

## GUIDELINE FOR THE PROFESSIONAL RELATIONSHIP BETWEEN ANAESTHESIA TECHNICIANS AND ANAESTHETISTS.

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The purpose of these guidelines is to clarify the roles of anaesthetic technicians in two key areas:

1. assisting anaesthetists with preparation of anaesthesia drugs
2. guidance on anaesthesia personnel presence during surgery and anaesthesia

The Medical Sciences Council of New Zealand (the Council) has developed these guidelines based on professional documents from the Australian and New Zealand College of Anaesthetists (the College). The College's professional documents that are particularly relevant to these areas are:

- PS08 Recommendations on the Assistant for the Anaesthetist
- PS18 Recommendations on Monitoring During Anaesthesia
- PS28 Guidelines on Infection Control in Anaesthesia
- PS51 Guidelines for the Safe Administration of Injectable Drugs in Anaesthesia
- PS53 Statement on the Handover Responsibilities of the Anaesthetist
- PS59 Statement on Roles in Anaesthesia and Perioperative Care

### Preparation of Anaesthesia Drugs

The scope of practice for an anaesthesia technician does not allow for the prescription of drugs and allows for the administration of anaesthesia drugs only under the supervision of an anaesthetist. Preparing anaesthetic drugs is the responsibility of the anaesthetist. This is important for patient safety as drug administration errors can cause serious harm. As outlined in College document PS51, "a drug administration error occurs about once in every 135 anaesthetics in the developed world."

In section two the College's professional document *PS51 Guidelines for the Safe administration of Injectable Drugs in Anaesthesia* it states that when drugs are to be administered by someone other than an anaesthetist, they must be administered under direct medical supervision or there must be a written direction or prescription. Section six of PS51 is also relevant, and outlines the requirements for checking the identity and dose of each drug prior to administration.

The Council recommends:

- That a technician prepare drugs only at the **request of and in the physical presence of an anaesthetist. The process should comply with the recommendations of PS28 and PS51.**
- The anaesthetist must check all ampoules and vials of drugs to be drawn up with the technician.
- The anaesthetist assumes legal responsibility for any drugs administered to their patient, whether or not they have personally prepared the drug themselves or it has been prepared at their request by their technician.

- Unused drugs should be discarded by the anaesthetist and unopened controlled drugs must be returned to a secure store. If the task of discarding unused drugs is delegated to the technician it must be witnessed by the anaesthetist.

### Anaesthesia personnel presence in the operating room during surgery

College document *PS59 Statement on Roles in Anaesthesia and Perioperative Care* clearly states that the provision of anaesthesia care is a medical duty.

*PS53 Statement on Handover Responsibilities of the Anaesthetist* notes that

“During an episode of anaesthesia care that the major responsibility of an anaesthetist during anaesthesia, sedation, or major regional analgesia is to provide care for the patient and to be continually present during the procedure ....

Handover is required for temporary relief...and also for permanent handover where the primary anaesthetist must leave the patient under the care of another anaesthetist for the remainder of the anaesthetic.”

Technicians should not be asked to monitor the anaesthetised patient while the anaesthetist is out of the operating room. While some technicians may have advanced skills in assisting the anaesthetist with airways and may have many years’ experience in operating rooms they are not trained as anaesthetists.

Council accepts that in exceptional circumstances, a technician may be asked to monitor the patient if there is no supervising or other anaesthetist to whom a medical handover can be given. This is outlined in College document PS18:

“In exceptional circumstances, brief absences of the anaesthetist primarily responsible for the anaesthetic may be unavoidable. In such circumstances that anaesthetist may temporarily delegate observation of the patient to an appropriately qualified person who is judged to be competent for the task.”

Exceptional circumstances may include:

1. patient requiring urgent assessment or treatment in PACU and no other anaesthetist is available
2. toilet break where no anaesthetist is immediately available

In such a situation the anaesthetist must ensure:

- That the patient is stable, where feasible.
- That there will not be a need for administration of “top up” drugs
- The technician is given a clear means of communication with the anaesthetist.
- That the technician agrees to provide brief cover for the absence and feels competent to do so.

In very exceptional circumstances where there is no other anaesthetist available and the criteria listed above are not met for allowing an anaesthetic technician to monitor the patient, the

anaesthetist should, where feasible, request the surgeon to stop operating and to monitor the patient (with the assistance from the anaesthetic technician) for the duration of the anaesthetist's absence.

Food or drink breaks are not considered to be exceptional circumstances. If the anaesthetist is taking a brief food or drink break, they must remain in direct visual contact with the patient and the anaesthesia monitor. Meal breaks in the staff room are not acceptable practice unless handover to another anaesthetist has been completed.

Council does not condone leaving a patient under the care of a technician while the anaesthetist places a regional block even if it is in an adjacent anaesthesia bay. The anaesthetist must always be immediately available to attend to their patient in the operating room.

In any situation where a technician feels that they are being asked to accept direct responsibility for the anaesthesia care of the patient the technician must refuse to do so.

A technician who takes responsibility for care in this situation is practicing outside their scope of practice and may be subject to censure under the Health Practitioners Competence Assurance Act (HPCA Act).

An anaesthetist who leaves their patient under the care of a non-medically trained individual during an episode of care is in breach of College recommendations and may be subject to disciplinary action under the HPCA Act.

Council trusts that it is unlikely that disciplinary action would be required, and accepts that the relationship between technician and anaesthetist is one of mutual respect.