHNOLOGY*

The AST House of Delegates passed four resolutions that laid the groundwork for the profession

and determined future directions for surgical technology. These four resolutions included:

- Affirmation of Principles for the Recommended Standards of Practice, Section II
- Position Statement on the Role Definition and Qualifications for Surgical Technologists
- A General Statement of Intent
- Surgical Technology: A Subdomain of Medicine

Affirmation of Principles for the Recommended Standards of Practice

Resolved, The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms the following statements as principles to be used in the formation of the Recommended Standards of Practice, Section II, Role Definitions and Qualifications:

1. Certification through the process and procedures established by the Liaison Council on Certification for the Surgical Technologist (LCC-ST) ought to be required as a condition of employment in the field of surgical technology. (This principle is inclusive of any other title or use of language that refers to a role within the sterile field of scrub person, first assistant, or second assistant that is not covered by another licensed health-care provider such as registered nurses.)
2. Candidacy for certification is appropriately linked to graduation from a surgical technology program that is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and shall be the required standard as of March of the year 2000.
3. The associate degree is the preferred academic credential for surgical technology.

* Adopted by the AST House of Delegates in 1997.

4. The *Core Curriculum for Surgical Technology*® shall be considered the appropriate educational guide for curriculum design and statement of the expected base of knowledge for entry-level into the field of surgical technology.
5. The *Core Curriculum for Surgical First Assisting*® shall be considered the appropriate educational guide for curriculum design and statement of the expected base of knowledge for entry-level into the field of surgical first assisting.
6. Expanded practice role qualifications presume that the CST meets all the competencies required for the specific role but allows for documented experience to stand for academic credentials when appropriate.

Position Statement on the Role Definition and Qualifications for Surgical Technologists

Resolved, Upon final adoption of the Recommended Standards of Practice, Section II, Role Definitions and Qualifications, by the House of Delegates or the Board of Directors of the Association of Surgical Technologists, Inc, (AST), all prior definitions and statements of qualifications and competencies, if at variance with those stated in the Recommended Standards of Practice, shall be considered to be null and void; and all reference to role definition, qualifications and competencies, and/or questions of scope of practice shall be made to the Recommended Standards of Practice, Section II, as adopted with the provision that the *Core Curriculum for Surgical Technology*® and the *Core Curriculum for Surgical First Assisting*® be considered the appropriate educational guides for curriculum design and statement of the expected base of knowledge for each area.

A General Statement of Intent

Resolved, The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms the following statement of intent:

1. The Association of Surgical Technologists has historically believed and continues to believe in an inclusive approach to role definition as related to credential and does not intend to exclude any appropriately educated and credentialed health-care professional from performing in roles for which he or she is prepared and competent.
2. The Association of Surgical Technologists believes that the patient is best served when certified surgical technologists, physicians, nurses, and other allied health professional in the perioperative setting are performing the roles and tasks for which they are uniquely qualified.
3. The Association of Surgical Technologists affirms that surgical first assisting may be performed by physicians, physicians assistants, registered nurses, certified surgical technologists (CST), and certified surgical technologist/certified first assistant (CST/CFA) who are appropriately prepared and competent to perform the tasks defined by the American College of Surgeons.
4. Because the Certified Surgical Technologist is the professional in the operating room who has been specifically educated in asepsis, sterile technique, surgical procedures and intraoperative patient care, the Association of Surgical Technologists affirms that the Certified Surgical Technologist is the most appropriate professional to serve in the intraoperative scrub role. The Association of Surgical Technologists strongly supports the principle that for optimal surgical patient

care a Certified Surgical Technologist is necessary and should be required on each surgical case.

5. The Association of Surgical Technologists affirms that there are many tasks that may be appropriately delegated to noncredentialed individuals; however, these tasks do not include any role or task within the sterile field, the unsupervised positioning of patients, the handling of medications, or other specific tasks that are sufficiently dangerous as to warrant control by an appropriately credentialed individual.

Rationale: The resolution is viewed as self-explanatory and further amplifies the profession's highly specialized education, the critical role of Certified Surgical Technologists in surgery; and in order to optimize quality surgical patient the need to require the presence of a CST during every surgical case.

Surgical Technology: A Subdomain of Medicine

Resolved, The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms the following statement as a position statement regarding the basic nature of the field of surgical technology:

Whereas, the surgical technologist is educated using the medical model, *Whereas*, the surgical technologist is educated and trained to the specific tasks required in surgical services, *Whereas*, the surgical technologist is educated to provide patient care anywhere invasive therapeutic or diagnostic procedures are performed, *Whereas*, the surgical technologist provides patient care primarily through service to the physician/surgeon, and *Whereas*, the overlap of certain tasks performed by surgical technolo-

gists with tasks performed by the registered nurse does not constitute a valid argument that these constitute the same domain,

Be it resolved, The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms its position that surgical technology is a subdomain of medicine and that any state regulation of the credentialing process ought to be placed under either the medical practice act or an allied health practice act;

Be it further resolved, that the House of Delegates affirms a distinction between regulation of the credential and the administrative practice of supervision and delegation that may be relegated by policy and procedures as seen appropriate in each state or institution.

SECTION II: ROLE DEFINITIONS AND QUALIFICATIONS*

Surgical Technologist

Surgical technologists are allied health professionals who are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings.

The surgical technologist works under medical supervision to facilitate the safe and effective conduct of invasive surgical procedures. This individual works under the supervision of a surgeon to ensure that the operating room environment is safe, that equipment functions appropriately, and that the operative procedure is conducted under conditions that maximize patient safety.

A surgical technologist possesses expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy, surgical procedures,

* *Adopted by the AST House of Delegates in 1997.*

and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

Surgical Technologist Education

The preferred entry-level education for the surgical technologist is the associate degree, (but it is not required to take the CST certification examination).^{*} All programs are expected to meet the minimal curriculum requirements defined in the Core Curriculum for Surgical Technology®. Only programs accredited by CAAHEP will be considered to meet the criteria.

Certified Surgical Technologist (CST)

Surgical technologists are credentialed by the Liaison Council on Certification for the Surgical Technologist (LCC-ST). The LCC-ST is a member of the National Organization for Competency Assurance (NOCA), a national organization that established stringent standards for credentialing examination programs. The LCC-ST's examinations are accredited by the National Commission for Certifying Agencies (NCCA) under the auspices of NOCA.

Current requirements mandate that qualified candidates for the certification examination have acquired a certificate or degree from a CAAHEP-accredited education program.

All recommended educational and experiential standards are intended to support all requirements established by the LCC-ST for a qualified candidate.

CST Examination Eligibility

A candidate for the certification examination must be a graduate of a surgical technol-

ogy program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

CST Renewal Requirements

Six-year cycle—Those certifications issued or renewed *on or before* December 31, 2002.

- Eighty (80) continuing education credits, as defined in the *AST Continuing Education Participant Policies*.

Four-year cycle—Those certifications issued or renewed *after* January 1, 2003.

- Sixty (60) continuing education credits, as defined in the *AST Continuing Education Participant Policies*.

Certified Surgical Technologist: Level I

The standards for the Certified Surgical Technologist: Level I were developed to offer guidance to surgical technologists functioning in the role of “first scrub” in a variety of specialty areas. These standards are intended to be applicable whether employment is private, group, by physician, or by hospital or other institution.

Competencies

1. Demonstrates knowledge and practice of basic patient-care concepts
2. Demonstrates the application of the principles of asepsis in a knowledgeable manner that provides for optimal patient care in the OR
3. Demonstrates basic surgical case preparation skills
4. Demonstrates the ability to perform the role of first scrub on all basic surgical cases
5. Demonstrates responsible behavior as a health care professional.

^{*} *Adopted by the AST House of Delegates in 1990, see Appendix A, page 21.*

Certified Surgical Technologist: Level II (Advanced)

The standards for the Certified Surgical Technologist: Level II (Advanced) were developed to offer guidance to surgical technologists functioning as advanced first scrub practitioners in one or more specialty areas. These standards are intended to be applicable whether employment is private, group, by physician, or by hospital or other institution.

Competencies

1. Demonstrates all competencies required for the CST: Level I practitioner
2. Demonstrates advanced knowledge and practice of patient care techniques
3. Demonstrates advanced knowledge of aseptic and surgical technique
4. Demonstrates advanced knowledge and practice in the role of the first scrub
5. Demonstrates knowledge and practice of circulating skills and tasks
6. Demonstrates knowledge related to OR emergency situations
7. Demonstrates advanced organizational skills
8. Demonstrates advanced knowledge in one or two surgical specialty areas
9. Demonstrates a professional attitude

Certified Surgical Technologist: Level III (Specialist)

The standards for the Certified Surgical Technologist: Level III (Specialist) were developed to offer guidance to surgical technologists functioning as advanced first scrub practitioners in one or two specialty areas of in surgical service management areas. These standards are intended to be applicable whether employment is private, group, by physician, or by hospital or other institution.

Competencies

1. Demonstrates all competencies required for the CST: Level II
2. Demonstrates superior knowledge and practice of patient care techniques
3. Demonstrates superior knowledge of aseptic and surgical technique
4. Demonstrates superior knowledge and practice in the role of the first scrub or in the defined management position
5. Demonstrates advanced knowledge and practice of circulating skills and tasks
6. Demonstrates advanced knowledge related to OR emergency situations
7. Demonstrates superior knowledge in one or two surgical specialty areas
8. Demonstrates a professional attitude
9. Demonstrates leadership abilities

First Assistant Education

The bachelor's degree is the preferred model for the entry-level surgical first assistant (but it is not required to take the CFA certification examination).^{*} All programs are expected to meet the minimal curriculum requirements defined in the *Core Curriculum for Surgical First Assisting*[®]. Only programs accredited by CAAHEP will be considered to meet the criteria.

First Assistant

As defined by the American College of Surgeons, the first assistant provides aid in exposure hemostasis, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient.

The first assistant works under the direction and supervision of the surgeon and in accor-

^{*} *Adopted by the AST House of Delegates in 2001. See Appendix, page 22.*

dance with hospital policy and appropriate laws and regulations.

The LCC-ST also offers the national first assistant certifying examination.

CFA Examination Eligibility (effective July 1, 2005)

To be eligible for testing, an individual must fulfill the criteria in one of the four following options:

- Current CST *plus* 350 verified cases until January 1, 2007.
- Graduate of CAAHEP-accredited surgical assistant programs.

CFA Renewal Requirements

Six-year cycle—Those certifications issued or renewed *on or before* January 1, 2003.

- One hundred (100) continuing education credits.

Four-year cycle—Those certifications issued or renewed *after* January 1, 2003.

- Seventy-five (75) continuing education credits.

First Assistant: Entry-Level

The standards for the First Assistant: Entry-level roles were developed to offer guidance to surgical technologists functioning as first assistants in a variety of specialty areas. These standards are intended to be applicable whether employment is private, group, by physician, or by hospital or other institution.

Competencies

1. Demonstrates the principles of safe positioning of the surgical patient
2. Provides visualization of the operative site during the operative procedures

3. Demonstrates the appropriate techniques to assist the surgeon in providing hemostasis
4. Demonstrates the appropriate techniques to assist with the closure of body planes
5. Expedites the operative procedure by anticipating the needs of the surgeon
6. Demonstrates advanced knowledge of normal and pathological anatomy and physiology
7. Demonstrates knowledge of emergency situations
8. Demonstrates superior organizational skills
9. Demonstrates a professional attitude

First Assistant: Generalist

The standards for the First Assistant: Generalist role were developed to offer guidance to surgical technologists functioning as first assistants in a variety of specialty areas. These standards are intended to be applicable whether employment is private, group, by physician, or by hospital or other institution.

Competencies

1. Demonstrates the principles of safe positioning of the surgical patient
2. Provides visualization of the operative site during the operative procedure
3. Demonstrates the appropriate techniques to assist the surgeon in providing hemostasis
4. Demonstrates the appropriate techniques to assist with the closure of body parts
5. Expedites the operative procedure by anticipating the needs of the surgeon
6. Demonstrates advanced knowledge of normal and pathological anatomy and physiology
7. Demonstrates knowledge of emergency situations
8. Demonstrates superior organizational skills
9. Demonstrates a professional attitude

First Assistant: Specialist

The standards for the First Assistant: Specialist role were developed to offer guidance to surgical technologists functioning as first assistants in a specialty area. These standards are intended to be applicable whether employment is private, group, by physician, or by hospital or institution.

Competencies

1. Demonstrates all competencies required for the First Assistant: Generalist
2. Demonstrates advanced knowledge in the anatomy and physiology related to their specialty area
3. Demonstrates advanced knowledge in the surgical pathology and related procedures related to their specialty area
4. Demonstrates advanced knowledge of patient-care techniques related to their specialty area

SECTION III: RECOMMENDED CLINICAL PRACTICES

Recommended Standards of Practice for the Natural Rubber Latex Protein Allergic Patient in the Operating Room Environment*

Background:

With the recent increase and awareness of natural rubber latex protein allergies, it is very important for all members of the perioperative team to understand and recognize the need to decrease and/or eliminate latex exposure in the surgical suite for those individuals who are allergic to natural rubber latex.

Purpose:

To provide guidelines for perioperative staff to promote an optimal operative experience for individuals who demonstrate a natural rubber, latex protein allergy. Appropriate care of the patient is essential to their safety from anaphylactic reactions and to assure an ideal outcome. These recommended practices should be used in accordance with each health care facility's Latex Allergy Committee guidelines. If the health care facility uses latex-free products these practices may not be needed.

Recommended Practice I:

Schedule the latex allergic patient as first case of the morning and preferably the first day of the week.

Rationale: This will decrease the chances of air borne powder from powdered natural rubber latex gloves, creating an optimal physical environment for patients with a natural rubber, latex protein allergy. Studies have shown that glove powder can become airborne and stay airborne for up to five (5) hours. Studies have also shown that operating rooms with high laminar flow air exchange rates have the same latex aeroallergen levels as ones with the conventional air exchange rates. It has also been documented that operating rooms that were not used for 48 hours or more have undetectable amounts of aeroallergen.

Recommended Practice II:

All natural rubber latex containing supplies should be removed from the operating room. Workers should use housekeeping practices that promote the removal of latex-containing dust from the workplace. Areas contaminated

* Adopted by the AST House of Delegates in 1999.

with latex dust should be identified for frequent cleaning (upholstery, carpets and ventilation ducts). Workers should change ventilation filters and vacuum bags frequently in latex-contaminated areas.

Rationale: Asthma attacks or bronchospasm can be induced in individuals with a Type I natural rubber latex protein allergy by being in an environment where there is an open box of powdered natural rubber gloves or where latex laden powder has been released. Glove powder can linger in ventilation systems, on furniture, overhead lights, etc. Nonlatex gloves should be used to clean the operating rooms, recovery rooms and pre-operative holding areas.

Recommended Practice III:

Patient should wear a filter particulate mask when being transported through the hospital corridors.

Rationale: Filter particulate masks reduce the amount of glove powder being inhaled by the patient with a latex protein allergy.

Recommended Practice IV:

Only use latex-free head coverings for patients and staff.

Rationale: When facilities require patient's/staff hair to be covered, bouffant caps with an elastic band containing natural rubber latex should not be used. If latex-free products are not available, a tie cap should be worn or a towel can be placed over the patient's hair.

Recommended Practice V:

Patients should be transported directly from the patient unit to the operating room. The patient should NOT be admitted to the pre-operative holding area if powdered natural rubber latex gloves are worn in this area.

Rationale: This practice will promote the safety of the patient by minimizing exposure to or coming in contact with pre-operative holding and operating room areas containing natural rubber latex particles.

Recommended Practice VI:

LATEX ALLERGIC signs should be posted on patient's bed, on the inside and outside of the operating room doors, and on anesthesia equipment. Keep traffic in the operating room to a minimum. Educate the operating room staff as to acceptable procedures and equipment to use with the natural rubber latex protein allergic patient.

Rationale: Any employee who has worn powdered natural rubber latex gloves should NOT enter any environment where the natural rubber latex protein allergic individual will be. This can cause anaphylaxis. Any item (stretcher, equipment, supplies, etc) used on or for the patient must be cleaned and contact latex in packaging materials, sealant and contents. The circulator will verify that supplies are natural rubber latex free with the scrub.

Interpretive Statement 1:

After September 30, 1998, the FDA requires that all natural rubber latex containing medical devices be labeled as such. Devices manufactured before this time should be checked for the presence of natural rubber latex in packaging materials, sealant and contents.

Rationale: Documentation should be obtained from manufacturers stating the natural rubber latex status of the product, packaging and sealant. This documentation should be kept on file and be readily accessible to the facility staff for reference. This will optimize identification of items safe to be used for the natural rubber latex protein allergic patient's care.

Recommended Practice VII:

A latex-free equipment/supply cart should be created, stocked and used for procedures involving the natural rubber latex protein allergic patient.

Pre-made packages containing natural rubber latex-based products or powdered natural rubber latex gloves should NOT be used for the procedure.

Rationale: Supplies for natural rubber latex protein allergic patient use should be identified and assembled for ease of identification and use during the surgical intervention. A stocked cart with appropriate supplies and equipment reduces the chance of using natural rubber latex containing items for those patients.

Powder from natural rubber latex gloves can penetrate the layers of materials found in pre-made packages. Check with the manufacturer for natural rubber latex containing contents in custom trays prior to use. Packages which do NOT use natural rubber latex containing sealant should be stocked in the operating room for use on the latex protein allergic patient.

Recommended Practice VIII:

The operating room staff is prohibited from wearing natural rubber latex gloves for any procedure involving a latex protein allergic patient.

Rationale: No member of the operating room team may wear any form of latex gloves. Wearing non-latex gloves over natural rubber latex gloves is prohibited, as is wearing low powdered or powder-free natural rubber latex gloves. Wear only non-latex gloves.

Recommended Practice IX:

Multi-discipline focused, hospital-specific policies and procedures to address care issues

for the latex protein allergic patient should be developed.

Interpretive Statement 1:

Health care facilities should develop a Latex Allergy Practices Committee comprised of representatives from all patient-care focused disciplines, including nursing, dietary, laboratory, housekeeping, anesthesia, the operating room, pharmacy, respiratory therapy, admitting, X-ray, volunteers and home care. This committee should be charged with the development of policies and procedures related to the care of the natural rubber latex protein allergic patient. If at all possible, a natural rubber latex protein allergic individual should be a part of this committee.

Rationale: Multi-discipline focused planning, implementation and education will promote the creation and maintenance of a latex safe environment, facilitate the delivery of optimum patient care while minimizing the patient's potential exposure to natural rubber latex.

Recommended Practice X:

Check all equipment and supplies for natural rubber latex content before opening a package or using it on a patient. Packing material of devices should also be checked for the presence of natural rubber latex in packaging materials, sealant and contents. The circulator will verify that supplies are natural rubber latex free with the scrub.

Interpretive Statement 1:

After September 30, 1998, the FDA requires that all natural rubber latex containing medical devices be labeled as such. Devices manufactured before this time should be checked for the presence of natural rubber latex in packaging materials, sealant and contents.

Rationale: Documentation should be obtained from manufacturers stating the natural rubber latex status of the product, packaging and sealant. This documentation should be kept on file and be readily accessible to the facility staff for reference. This will optimize identification of items safe to be used for the natural rubber latex protein allergic patient's care.

Recommended Practice XI:

Assure that no natural rubber latex containing items come in contact with the patient's skin. Cover all wires or cords containing natural rubber latex to prevent contact with the patient's skin, including blood pressure cuffs, EKG cords and Holter Monitor cords.

Rationale: There are reported cases of natural rubber latex protein allergic individuals demonstrating mild to moderate allergic reactions from natural rubber latex containing equipment contacting patient surfaces, such as blood pressure cuffs, EKG leads, etc. Patient skin contact with these items should be avoided. Substitution with non-latex containing equipment or protection of the patient from contacting natural rubber latex equipment should be used at all times.

Recommended Practice XII:

An extension tubing and stopcock should be added to the IV lines containing natural rubber latex ports. Cover all natural rubber latex ports with bright colored tape to prevent accidental use.

Rationale: The stopcock portal should be used to inject all intravenous medications. Never inject medications through a natural rubber latex port. Do NOT remove tape from the latex portals in the patient's IV line to minimize inadvertent use. Attach the stopcock far enough from the

patient intravenous catheter to optimize patient comfort. Latex-free intravenous tubing is available and makes this step unnecessary.

Recommended Practice XIII:

The isolation section of the Post Anesthesia Care Unit should be utilized for the recovering patient with a natural rubber latex protein allergy. This area should be posted with signage indicating the need for implementing latex safe protocols.

Rationale: Use of the isolation area for the natural rubber latex protein allergic patient provides an optimal, latex safe environment. PACU staff shall NOT wear latex gloves, powdered or not, while caring for the patient. A latex-free supply cart should be available for use during patient care.

APPENDIX A: RESOLUTIONS RELATED TO THE RECOMMENDED STANDARDS OF PRACTICE

Associate's Degree Resolution *

Whereas, A profession's educational base is the cornerstone of its growth and development;

Whereas, Competent and humanistic practice as a health care professional demands a broad area of knowledge and the development of intellectual skills as well as technical proficiency;

Whereas, The escalating rate of change and increasing complexity of surgical therapies required the surgical technologist to have the ability to adapt to new roles and new technologies;

Whereas, What constitutes an adequate educational program today will not be sufficient for tomorrow's practitioner as the role of the surgical technologist continues to expand;

* Adopted by the AST House of Delegates, 1990.

Whereas, Increasing responsibilities demand a more broadly based preparatory curriculum with greater foundation in both the medical sciences and the liberal arts;

Whereas, To remain on a par with other allied health professions, surgical technology must maintain the same educational standards; and

Whereas, Many administrators and faculty of surgical technology programs recognize these needs and look to the Association of Surgical Technologists, Inc., for support; therefore be it

Resolved, That the Association of Surgical Technologists, Inc., declares the associate degree in surgical technology to be the preferred educational model for entry-level practice.

Bachelor's Degree Resolution *

Whereas, Surgical Technologists are allied health professionals who work closely with surgeons, anesthesiologists, registered nurses, and other surgical personnel caring for the surgical patient;

Whereas, Surgical Technologists have primary responsibility for the establishment and maintenance of the sterile field around the patient, being constantly vigilant that appropriate technique is followed;

Whereas, A profession's educational base is the cornerstone of its continued growth and development;

Whereas, Surgical Technologists in the advanced role of assistant are educated specifically to work in the operative environment and possess the knowledge and skills to assist the surgeon and other team members in assuring the best surgical outcome;

Whereas, Surgical Technologists are skilled professionals who must be prepared with the advanced level of knowledge and techniques

necessary to function in the role of assistant as valuable and integral members of the surgical team for the benefit of surgical patients and the public; and

Whereas, to remain on par with the level of preparation of other assistive professionals, surgical technology must maintain an equivalent educational standard;

Whereas, The Association of Surgical Technologists, Inc., was officially incorporated as a nonprofit educational association in 1969 to ensure that surgical technologists are educationally prepared to deliver quality patient care, which is accomplished through accredited surgical technology programs, national certification, and continuing education;

Therefore, be it Resolved, that the Board of Directors moves that the House of Delegates recommends a Bachelor's Degree in a related discipline be the preferred educational model for surgical first assistants."

* Adopted by the AST House of Delegates in 2001.