PART 10 – DELEGATION

Definitions

10-1 (1) In sections 10-2 to 10-5:

(a) "anesthesiologist" means a registrant of the College of Physicians and Surgeons of British Columbia who is recognized by the College for the specialty practice of anesthesiology or who is recognized by the College as a family physician, and is privileged to provide anesthesia services by a Health Authority in British Columbia;

(b) "duly qualified anesthesia assistant" means a health care provider:

(i) that has met the entry to practice education and competency requirements as documented in the current National Competency Framework in Anesthesia Assistance;

(ii) that has been assessed by their health authority employer as able to perform these activities competently;

(iii) is employed by a Health Authority in British Columbia.

(c) "restricted activity" means an activity that may only be performed by regulated health professionals who are authorized to provide the activity under their profession-specific regulations and in accordance with the bylaws of their regulatory college or unregulated care providers who have been delegated or authorized under supervision to provide such activity by another regulated health professional;

(d) "assign" means that a non-restricted activity may be performed by an unregulated care provider without requiring delegation or authorization under supervision;

(e) "delegate" means that an anesthesiologist can authorize all or part of a restricted activity to be performed by a duly qualified anesthesia assistant without supervision;

(f) "authorize under supervision" means the anesthesiologist assuming medical responsibility for the anesthesia care of the patients receiving services performed by the anesthesia assistant must be in attendance or immediately available at all times;

(g) "direct supervision" means the supervising anesthesiologist must:

(i) be in attendance together with the anesthesia assistant and the patient while the anesthesia assistant is performing the task/activity/procedure or assisting alongside the anesthesiologist;

(ii) be present for the patient during the induction and emergence of anesthesia and, in cases of deep sedation or where general anesthesia is administered, the supervising anesthesiologist must be present for all anesthesia care phases (i.e. induction, maintenance, and emergence); and

(iii) not conduct or supervise the administration of deep procedural sedation or general anesthesia simultaneously for concurrent diagnostic or therapeutic procedures on more than one patient at a time.

(h) "indirect supervision" means the supervising anesthesiologist must:

(i) be immediately available for consultation, assistance, and intervention; and

(ii) assume medical responsibility for the anesthesia care of all patients receiving services performed by the duly qualified anesthesia assistant.

(i) "immediately available" is defined as the anesthesiologist being continuously onsite and able to be physically present with the anesthesia assistant within five minutes and not otherwise engaged in any other uninterruptible procedure or task.

Assign to Anesthesia Assistants

10-2 (1) An anesthesiologist may assign to a duly qualified anesthesia assistant the following activities that are not restricted activities and that do not require supervision:

(a) participate in the pre-operative patient assessment in consultation with the supervising anesthesiologist, including to:

(i) determine the cardio-respiratory status of a patient and interpret results;

(ii) determine the general physical status of a patient and interpret results;

(iii) perform an anesthetic risk assessment and interpret results;

(iv) perform an airway assessment and interpret results; and

(v) monitor and interpret results of non-diagnostic ECG during procedures.

(b) make recommendations to the delegating anesthesiologist for the patient's anesthetic plan;

(c) participate in the post-operative patient assessment in consultation with the supervising anesthesiologist, including to:

(i) determine the cardio-respiratory status of a patient and interpret results;

(ii) determine the general physical status of a patient and interpret results;

(iii) perform an anesthetic risk assessment and interpret results;

(iv) perform an airway assessment and interpret results;

(v) monitor and interpret results of non-diagnostic ECG during procedures; and

(vi) perform a pain management assessment and interpret results.

(d) perform electrocardiograms (ECG), including monitoring, and interpreting results in consultation with the supervising anesthesiologist;

(e) perform pulmonary function testing (i.e. spirometry) and analyze results but only in consultation with the supervising anesthesiologist;

(f) during a procedure/surgery, perform exhaled gas monitoring (e.g. end tidal carbon dioxide monitoring), including monitoring and analyzing results in consultation with the supervising anesthesiologist;

(g) perform pulse oximetry, including monitoring and analyzing the results in consultation with the supervising anesthesiologist;

(h) calculate cardiac output determination, by analyzing the results in consultation with the supervising anesthesiologist; and

(i) assess the patient's physiologic status by monitoring anesthetic gases and analyzing the results in consultation with the supervising anesthesiologist.

Delegation to Anesthesia Assistants

10-3 (1) An anesthesiologist may delegate to a duly qualified anesthesia assistant the following activities, which are the practice of medicine as defined in the *Act*:

(a) perform point of care blood glucose monitoring and analyze results but only in consultation with the supervising anesthesiologist;

(b) perform temperature probes, monitor patient temperature, and analyze results but only in consultation with the supervising anesthesiologist;

(c) perform insertion of oropharyngeal airways;

(d) perform insertion of nasopharyngeal airways;

(e) perform insertion of esophageal stethoscopes;

(f) administer local / topical anesthetics for the purpose of supporting the supervising anesthesiologist with inserting neuraxial blocks, peripheral nerve blocks, therapeutic blocks, diagnostic blocks and regional anesthesia;

(g) respond to cardiac arrests according to hospital procedures and policies; and

(h) perform initial resuscitation in life-threatening situations according to established protocols (i.e. Basic Cardiac Life Support/Advanced Cardiac Life Support, Malignant Hyperthermia, Neonatal Resuscitation Program, and Pediatric Advanced Life Support), while awaiting arrival of the supervising anesthesiologist.

(2) Except in the situation of an emergency, prior to delegating the authority for an anesthesia assistant to perform an activity, the delegating anesthesiologist must have first assessed the patient and established a treatment plan and be satisfied that the delegatee has the appropriate knowledge, skill and judgment to perform the delegated act. The delegatee must be able to carry out the act as competently and safely as the delegating anesthesiologist.

(3) Except in the situation of an emergency, the authority to delegate must be provided in writing to the delegatee and must contain:

(a) a specific description of the activities which have been delegated; and

(b) any conditions or restrictions associated with the delegation including, any time limitation on the delegated authority.

(4) A delegation is only valid if the delegatee accepts the delegation.

(5) A delegation may be revoked by the delegating anesthesiologist at any time.

(6) An anesthesiologist who has delegated an activity shall have access to a copy of the document which authorizes the delegation.

(7) A delegation is only valid while the delegating anesthesiologist is available to provide oversight and advice to the delegatee. If the anesthesiologist who has delegated the activity no longer has oversight responsibility for the delegated activity, the delegation is no longer valid, unless that physician transfers the delegation to another anesthesiologist as part of a transfer of care.

Authorization to Anesthesia Assistants to perform activities under direct supervision

10-4 (1) A registrant who is a duly qualified anesthesiologist may authorize a duly qualified anesthesia assistant to perform the following activities under direct supervision, which are the practice of medicine as defined in the *Act*:

(a) assist in or perform insertion of endotracheal airway (i.e. endotracheal intubation) for the purpose of airway management;

(b) use advanced fiberoptic equipment for the purpose of airway management;

(c) perform insertion of laryngeal mask airways (LMAs);

(d) perform insertion of intra-arterial lines (radial and/or pedal artery catheters, i.e. arterial line) for the purpose of supporting the responsible anesthesiologist with performing an anesthetic block, procedural sedation and/or general anesthesia;

(e) perform ultrasound to guide the responsible anesthesiologist with:

(i) insertion of central line catheters (central venous catheters), peripherally inserted central catheter (PICC) lines, and pulmonary artery catheters (PAC lines); and

(ii) performing neuraxial blocks, peripheral nerve blocks, therapeutic blocks, diagnostic blocks and regional anesthesia;

(f) perform airway maintenance tasks during emergence such as aspiration of secretions from the trachea and pharynx, patient extubation, removing Laryngeal Mask Airways (LMAs), and discontinuing monitors and removing anesthesia equipment after surgical procedures; and

(g) assist clinically and technically with procedures involving adjunct technologies (such as rapid pressure injectors, trans-esophageal echocardiography, endobronchial/endoscopic ultrasound, nerve simulators, pacemakers, etc.) in accordance with departmental standards.

Authorization to Anesthesia Assistants to perform activities under indirect supervision

10-5 (1) A registrant who is a duly qualified anesthesiologist may authorize a duly qualified anesthesia assistant to perform the following activities under indirect supervision, which are the practice of medicine as defined in the *Act*:

(a) prepare pharmacological agents and equipment;

(b) prepare arterial blood gas (ABG) sampling including monitoring ABG levels, analyzing results and reporting findings to the supervising anesthesiologist;

(c) monitor and adjust ventilation modalities as required to ensure adequate patient ventilation and oxygenation;

(d) administer inhaled medications such as bronchodilators, epinephrine and xylocaine while monitoring patient airway;

(e) assist or participate in insertion of orogastric tubes;

(f) assist or participate in insertion of nasogastric tubes;

(g) perform insertion of an intravenous line (peripheral intravenous catheters) for the purpose of supporting the responsible anesthesiologist with performing an anesthetic block, procedural sedation and/or general anesthesia;

(h) assist with blood and blood product transfusion and autotransfusion (cell salvage) but only in consultation with the supervising anesthesiologist;

(i) administer prescribed pharmacological agents and anesthetics to patients (including volatile agents) and observe, record and communicate to the supervising anesthesiologist efficacy of treatment to ensure patient is responding to drugs as prescribed. This may include initiating the administration of medication for procedural sedation;

(j) titrate and adjust administered prescribed pharmacological agents and anesthetics to patients (including volatile agents) and observe, record and communicate to the supervising anesthesiologist efficacy of treatment to ensure patient is responding to drugs as prescribed; and

(k) administer high flow oxygen therapy or specialty inhalational therapy for patients in Post Anesthesia Care Unit (PACU) and communicate patient assessment needs with the supervising anesthesiologist for patients requiring long term ventilation and/or oxygenation.