



Short title: Assistant for anaesthetist

1. Purpose

The purpose of this document is to recognise the importance of quality assistants to the anaesthetist and to promote their development and training. Core competencies required of an assistant to the anaesthetist are identified to assist with the development of training curricula.

2. Scope

This document is intended to apply wherever general anaesthesia, regional anaesthesia, local anaesthesia and/or deep sedation are administered by an anaesthetist. Henceforth, these activities are referred to as “anaesthesia”. Where only minimal or moderate sedation is administered by an anaesthetist, specific guidance is provided by ANZCA *PG09 Procedural Sedation*.

3. Background

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, training targeted and applicable to anaesthesia care should be undertaken in order to provide effective support to the anaesthetist. The recommendations that follow establish both the practical and educational responsibilities of a skilled health care professional to be a competent assistant to the anaesthetist working collaboratively to support the delivery of anaesthesia and perioperative care.

4. Principles

4.1 The presence of a trained assistant for the anaesthetist is essential:

- 4.1.1 During preparation for and during induction of anaesthesia. The assistant will remain exclusively with and dedicated to the role of assisting the anaesthetist until instructed that this level of assistance is no longer required.
- 4.1.2 During the maintenance of anaesthesia where an assistant must be immediately available.
- 4.1.3 At the conclusion of anaesthesia where the assistant will remain exclusively with the anaesthetist and dedicated to the role of assisting the anaesthetist until this level of assistance is no longer required.

4.2 Facilities in which anaesthesia is administered are required to provide a service that ensures availability of anaesthesia equipment, which is properly maintained, checked before use and cleaned. The assistant to the anaesthetist is vital to supporting these functions, as per college professional documents *PG31(A) Checking anaesthesia delivery systems*, *PS55(A) Minimum safe facilities*, and *PG28 Infection prevention and control*.

- 4.3 Staff employed as assistants to the anaesthetist should be trained, and able to demonstrate attainment of the core competencies below.
- 4.4 Training of assistants is an important role that the anaesthetist can facilitate.
- 4.5 Anaesthetic assistants in training may work independently from another assistant at a level of supervision commensurate with their skill with the ability to seek support from a more experienced assistant as required.
- 4.6 Anaesthetic assistants in training should not be unsupervised after hours.

5. Staffing of facilities

- 5.1 The assistant to the anaesthetist is an essential member of the staff in all locations where anaesthesia is administered.
- 5.2 Management should 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 anaesthetic assistants in training may work independently but should 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 Anaesthetic assistants in training should not be unsupervised after-hours.
- 5.3 The duties of the assistants in each location should 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 While assisting the anaesthetist, the assistant should be wholly and exclusively responsible to that anaesthetist.
- 5.6 The role of the assistant to the anaesthetist includes:
 - 5.6.1 Preparation of the environment and equipment for the patient.
 - 5.6.2 Preparation of equipment for administering the anaesthetic.
 - 5.6.3 Reception of the patient into the anaesthesia/operating room, establishing rapport with the patient by asking and answering questions.
 - 5.6.4 Participation in Anaesthesia Check-in processes (eg as per WHO Surgical Safety Checklist) including checking identification and consent depending on institutional requirements.
 - 5.6.5 Participation in other safety checks such as regional anaesthesia block time-out processes.
 - 5.6.6 Communication of relevant patient information to the other members of the intra-operative team, including nurses and doctors.

- 5.6.7 For each case, having a shared understanding with the anaesthetist of the planned anaesthesia approach and alternatives, including equipment requirements.
- 5.6.8 Assistance with patient preparation and monitoring, and ensure the patient's physical and psychological safety, and comfort.
- 5.6.9 Assist the anaesthetist as required throughout and at the end of the procedure including during emergence and transfer.

6. Educational requirements for assistants

A trained anaesthetic assistant should have completed a degree or training program 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. Independent practice requires at least twelve months full-time equivalent clinical experience, which may occur during the course.

As a minimum, the course should include:

- 6.1 Input from anaesthetists in curriculum development, preparation and delivery of relevant lectures, practical supervision and assessments.
- 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

Understanding of the following topics is necessary and should be reinforced by appropriate practical training experience in a clinical environment.

Anaesthesia assistants should 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) should 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 Work as a team member with other health professionals and healthcare workers. including communication skills with graded assertiveness.
- 7.1.4 Discuss legal responsibilities including consent and confidentiality.
- 7.1.5 Understand and apply the principles of patient centred care, cultural safety and trauma informed care.

7.2 Anaesthesia equipment

- 7.2.1 Describe the care, use and servicing of all equipment related to the provision of anaesthesia services, particularly those used in their workplace, including:
 - Anaesthesia delivery systems and ventilators.
 - Monitoring equipment and ultrasound devices.
 - Airways devices including videolaryngoscopes and fiberoptic instruments.
 - Vascular access device placement and management.
 - Infusion pumps and warming devices.
 - Point-of-care testing eg blood gas analysis, viscoelastography (TEG/Rotem).
- 7.2.2 Describe the cleaning and sterilisation of equipment related to the provision of anaesthesia services (consistent with local policies and *PG28 Infection prevention and control*).
- 7.2.3 Describe the various infection prevention and control responsibilities related to staff, patients and equipment (consistent with local policies and *PG28 Infection prevention and control*).
- 7.2.4 Apply measures to prevent anaesthetic gases and volatile agents entering the environment.
- 7.2.5 Apply and support measures to support economically and environmentally responsible practices.
- 7.2.6 Ensure that necessary drugs and equipment (including disposable items) are readily available and sufficiently stocked.

7.3 Safety

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

- Electricity.
- Radiation.
- Lasers.
- Gas cylinders and pipelines.
- Volatile agents.
- Transmissible infectious diseases including 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 in order to assist the anaesthetist including:

- Preparation and participation in surgical safety checklists.
- Patient preparation and vascular access (see 7.5).
- Placement of regional blocks (see 7.4.1).
- Patient transfer and positioning.
- Monitoring.
- Induction.
- Maintaining and/or securing the airway.
- Maintenance.
- Emergence.
- Transfer and handover to PACU or ICU depending on institutional requirements.

7.4.1 Regional and local anaesthesia

Describe regional and local anaesthesia, including all commonly used techniques for regional and local blockade, to be able to assist the anaesthetist.

The assistant should be able to recognise complications of regional and local anaesthesia and know the management principles.

Discuss the guideline for the management of major regional analgesia as articulated in ANZCA professional document *PG03(A) Major regional anaesthesia*.

7.4.2 Sedation

Describe the principles of sedation and/or analgesia for diagnostic and interventional medical, dental or surgical treatment as articulated in ANZCA professional document *PG09(G) Procedural sedation*, including the specific requirements for staffing and patient safety.

7.5 Invasive techniques and ultrasound

Sufficient knowledge to be able to assist the anaesthetist with invasive techniques including insertion of peripheral venous, central venous, and pulmonary artery catheters, and arterial lines and the ongoing management of these.

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

An understanding of the following to assist in patient safe patient care:

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

7.6 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, including complying with jurisdictional responsibilities.

7.7 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.
- Local Anaesthetic Toxicity.

7.7.1 Recall the appropriate algorithms for crisis management and where to find specific resources and cognitive aids where available.

7.7.2 Describe the role of the anaesthetic assistant.

7.7.3 Know the location of and be able to provide the necessary equipment.

7.7.4 Assist the anaesthetist otherwise as required.

7.7.5 Maintain competency in Basic Life Support as a minimum.

7.8 Postoperative pain

Outline postoperative analgesic alternatives and list the equipment that may be required in the operating room or PACU.

Be aware of local acute pain management policies and where to locate them.

7.9 Work environment

Discuss and demonstrate non-technical skills including:

- Communication.
- Cultural competence.
- Working in a team environment.
- Situational awareness.
- Clinical advocacy.
- Reflective practice.
- Adaptability.

7.10 Cell salvage

Depending on institutional requirements, individual scope of practice, and having completed additional education and training, the assistant to the anaesthetist may undertake cell salvage.

8. Continuing professional development

Anaesthesia assistants should maintain and upgrade their knowledge and skills with regular continuing education activities, in line with standards from relevant regulatory authorities. Management should ensure that staff establishments and rostering practices allow for continuing education of anaesthesia assistants.

This document is accompanied by a background paper (PS08BP) which provides more detailed information regarding the rationale and interpretation of the Position statement.

Related ANZCA documents

PG03(A) Guideline for the management of major regional analgesia
PS04(A) Position statement on the post-anaesthesia care unit 2020
PG09(G) Guideline on procedural sedation
PG28 Infection prevention and control (2025)
PG31(A) Guideline on checking anaesthesia delivery systems
PS55(A) Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations
PS59(A) Position statement on roles in anaesthesia and perioperative care
ANZCA Handbook for training
ANZCA Handbook for accreditation

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