

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 12, 2013

ATTENTION: Licensing Committee

SUBJECT: Healthcare Practitioner Supervision Requirements for Perfusionists, and Anesthesia Technologist and Technician

STAFF CONTACT: Curtis J. Worden, Chief of Licensing

RECOMMENDED ACTION:

No action is necessary. At the October 25, 2012, Licensing Committee meeting, the following information was requested as a follow-up to my presentation on allied health care supervision requirements.

PERFUSIONIST:

A Perfusionist is a trained allied health professional responsible for the heart-lung machines necessary for cardiovascular surgeries. This individual must be supervised by a licensed physician and surgeon in accordance with Section 2590 (a) of the Business and Professions Code. Since January 1, 1993, no person shall hold himself or herself out as a perfusionist, unless 1) he/she is a graduate of a training program reviewed by the Accreditation Committee on Perfusion Education and approved by the Commission on Accreditation of Allied Health Educations Programs or its successor, and 2) he/she has successfully completed the entire examination of the American Board of Cardiovascular Perfusion or its successor agency. The Medical Board of California, nor any other governmental agency, licenses or certifies these individuals.

ANESTHESIA TECHNICIAN/TECHNOLOGIST GENERAL INFORMATION:

An Anesthesia Technician's role is to support the work done by the professional anesthesia personnel (Anesthesiologist or Certified Registered Nurse Anesthetist). Anesthesia Technicians are responsible for managing the anesthesia equipment and for its proper maintenance.

Depending on individual expertise and training, the task of the Anesthesia Technician, Certified Anesthesia Technician (Cer.A.T.) and Certified Anesthesia Technologist (Cer.A.T.T.) may include equipment maintenance and servicing, such as: cleaning, sterilizing, assembling, calibrating and testing, troubleshooting, requisitioning and recording of inspections and maintenance. They may operate a variety of mechanical, pneumatic and electronic equipment used to monitor, evaluate and manage the patient undergoing anesthesia.

The official recognition for Anesthesia Technologists and Technicians is by the American Society of Anesthesia Technologists and Technicians (ASATT) through national certification.

This certification is currently not required by any states, but some employers require it either prior to or within two years of hire.

The Anesthesia Technician, Certified Anesthesia Technician and Certified Anesthesia Technologist is a lesser skilled and trained professional who assists the anesthesia care team in an operating setting. These individuals may be supervised by an Anesthesiologist or Certified Registered Nurse Anesthetist. These individuals are not licensed or certified by any governmental agency in California.

ANESTHESIA TECHNICIAN:

An Anesthesia Technician is an individual who has not meet the requirements to apply for the American Society of Anesthesia Technologists and Technicians national certification examination or has met the requirements but has opted to not pursue the credentials of becoming a Certified Anesthesia Technician.

CERTIFIED ANESTHESIA TECHNICIAN:

The Certified Anesthesia Technician (Cer.A.T.) is a technician who has successfully completed the examination requirements established by the American Society of Anesthesia Technologist and Technicians (ASATT). The Cer.A.T. is an allied healthcare professional who is an essential member of the anesthesia patient care team, as observed by the American Society of Anesthesiologists (ASA), the American Association of Nurse Anesthetists (AANA) and the Association of periOperative Registered Nurses (AORN). The Cer.A.T. performs duties under the supervision of the licensed anesthesia care providers.

CERTIFIED ANESTHESIA TECHNOLOGIST:

A Certified Anesthesia Technologist (Cer.A.T.T.) is a technician who has successfully completed both the Certified Anesthesia Technician and Technologist Examinations per the requirements established by the ASATT. The Cer.A.T.T. is distinguished from the Cer.A.T. by additional levels of training and experience.

ISSUES FOR CONSIDERATION:

None

RECOMMENDATION:

None

ATTACHMENTS:

1. Business and Professions Code Section 2590-2596

ATTACHMENT 1

BUSINESS AND PROFESSIONS CODE

SECTION 2590-2596

2590. (a) For purposes of this section, "perfusion" means those functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular system, circulatory system with or without the oxygenation circuit, or any combination of those activities, and to ensure the safe management of physiologic functions by monitoring the necessary parameters of those systems pursuant to an order and under the supervision of a licensed physician and surgeon.

(b) Perfusion services include, but are not limited to, all of the following:

(1) The use of extracorporeal circulation, cardiopulmonary support techniques, and other ancillary therapeutic and diagnostic technologies. "Extracorporeal circulation," as used in this section, means the diversion of a patient's blood through a heart-lung machine or a similar device that assumes the functions of the patient's heart, lungs, or both.

(2) Counterpulsation, ventricular assistance, autotransfusion, including blood conservation techniques, myocardial and organ preservation, extracorporeal life support, and isolated limb perfusion.

(3) The use of techniques involving blood management, advanced life support, and other related functions.

(c) Perfusion services also include, but only during the performance of functions described in subdivision (b), the following:

(1) The administration of pharmacological and therapeutic agents, blood products, or anesthetic agents through the extracorporeal circuit or through an intravenous line as ordered by a physician and surgeon.

(2) The performance and use of anticoagulation analysis, physiologic monitoring, blood gas and chemistry analysis, hematocrit analysis, hypothermia, hyperthermia, hemoconcentration, and hemodilution. Nothing in this paragraph shall exempt perfusionists from the requirements of Chapter 3 (commencing with Section 1200), including, but not limited to, quality assurance and equipment maintenance requirements.

(3) The observation of signs and symptoms related to perfusion services.

(4) Making a determination whether the signs and symptoms related to perfusion services exhibit abnormal characteristics.

(5) Implementation, based on observed abnormalities, of appropriate reporting, or perfusion protocols, or changes in treatment regimen, pursuant to an order by a physician and surgeon, or the initiation of emergency procedures. "Perfusion protocols" as used in this section means perfusion-related policies and protocols

developed or approved by a licensed health facility or a physician and surgeon through collaboration with administrators and health professionals, including perfusionists.

(d) Commencing January 1, 1993, no person shall hold himself or herself out as a perfusionist, unless at the time of doing so the person meets the educational and examination requirements specified in subdivisions (e) and (f).

(e) Except as provided in subdivision (f), persons holding themselves out as perfusionists shall be graduates of a training program described in Section 2592 and produce satisfactory evidence of successful completion of the entire examination of the American Board of Cardiovascular Perfusion, or its successor agency, or the equivalent thereof if an equivalent is determined to be necessary by the Division of Licensing of the Medical Board of California.

(f) Any person may be deemed to have completed the equivalent of the examination and education requirements if that person is currently certified by the American Board of Cardiovascular Perfusion, or if, as of January 1, 1993, the person has practiced as a perfusionist and has annually performed a minimum of 40 cases of cardiopulmonary bypass during cardiac surgery in a licensed health facility and has done so for at least five years since January 1, 1987. For the purposes of this subdivision, "licensed health facility" means a health facility licensed in any jurisdiction within the United States.

(g) In order to continue to use the title of "perfusionist," the person shall complete the continuing education requirements of, or maintain active certification by, the American Board of Cardiovascular Perfusion, or its successor agency, or the equivalent if an equivalent is determined to be necessary by the Division of Licensing of the Medical Board of California.

(h) Any person who violates this section is guilty of a misdemeanor.

2591. (a) After completion of an approved perfusion training program, as defined in Section 2592, and until notification of passage of the entire examination of the American Board of Cardiovascular Perfusion, or its successor agency, that person shall identify himself or herself only as a "graduate perfusionist."

(b) The use of the title "graduate perfusionist" is valid for no more than three years from the date of completion of an approved perfusion training program.

2592. (a) Except as otherwise provided in Section 2590, all persons calling themselves perfusionists shall be graduates of an approved perfusion training program.

(b) For purposes of this article, an "approved perfusion training program" means a training program in perfusion reviewed by the

Accreditation Committee on Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs or its successor or the equivalent training program if an equivalent is determined to be necessary by the Division of Licensing of the Medical Board of California.

2593. (a) During the period of any clinical training provided by an approved perfusion training program, perfusion may be performed by a student enrolled in the approved perfusion training program when those services are part of his or her course of study.

(b) A person enrolled as a student in an approved perfusion training program shall be identified as a "student perfusionist" or as a "perfusion intern."

(c) During the period of any clinical training, a student perfusionist or perfusion intern shall be under the direct supervision of a perfusionist who has met all the requirements of this chapter. For purposes of this section, "direct supervision" means assigned to a perfusionist who is on duty and immediately available in the assigned patient care area.

2595. Nothing in this chapter shall limit, preclude, or otherwise interfere with the practices of other persons licensed or otherwise authorized to practice under this division in performing perfusion services consistent with the laws governing their respective scopes of practice. None of the activities described in subdivisions (b) and (c) of Section 2590, including, but not limited to, extracorporeal life support, shall be construed to be exclusively perfusion services, but may be performed by other licensed persons when consistent with their respective scopes of practice.

2596. It is the intent of the Legislature that authority be reserved to the Division of Licensing of the Medical Board of California to adopt examination, continuing education, and training standards for perfusionists, with appropriate consultation, in the event that existing standards of the American Board of Cardiovascular Perfusion or the Accreditation Committee on Perfusion Education of the Committee on Allied Health Education and Accreditation of the American Medical Association prove inadequate after an appropriate trial period of at least three years.