



## Surgical Technology Program Policy and Procedure Manual

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## **PROGRAM OVERVIEW**

Welcome to Georgia Piedmont Technical College's Surgical Technology Program. The Surgical Technology Program at GPTC is a comprehensive entry-level program designed to prepare the student for a rewarding career that is academically challenging and professionally rewarding. As a student you will take a variety of didactic and clinical courses with a focus on the Patient Simulation Center that will provide "real life" scenarios of a demanding clinical environment. The integration of lecture, simulation and clinical will help each student transition from the academic/clinical environment to the profession upon graduation. The Surgical Technology curriculum is comprised of 72 credits over 6 terms. Classroom instruction conducted on campus includes anatomy and physiology, medical terminology, microbiology, patient care in surgery, sterile technique, surgical techniques, instrumentation and surgical procedures. During the pre-clinical phase of the program, emphasis is placed on classroom and laboratory instruction as preparation for participation in the clinical phase. The clinical experience is received at a variety of locations including hospitals, clinics and surgical outpatient centers. The student functions under the supervision of the instructor, staff Surgical Technologists, in performing as a member of the operating room team. The clinical phase includes further classroom instruction that will be scheduled, but emphasis is placed on extensive clinical experience in actual surgical procedures.

### **Mission Statement**

The mission of GPTC's Associate of Applied Science in Surgical Technology program is to provide didactic and clinical instruction that will enable individuals to perform as competent, entry-level Surgical Technologists ready to sit for certification; and to help satisfy the need for Surgical Technologists in the local community.

### **Philosophy**

"Empowering Technical Excellence & Compassionate Care"

As a teacher of surgical technologists, I believe in cultivating a learning environment that emphasizes:

1. Technical mastery: precision, attention to detail, and expertise in aseptic techniques
2. Patient-centered care: empathy, respect, and dedication to optimal patient outcomes
3. Critical thinking: problem-solving, decision-making, and effective communication
4. Collaboration: teamwork, adaptability, and mutual respect among healthcare professionals
5. Continuous learning: staying current with advancements, best practices, and evidence-based techniques

By embracing this philosophy, I strive to prepare surgical technologists who excel in their craft, prioritize patient well-being, and continuously grow as professionals in the ever-evolving healthcare landscape. -

V. Cornier

## **Program Outcomes**

To prepare competent entry-level Surgical Technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

### **Cognitive Domain**

The student will:

Comprehend the fundamental concepts of Human Anatomy and Physiology, Pathophysiology, Microbiology and infectious process and recognize their relationship to safe patient care.

Understand the principles of safe patient care in the preoperative, intra-operative and postoperative settings.

Recognize the interdependent role of the Surgical technologist with the other team members and ancillary service providers.

### **Psychomotor Domain**

The student will:

Develop and apply fundamental Surgical assisting skills through practice and evaluation in the clinical setting.

Accurately apply the principles of asepsis across the spectrum of common Surgical experiences • Employ the Standard Precautions and other recognized safe practice guidelines in every Surgical setting.

### **Affective Domain**

The student will:

Recognize the variety of patients' needs and impact of their personal, physical, emotional and cultural experiences on rendering patient care

Demonstrate professional responsibility in performance, attitude and personal conduct.

Practice within the confines of the recognized scope of practice within the healthcare community to provide optimal patient care

## **Admission Requirements**

To be eligible for entry into the Surgical Technology Program each student must meet the following criteria:

All students must have their program of study indicated Surgical Technology as in Banner Web. Complete of all prerequisite courses as outlined in GPTC's catalog with a minimum grade of "C" in each course.

Must have an accumulative GPA of 2.75 for all required prerequisites and be in good standing with the college.

## **Background and Urine Drug Screen Requirements**

A criminal background check and urine drug screen by the college's preferred provider is required. The student may not use a previous screen or another provider as a substitution.

Background checks and urine drug screenings are required before entering the first clinical rotation. It is imperative that each student sign a formal written statement acknowledging their understanding that engagement in any felonious or misdemeanor activities may hinder or prevent their clinical site placement. Students must have a clear background check and urine drug screen to attend clinical. The faculty have no jurisdiction over clinical sites and cannot request clinical placement for a student who does not meet the standard. Students will sign permission forms allowing release of information regarding academics, background checks, and health status to the various clinical facilities utilized by GPTC.

In addition to the above screening the student is required to subscribe to ACEMAPP (administrative system for students to be schedule for clinical) for specific clinical sites. There is a one-time fee for the year incurred by the student. Additional information will be provided at orientation.

*Note: Individual clinical sites may require additional screenings, health requirements and/or background checks.*

## **Health Screening Requirements**

Students in the Surgical Technology program are required to complete labs and externships in health settings. GPTC adheres to all policies set forth by the clinical sites inclusive of screenings, specific health requirements and notifications.

In order to adhere to these guidelines, GPTC has the following as entry and program requirements:

1. Proof of the following medical requirements:

- Current physical examination performed by an MD, DO or ARNP with a signed Health Clearance Form.
- Proof of immunity via documentation of immunization or titers for the following:
  - Hepatitis B series. The first of three injections must be completed prior to admission.
  - MMR (Measles, Rubella, and Mumps).
  - VZV (Varicella) vaccine – 2 injections.
- Absence of Tuberculosis (TB) -- Negative PPD skin test within the last 6 months (2-step PPD or single step PPD as part of an annual series) or a negative chest x-ray.
- A tetanus (Td) booster within the last ten years. Results of a Health Clearance Form and PPD must be updated yearly.

2. A negative urinary drug screen indicating a 10-panel drug screen.

a. Students who have a positive finding on their initial drug test but subsequently have a negative drug panel finding may be subject to random drug tests though out their academic career at GPTC. If a drug test comes back positive, they will be administratively dismissed from GPTC for violating the Student Conduct Policy and will be ineligible for re-entry into GPTC.

## **STUDENT HEALTH MAINTENANCE REQUIREMENTS**

All departmental requirements {CPR, insurance (covered in tuition), TB, Hepatitis, other medical requirements and ACEMAPP subscription} must be updated and validated in the surgical department **prior to the date** of expiration. Students will not be allowed in the clinical setting until these items are updated. The student will receive a zero for each day missed. There will be no clinical make-up for these days.

### **Malpractice Insurance**

Students are required to be covered by malpractice insurance. GPTC has arranged for a group malpractice policy for student health care providers. This policy covers surgical students while they are engaged in clinical activities related to their student roles. Students may also choose to purchase their own malpractice insurance. GPTC does not act as an insurance vendor but does remit the liability insurance fee to selected vendors. The HOPE grant does not cover liability insurance fees.

### **Basic Life Support**

Students must provide evidence of certification by the American Heart Association in Basic Cardiac Life Support for health care workers. No student will be allowed to participate in any clinical rotation without this certification. This certification must be kept current, according to the institution policies of the clinical sites, throughout the program. A copy of the front and back of the current CPR card must be on file in the ST office. Re-entry or transfer students must obtain CPR certification through the American Heart Association Basic Cardiac Life Support.

### **Health**

The physical, mental, and emotional health of each student is evaluated and certified by a physician, nurse practitioner, certified nurse midwife, or certified physician's assistant before entering into Surgical Fundamentals. A follow-up evaluation by a physician, nurse practitioner, certified nurse midwife, or certified physician's assistant may be required if excessive absences occur, health deviations are suspected, data on the medical form are questionable, and/or the student has been exposed to communicable disease.

Competency of surgical skills and health status of each student is evaluated daily by the supervising instructor prior to or during clinical experiences and in the classroom setting. Instructors make judgments concerning the health of the student and the student's ability to engage in safe surgical practice on a continuing basis. Faculty may remove a student from the clinical or classroom area if there is justifiable concern regarding the health status of the student or the student is demonstrating behavior which conflicts with safety essential to surgical practice.

In the event that a student appears to be experiencing illness or continuation of illness, Georgia Piedmont Technical College Surgical Technology Instructors and/or the participating facilities have the right to request a student to have a reevaluation of medical health prior to or during a clinical rotation. If the attending physician finds the student unfit for the clinical experience, then the student must be withdrawn from the course and all co-requisites. If this action occurs, then the student must follow the policy and procedure for returning students. See section Requirements for Re-entry.

### **Student Responsibilities/ Classroom Guidelines**

Because of the nature and philosophy of the Surgical Technology Program, the responsibility for learning rests with the student. It is, therefore, necessary for the student to complete reading assignments and submit written work when due, attend class, and be adequately prepared to participate in all class discussions, pre- and post-clinical conferences, and patient teaching situations.

## **Attendance**

GPTC is a non-attendance bearing institution. However, the Surgical Technology Program sets forth minimum hours a student must attend for both class and clinical to meet the graduation requirements. As a result, the Surg Tech Department does monitor attendance and students are expected to be in class or clinical as outlined in course calendars and clinical schedules.

Violation of the attendance policy may result in course failure because the student will not have met requirements.

It is the student's responsibility to attend all class and clinical sessions. Failure to do so may result in poor performance in theoretical knowledge and/or clinical application of material. It is also the student's responsibility to obtain any and all course content, material, and assignments for any days absent.

In the event a student cannot attend a scheduled class, lab, or clinical experience, notification of the course instructor is required.

Students must notify the clinical instructor at least one hour in advance of any tardiness or absence.

Specific responsibilities relating to each course will be clarified in the course syllabus. Refer to the Clinical Guidelines and syllabi section of this handbook for specific information regarding clinical absences.

Clinical hours must be made up prior to the end of the course for the student to pass the course.

Clinical hours will be scheduled at the discretion of the instructors and at a time to best serve the clinical facility's hours and staffing patterns.

Students must follow clinical facility policies while in the role of student surgical technologist. Failure to do so will result in the student being removed from the clinical area, thus preventing the completion of objectives.

## **BEHAVIOR**

Students are expected to demonstrate professional behavior at all times in the classroom, laboratory and at clinical sites. All students, teachers, visitors, and employees are to be treated with courtesy and respect. Inappropriate behavior or language is not permitted.

Students are expected to be on time when reporting to classroom/laboratory sessions and clinical rotations.

GPTC rules on Academic Integrity, as part of GPTC's Conduct Policy are strictly enforced. Refer to the General GPTC Student handbook and the Catalog for detailed information about GPTC's Conduct Policy.

Students are expected to stay in class for the entire meeting time. As such, students are encouraged to take care of all personal, non-class related activities prior to class, or during the assigned break.

All cell phones must be on vibrate or turned off during class. If you need to make or take a call or text, please step out of the classroom. If you are aware that there will be a need for you to have access to your phone during class, it is polite to advise the instructor of this need at the beginning of class.

To maximize the educational experience, students are to be attentive and courteous at all times. Smoking, eating, chewing gum, hard candy or drinking are ONLY allowed during break in designated areas at the school and affiliated agencies.

All students must notify their instructor directly not less than 2 hours prior to clinical or class if they will be absent or tardy.

Please keep classroom conversations to a minimum. Excessive and non-class related conversation during lectures, labs and clinicals may result in your being asked to leave the classroom or site. There is no early dismissal for lecture, lab or clinicals, unless you have made prior arrangements with your instructor.

Any infraction of the above rules will result in the necessary academic and/or disciplinary actions.

### **Assignments/Course Work**

Students are expected to come prepared with all required textbooks and supplies for the initial class session.

Students are expected to attend ALL lectures, lab and clinical sessions.

All assignments are due at the beginning of class on the scheduled day, or as directed by the course instructor. They will be considered late if submitted after class begins or after the due date and time indicated by the instructor. Late assignments will receive a grade of 0.

Assignments may be turned in early and can be submitted electronically as directed by the course instructor. See individual course syllabi for information on submitting assignments

All assignment must be typed in 12 font and are due at the beginning of the scheduled day as directed in the course syllabus or course calendar.

A student may, at the instructor's discretion, either email the assignment, use a course drop box or submit it in person to the clinical instructor on the due date and time.

See individual course syllabi for specific information for each course.

### **Grading Policy**

To demonstrate competence and pass surgical courses, the student must maintain a 70% average in all courses. To obtain a passing grade in the clinical component, the student must successfully validate each required skill in the skills lab component AND demonstrate competence on each asterisked (\*) critical criterion of the clinical evaluation form for a given course. Course syllabi and the clinical evaluation forms identify required skills and critical criteria. When the clinical grade is satisfactory, a letter grade for each course (theory and clinical) will be established from the clinical and theory component according to the following scale:

A	=	90 – 100
B	=	80 – 89
C	=	70 – 79
D	=	60 -69 (any grade below a "C" is unacceptable for any course in the ST program)
F	=	59 or below

Students not achieving a 70% average on unit examinations must withdraw from the respective surgical course and its co-requisites.

### **Policy on Plagiarism, Cheating, Academic Dishonesty, Collaboration**

Cheating includes any attempt to defraud, deceive, or mislead the instructor in arriving at an honest grade assessment. Examples of cheating are talking during an exam, passing notes, writing information on body parts, glancing or turning toward other students' computers, copying, saving and/or printing the exam, loud outbursts, viewing any electronic and/or written material and the like. Plagiarism involves presenting the ideas or work of another person as being one's own. Violations of cheating will result in an immediate dismissal from the surgical program and will not be allowed to return. The student, through the appeals process, may appeal the faculty's decision for removal because of an alleged cheating or plagiarism violation.

Academic dishonesty is defined as giving or receiving help during tests, submitting papers or reports which are not entirely the work of the reporting student, and citing source material improperly. Any

student found to have violated the academic dishonesty policy will follow the disciplinary procedure for the cheating policy.

Each student will do all work independently and without collaboration unless directed by the instructor to treat the assignment as a group activity. Any removal or copying of test items from the school of surgical, talking during testing, and/or collaboration on written papers will constitute violation of the ethics standards of the Surgical Department and will result in immediate dismissal from the Practical Surgical program.

### **Classroom Maintenance**

All students are responsible for maintaining a neat and orderly classroom:

Students may not enter a lab or computer classroom without an instruction present.

Do NOT attempt to use or operate any equipment until you have received the appropriate instructions for its use.

When using equipment, treat it kindly. All equipment should be replaced in the appropriate storage area after use.

Class or Laboratory sessions are not considered adjourned until the lab and classroom are in proper order.

No food or drinks are allowed in the classroom or lab at any time.

### **Clinical Guidelines**

All students are required to adhere to the established grooming standards set forth by the program. In the event that a student fails to meet these standards, the instructors maintain the discretion to prohibit the student from entering the clinical area. Physical activities, including bending, stooping, reaching, and occasional kneeling, are common requirements in laboratory and clinical settings.

To ensure proper movement and safety during these activities, students are mandated to wear scrubs to class daily.

Additionally, appropriate footwear in the form of closed shoes, such as sneakers, must be worn during class and lab sessions. Sandals, flip flops, house shoes, and shoes without backs are strictly prohibited due to safety concerns.

In the event of non-compliance with the dress code, faculty members retain the right to dismiss a student from the premises. Students are expected to adhere to these guidelines and maintain a professional appearance at all times.

### **Good personal hygiene at all times**

Odors can be offensive to sick clients. Perfume and scented lotions are not permitted during the clinical experience.

Close attention should be given to achieving non-offensive breath and body odors, including cigarette smoke.

Hair will be neat, clean, styled off the collar and close to the head; moderate hairstyles without bows or large barrettes; hair must be a natural hair color

Mustaches will be neatly trimmed; sideburns close to the cheek and above the jaw line; beards, if worn, must be neatly trimmed and of a length that will not interfere with donning of and effectiveness of PPE such as masks and N95 respirators



Nails will be clean, length not to extend beyond fingertips; no polish or artificial nails, including acrylic and other overlays

Cosmetics will be limited to moderate use of makeup, worn sparingly.

Breath freshener: chewing gum is not allowed in the clinical area, only discreet breath fresheners such as Tic-Tacs, etc.

Tattoos: visible tattoos must be covered with flesh-colored “tat jackets”, bandages, Band-Aids, lab coats, etc.; no long-sleeved shirts are allowed under uniform tops

### **Jewelry**

Earrings: one per ear; pierced only; small studs only

Jewelry worn in other piercings such as the nose, the lip, the tongue or the eye brow, cheek, etc., is not allowed

If ear gauges are present, clear gauge retainers may be worn

Rings: wedding ring consisting of a plain metal band only; no rings with stones

Watch: professional style; large face with a second hand; small-to-medium sized band

Necklaces are not allowed for safety reasons

### **Uniforms – Approved School Ordered Uniforms**

Official uniforms for the surgical tech program consist of grey scrubs, which must be acquired from GPTC's bookstore. Any additional covering required by clinical facilities will be specified as needed.

Student ID (GPTC), or facility issued ID, are to be worn on lab coat or uniforms at or near eye level at all times.

Sweaters or warm-up jackets may be worn over scrubs in classrooms. Long sleeve shirts are not permitted to be worn under the scrub top. Only a plain white T-shirt or an under shirt may be worn under the scrub top, providing that the sleeves do not extend below the sleeves of scrub top.

A freshly laundered uniform and lab coat should be worn for each clinical experience

Surgical settings: All hair (head and/or facial) must be completely covered prior to entering the Surgical area. In keeping with the principles of aseptic technique, excessive mousse, hair spray or gel is not permitted. Hats or caps are not to be worn outside the OR.

The faculty may refuse permission into the clinical area if the dress code is not followed. Specific experiences may require unique alterations of this policy. Students are expected to conform to such requests, or they will be refused permission into the clinical area.

### **Clinical Education Requirements**

- Demonstrate compassion and professional conduct at all times while working with patients.
- Be able to communicate properly with patients, with fellow students and Surgical Technologists.
- Exhibit professional conduct and adhere to dress codes at all times while assigned to the clinical area.
- Be able to cope and function during stressful situations.
- Complete the required competencies within the specified time and retain proficiency.
- Clinical Education Requirements are designed to help the student learn to adjust to the requirements of the professional workforce. Students are required to do the following:

- Arrive on time for all clinical assignments.
- Call the clinical coordinator and your college faculty, if sick or cannot be at their clinical assignment at least two hours prior to the start of the schedule rotation.
- Rotate through all clinical assignments and gain working knowledge of the instrumentation, equipment, techniques and procedures done.
- Complete all clinical competency objectives on or before the required deadlines set each semester.
- All clinical assignments must be completed by the last day of classes. A student with documented extenuating circumstances may be granted an extension of no more than one week. This requires a written agreement that is approved prior to the end of the term by the Program chair and Director of Education. Exceptions are rarely given and must be compelling to be considered.
- Maintain satisfactory clinical evaluations completed by staff Surgical Technologists and clinical instructors.

### **Clinical Orientation**

With each new surgical course, students may be expected to rotate to several different clinical agencies and different surgical units within that agency. Specific information will be provided in class as to when and where the students will meet for clinical orientation. The clinical instructor will make arrangements for orientation and a tour of the assigned facilities or unit within a facility.

Some clinical sites require students to obtain a separate background check than the initial background check for program entry. Students are accountable for making sure these are completed in a timely manner and agree to be financially responsible for any added cost of these background checks. Any student who does not complete the background check before the first scheduled clinical day, or as designated by the clinical facility will not be allowed to participate in clinical and will receive a grade of 0 for each day missed.

### **Clinical Performance Evaluation**

Clinical experiences follow a different evaluation policy than classroom performance. Each surgical technology course that contains a clinical component will follow this policy for clinical evaluation of student performance. Satisfactory clinical performance is mandatory. In the event a student fails to maintain a 70% average in clinical, the student will fail the course.

Each course will have written clinical assignments that will comprise a certain percentage of the student's final course grade. The syllabus for each course specifies the assignment and the exact percentage. These assignments are designed to encourage each student to explore available learning resources, read, and foster critical thinking while providing holistic care to the assigned clients.

Final clinical evaluation will be based on the student's performance of each specified clinical objective. All clinical objectives will be individually evaluated to provide information regarding the student's strengths and/or weaknesses. Students will be informed prior to clinical on the following:

- Clinical objectives and evaluation criteria
- Days that clinical will be evaluated
- Objectives on the student's responsibility and safety that will be evaluated with each experience
- Number of satisfactory scores that must be achieved in each clinical objective to have an overall satisfactory clinical performance.

## **Clinical Attendance**

Early is on time, on time is late!

If a student is going to be late or absent to clinical, he or she is required to contact the assigned surgical instructor no later than one hour prior to the scheduled beginning of the clinical day.

Any student that arrives for clinical greater than 15 minutes tardy after the assigned clinical start time may be sent home with no grade and will then be required to makeup an entire shift. Being sent home will constitute an absence. If a student is going to be late or absent to clinical, he or she is required to contact the assigned surgical instructor no later than one hour prior to the scheduled beginning of the clinical day. This makeup shift will not be graded.

A student who leaves early during clinical will be counted as tardy and must makeup the missed time accordingly.

Failure to notify faculty and facility of an absence will result in a grade of zero (0) for that clinical day. If the grade of zero (0) causes the student's clinical average to fall below 70%, the student will be required to withdraw from the course, its co-requisite, and the Surgical Technology program.

All required time must be completed before a student may progress to the next course. Students failing to make up clinical time will be withdrawn from the program.

Faculty cannot guarantee that a student will be able to make up missed clinical hours, and will not be held responsible if a student does not do so.

Make up time is scheduled at the discretion of the clinical site director/manager, with the faculty's input, and may be scheduled on evenings, nights, weekends, or at any other time determined by the clinical facility.

Faculty will not accompany students to clinical sites for make up time. If the clinical site cannot assign a student to a preceptor, the student will not be able to make up the missed time and must withdraw from the program.

## **Hazardous Weather**

In the event of hazardous or inclement weather on a scheduled class or clinical day, the department will follow policy set forth in the GPTC Student Handbook. Please refer to the handbook for more information regarding this policy and the GPTC Early Alert System.

## **HIPAA (Health Insurance Portability and Accountability Act)**

HIPAA is a federal law that requires special training for health occupations students on policies and procedures with respect to protected health information. It is important that you understand the concepts, especially as they apply to your position and responsibilities as a student.

The Privacy Regulations require internship sites to create a fair set of practices that:

Inform people about how their information is used and disclosed

Ensure that people have access to their own information

Maintain administrative and physical safeguards to protected health information (PHI)

It is important that you are mindful of these regulations, even if you do not routinely encounter protected health information as part of your job responsibilities.

Protected health information (PHI) is any information that relates to the past, present, or future physical or mental health or the condition of an individual.

HIPPA is the first federal law establishing privacy standards that define and limit the circumstances in which an individual's PHI may be used or disclosed by others. The law provides patients with more control over how their personal health information is used and disclosed.

Policies have been developed on the use and access to information you need to carry out your job duties. The use of PHI should always be kept to what is relevant to the circumstances.

#### The Use of Protected Health Information

HIPAA requires reasonable efforts to limit use, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. The rule requires internship sites to assess PHI to what is reasonably necessary for a particular purpose and identify who needs access to that PHI.

For routine or recurring disclosures, departments should have policies and procedures that limit PHI to the minimum necessary for that particular type of disclosure or request. For non-routine disclosures, reasonable criteria should be used to limit disclosures to the minimum necessary PHI to accomplish the purpose. Non-routine disclosures should be referred to the department manager.

For disclosures not for treatment, payment or operations, internship sites must obtain a signed authorization for release of information. There are circumstances when an authorization is not required, for example, reporting child abuse. These exceptions are listed in the HIPPA Compliance Policy. The internship sites must reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is not allowed or authorized.

#### Remember:

All forms of PHI are covered under the Privacy Rule.

Internship sites must assess what PHI is reasonably necessary for a particular purpose.

For routine or recurring disclosures, the policies and procedures may be standard protocols.

For non-routine disclosures, departments must develop reasonable criteria for determining the minimum necessary PHI to accomplish the purpose.

Internship sites must reasonably safeguard PHI from any intentional or unintentional use or disclosure that is not allowed or authorized. Internship sites have agreements that hold their business associates and their agents to the same conditions of privacy and security. If a business associate violates the agreement, reasonable steps must be taken to make sure a breach does not occur again.

#### **Privacy and Confidentiality**

Privacy is the right of an individual to be left alone, including freedom from intrusion into one's private affairs and includes the right to maintain control over certain personal information.

Confidentiality means that information is not made available or disclosed to unauthorized individuals, entities, or processes.

In healthcare, confidentiality is maintained through the ethical behavior of healthcare workers so that an individual's health information is not disclosed unless called for by law, policy, or with the individual's consent or authorization.

With the growth of electronic systems to aid medical diagnostics, claims processing, and research, it is crucial to improve privacy and confidentiality.

The privacy rule sets a national lower limit for the privacy and confidentiality of health information. State laws that provide additional privacy protections also apply. The privacy rule does not preempt state mandates for disclosures.

### **Patient Rights**

Patients' rights have been expanded under HIPAA. In general, individuals now have the right to:

Receive a written notice of information practices. The Notice of Privacy Practice will be given to every patient starting April 14, 2003. This document puts the patient on "notice" of their new rights and how the internship site uses their health information.

### **Breaches and Sanctions**

HIPAA is a federal law and individuals are personally accountable for compliance. Violators will be subjected to sanctions and penalties including:

#### **Violations of these standards will be subject to civil liability.**

Civil money penalties are \$100.00 per violation, up to \$25,000.00 per year.

Criminal penalties for certain actions could include up to 10 years in jail.

Civil penalties are imposed for unintentional violations, which can be just sloppy private practices. For example, a hospital employee noticed the name of an acquaintance on a discharge list. She saw him a week later at a game and asked him if he was feeling better. While this would probably not generate a formal complaint, she should have known better than to inquire about his medical condition, especially in a public place.

### **Role of the Office of Civil Rights**

The Health and Human Service's Office for Civil Rights is charged with investigating and reviewing HIPAA compliance. For further information, visit their website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

## **PROCEDURES FOR ACCIDENTAL EXPOSURE TO BLOOD OR BODY FLUID**

### **BLOODBORNE PATHOGENS / NEEDLESTICK POLICY**

Students must comply with current CDC and OSHA guidelines for infectious disease control. Students receive updated information of standard precautions as they become available. Universal Precautions, CDC and OSHA Guidelines are reviewed annually and a post-test will be kept in the student file for documentation of clinical compliance.

In keeping with standard precautions, blood and certain body fluids of all clients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other

blood borne pathogens. All Surgical Technology students and faculty are professionally and ethically obligated to provide client care with compassion and respect for human dignity. No Surgical Technology student or faculty may refuse to treat a patient solely because the patient is high risk for contracting, or is HIV positive, or has hepatitis, or any other infectious disease. The CDC recommends that standard precautions apply to blood and to body fluids containing visible blood, as well as semen and vaginal secretions, to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic.

Standard precautions do not apply to nasal secretions, sputum, saliva, sweat, tears, urine, feces and vomitus unless they contain visible blood. However, current infection control practices already in existence include the use of gloves for digital examination of mucous membranes and endotracheal suctioning, and hand washing after exposure to saliva.

Students with exudative lesions or weeping dermatitis should refrain from all direct client care and from handling client-care equipment.

#### **POST-EXPOSURE PROTOCOL FOR PROPHYLAXIS OF HBV AND HIV**

The use of personal protective equipment, appropriate engineering controls, and proper work practices must be continually reinforced among faculty and students to prevent exposure incidents to blood or other potentially infectious materials (OPIM). However, if an incident occurs, faculty and students should report the incident as soon as possible and be thoroughly familiar with the procedures for testing, evaluation, and treatment. A potential exposure incident can include:

- Percutaneous inoculation – needle stick or sharps
- Non-needle percutaneous injury – open cuts or abrasions
- Direct mucous membrane contact – accidental splash
- Non-intact skin contact with blood or OPIM.

#### **INITIAL RESPONSE TO EXPOSURE**

1. Immediately apply first aid as needed:

- Allow to bleed freely; clean with 70% alcohol (for needle stick/puncture injury)
- Wash thoroughly with soap and water
- Mucous membrane: flush copiously with water
- Eyes: irrigate and/or flush copiously with water

2. Document the incident, including:

- Route of exposure

- o How and when exposure occurred
- o Identify source individual, if known
- Report exposure immediately to clinical instructor and appropriate supervisor in school or the clinical agency.

### **RADIATION DISCLOSURE**

Students attending a clinical rotation in a medical facility may encounter exposure to ionizing radiation (e.g. X-rays), volatile anesthetic gases, and chemical substances which may cause bodily harm.

If exposure to ionizing radiation is to occur, the student must wear an appropriate lead apron, thyroid shield, gonadal shield, and/or pregnancy lead (wrap around lead apron). These safety items are supplied by the clinical site when needed. The safety equipment is mandatory. If exposure to ionizing radiation occurs in the clinical setting without the proper protection being worn the student must report this incident to the clinical preceptor ASAP as well as the Program Lead Instructor and/or Program Chair.

If exposure to any volatile anesthetic gases and/or chemical substances occurs while attending clinical rotation the student must report this incident to the clinical preceptor ASAP as well as the Program Lead Instructor and/or Program Chair.

To limit the exposure to anesthetic agents and other chemical substances; the student must always wear the correct Personal Protective Equipment (PPE) to limit the exposure that might occur. Please refer to “Initial Response to Exposure” section of this handbook for detailed information.

### **INFECTIOUS DISEASES GUIDELINES**

Each clinical facility is expected to practice universal precaution procedures in the care of patients with infectious diseases. The Surgical Technology student is educated in, and is expected to be knowledgeable in the practice of these precautions and care for these patients.

Clinical grades are awarded according to student performance. Refusal to render care to any patient in a manner which follows the clinical facilities guidelines may result in dismissal from the program.

### **COMMUNICABLE DISEASE PREVENTION**

All Surgical Technology students, in order to protect themselves, fellow health care personnel, and patients, will comply with each of the following:

Uniforms and lab coats will be fresh each day.

All equipment will be thoroughly cleaned, disinfected, or sterilized between patients according to appropriate procedures for each piece of equipment regardless of the patient’s diagnosis.

Good hand washing practices will be followed before and after patient contact.

Disposable gloves will be worn at all times when in either direct or indirect patient contact. Disposable gloves are MANDATORY for all patient transfers.

Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.

A gown will be worn should a splash of blood or body fluids onto the skin or clothing be anticipated.

Cuts, scratches, or other non-intact skin will be covered to avoid contact with blood or body fluids and could preclude the student from participation in laboratory or clinical activities until such time as these wounds have healed

Goggles or other eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.

Blood or body fluid inadvertently coming in contact with the skin should be quickly and thoroughly washed away.

Students that experience exposure to blood or body fluid will report to their clinical instructor and follow clinical exposure protocol.

Students with a communicable disease will avoid patient contact until resolved.

### **MEDICAL WASTE AND BIOHAZARD GUIDELINES**

GPTC adheres to the highest standards of handling and disposing of medical waste and biohazardous materials. Each GPTC campus has an OSHA Compliance Officer that ensures that medical waste and biohazard waste are properly disposed of.

### **FINAL EXAMINATIONS AND PROGRESSION EXAMINATIONS**

#### **Unit/Test Exams**

For the weekly/module unit exam the Surgical Technology program will utilize Respondus Lock down browser for students to complete the exams. In all exams (proctored exams, unit exams and final exams) Smart devices such as phones, watches, ear piece etc. will not be allowed.

#### **Posting of Exam Grades and Exam Review**

Written exam and test grades will be available 48-72 hours after completion of the exam. Grades will be available immediately if the course is online, hybrid, or web-enhanced. Extenuating circumstances, such as clinical or other classes scheduled immediately after the test may dictate grades being posted at a later time. A review of the exam or test may occur after the class session for the day has been completed or during the same week if the course is online, hybrid, or web-enhanced. This is a review only without discussion. Reviews will take place only if all students have taken the test or exam. Final exams will not be reviewed.

#### **Final Examinations**

Final examinations will be given at the end of each class. The final examinations are comprehensive over the material covered in that particular course. All final examinations are “must pass” which means a student must attain a minimum score of 70% in order to progress to the next course in the sequence.

#### **Final Course Grades**

Final course grades will be posted on Banner Web per the registrar guideline. A student in stock courses can view their grades in Degree Work approximately one week after the course is completed.

The following information will provide information about each course in the program and what is expected of you as a student in the program.



## **PROFESSIONAL ORGANIZATION**

The Association of Surgical Technologists (AST) is your professional organization. Membership is strongly encouraged in the first year of the program and required in the second year of the program.

Benefits include:

1. Association with other students and other practicing Surgical Technologists.
2. Surgical Technologist - a monthly scientific publication.
3. Discounts in registration fees at AST sponsored educational programs.
4. A forum for voicing your concerns for the profession. 5. A discounted fee for taking the National Certification Examination.

## **CODE OF ETHICS OF THE ASSOCIATION OF SURGICAL TECHNOLOGIST**

To maintain the highest standards of professional conduct and patient care.

To hold in confidence, with respect to the patient's beliefs, all personal matters.

To respect and protect the patient's legal and moral rights to quality patient care.

To not knowingly cause injury or any injustice to those entrusted to our care.

To work with fellow technologists and other professional health groups to promote harmony and unity for better patient care.

To follow principles of asepsis.

To maintain a high degree of efficiency through continuing education.

To maintain and practice Surgical Technology willingly, with pride and dignity.

To report any unethical conduct or practice to the proper authority.

To adhere to the Code of Ethics at all times with all members of the health-care team.

(From: <http://www.ast.org>)

## **SURGICAL TECHNOLOGY SAFETY FOR LAB AND CLINICAL**

### **CLINICAL ASSESSMENT**

During the student's clinical education, the staff Surgical Technologists or Preceptor, Clinical Instructor, and Program Director on an ongoing basis will evaluate his/her performance. The student is evaluated on specific Surgical Technologist duties as well as on their overall performance. A student's overall performance is assessed by the clinical instructor and the staff Surgical Technologist during each clinical rotation and at predetermined intervals.

Midterm conferences will be scheduled with the clinical instructor during each quarter in order to review the student's progress and standing. Conferences will also be scheduled at the end of each quarter by the clinical instructor and program director.

Completion of Preceptor Evaluations

The student must:

- Request the preceptor complete a Weekly Externship Evaluation Form (unless told differently by the program director).

- Before giving the evaluation form to the preceptor fill in the following:

- o Student Name

- o Facility

- o Date

- o Type of procedure(s) performed

- Give the preceptor the form at least one hour before scheduled to leave the department.

The Preceptor will:

- Score the student's performance by placing a check in the column appropriate to the task.

- If the student's performance is unacceptable a written comment is required.

### **CLINICAL REQUIRED CASES**

Students will be required to document all Surgical cases in the Externship Case Log records.

A faculty member will review case reports and ensure an appropriate case mix balance. Students will observe and begin participation in core and specialty cases with potential exposure to the following areas:

#### **Enter Chart**

- The clinical externship student must complete 120 cases.

- Clinical students must complete 30 cases in the area of General Surgery. Twenty of which must be in the First Scrub Role. Clinical students must also complete 90 cases in various specialties. Sixty of the cases must be in the First Scrub Role and evenly distributed between a minimum of 5 Surgical specialties. Please note that 15 cases are the maximum number of cases that can be counted in any one specialty.

- The Surgical Technology program is required to verify through clinical documentation the students' progression in First and Second Scrubbing procedures that increase in complexity as the student advances through the externship portion of the program and towards graduation.

- Up to 10 diagnostic endoscopy cases and 5 vaginal delivery cases can be counted towards the maximum number of Second Scrub Role cases. However, they are not a mandatory requirement.

- Observation cases do not count towards the required 120 cases, but must be documented.

- Cases will be counted according to Surgical specialty. If a trauma patient requires two procedures that are different specialties, the two procedures may be documented separately. Example: (Craniotomy and Bowel resection)

## **FIRST SCRUB ROLE**

The student Surgical technologist shall perform the following duties during any given Surgical procedure with proficiency. The student must be able to perform a minimum of 70% of the procedure unassisted. The list below must be completed in order to document a case in the first scrub role. Should the clinical student not meet these criteria, the case must be documented in the second scrub role.

- Check supplies and equipment needed for the Surgical procedure
- Set up the sterile table with instruments, supplies, equipment and medication / solutions needed for the procedure
- Perform appropriate counts with the circulator prior to the procedure and before the incision is closed
- Pass instruments and supplies to the sterile Surgical team members during the procedure
- Maintain the highest standard of sterile technique during the procedure
- Prepare sterile dressings

## **SECOND SCRUB ROLE**

The second scrub role is described as the student who is at the sterile field who has not met all the criteria for the first scrub role, but actively participates in the Surgical procedure by completing any of the following:

- Sponging
- Suctioning
- Cutting suture
- Holding retractors
- Manipulating endoscopic camera

## **OBSERVATION ROLE**

The observation role is described as the student who is in the operating room performing roles that do not meet the criteria for the first or second scrub role. The observation cases must be documented by the program but are not to be included in the required case count

## **COURSE PROGRESSION**

After acceptance into First Semester courses, the student must complete courses in the sequence listed or as directed by the Surgical Technology Department. Students must have a 70% average on unit examinations or course examinations to be eligible to take the final examination for a course. Students not achieving a 70% examination average after the last unit or course examination will not be eligible to take the final examination, and must withdraw from the course and any co-requisite courses for the class in which the student was unsuccessful. The student will receive a WF for the course and a W for the co-requisite, if applicable.

Student clinical evaluations will be completed daily and made available for student review by the first day of the next clinical week. Once a student has not met a critical clinical objective the student will be notified verbally or in writing of being unsuccessful. If a student is unsuccessful in any clinical objective for that clinical day, the student will receive a verbal warning and the instructor's recommendations for

improvement. The student must show improvement on the next clinical day. If the student does not successfully meet the clinical objective on the next clinical day, a written warning will be given and improvement is expected within two clinical days. If the student still has not shown improvement within two clinical days, the student will no longer be eligible to continue in the clinical area and must withdraw immediately from the clinical component and all co-requisites. At any time, if the student's clinical average falls below 70%, he or she will be withdrawn from the program.

It is the student's responsibility to contact the appropriate instructor for review and clarification of each clinical experience. If any portion of the method for clinical evaluation is unclear, the student is to approach the instructor for clarification before beginning the clinical day. The instructor will provide detailed feedback in writing on the evaluation form with suggestions for improvement.

The instructor will provide detailed feedback in writing on the evaluation form with suggestions for improvement. If the student's clinical evaluation average remains less than 70% after subsequent clinical evaluations, the student will be required to withdraw from the course and earn a grade of "WF" and from its co-requisite the grade of "W" will be assigned. If the student fails to withdraw from the courses their grade will be converted to an "F" per registrar guideline; see college catalog.

At the end of each course, students must pass a final examination or progression examination before continuing on to the next course in the sequence. If a student does not score 70% on the examination, he or she will be given a second attempt to pass the examination. If a student passes the examination on the second attempt, the highest grade the student can receive is 70%. If the student does not pass the examination on the second attempt, he or she will be required to withdraw from the program.

A student must maintain an overall 2.0 GPA to remain in the Surgical Technology Program. Students not meeting this requirement at the end of each semester will be withdrawn.

### **REQUIREMENTS FOR RE-ENTRY**

Students who have withdrawn from the program due to failure to maintain the required 70% average are allowed to return for a second time to complete the program. The Surgical Technology faculty, in collaboration with the Dean of Health Allied, will make determinations regarding a student's permission to attempt readmission.

A student who has failed or has been withdrawn from any Surgical Technology course and is attempting readmission into the program must submit a written request in order to be considered for readmission. The request may be in the form of an email and must be received within two weeks of the last day the student attended the class. Readmission determinations will be based on the receipt of the student's written response to the Surgical Technology department, individual student's circumstances, the selection/admission pool, and available space in the required class.

#### **First Semester Students**

Students who have been unsuccessful in completing or have withdrawn from first semester courses and are seeking readmission will be notified as stated above if placement is available. If placement is available, the student will re-enter the program by enrolling in First Semester classes.

#### **Second or Third Semester Students**

Students who have been unsuccessful in completing or who have withdrawn from after completion of the first SURG courses and are seeking readmission must pass all final exams for the last successful course completed with a 70% or higher. This exam must be scheduled with the individual instructor for

that course and must be taken on the same day as the students who are currently taking that course. After passing the final exam, the student must pass a drug calculations test with a minimum score of 70%, and successfully complete two skills evaluations to be readmitted to the program. Faculty will choose the required skills and reserve the right to videotape skills performance.

Students who have been unsuccessful in completing or who have withdrawn from any surgical technology course and have been out of the program for one year or more must start the course sequence from the beginning starting with First Semester classes. These students must submit a written request two weeks prior to the selection/admission /admission process in order to be considered for readmission and must attend the Mandatory Orientation Meeting if approved for placement in the class. Their selection/admission will not be based on entrance examination scores or GPA. They will be considered an alternate. Readmission to the course sequence will be based on the individual student's circumstances, the selection/admission pool, and available space in the class.

All returning students are responsible for updating health assessment screenings, drug screens, immunizations, CPR certification and other required documents at their own expense. These documents must be submitted to the PN faculty prior to the first day of clinical rotation for the student to participate in clinical.

Students who have not attended GPTC for three consecutive semesters, or one year, must reapply to the college according to the college's guidelines.

A student who has been absent from the Surgical Technology Program sequence for one semester or longer has missed updated material and is at increased risk for failure after re-entry. A firm grasp of previously learned and updated material, both theory and clinical skills, is an essential foundation for safe and competent student surgical practice and successful course completion. The guidelines exist to meet the needs of those returning students, and to enhance the student's opportunity to succeed in SURG courses. The timetable and procedures allow for time and faculty guidance for the student to prepare for return and to validate foundational knowledge.

Cognitive knowledge and academic content must be successfully validated for each course previously taken. Prior to skills evaluation check-offs or comprehensive exams, the student will need the appropriate materials to prepare for course validation. The student should use materials from previously completed courses and the textbook/workbook from previous courses to prepare for testing. The student must score at least a 70% on each exam. Failure to score at least 70% on each exam will demonstrate failure to validate knowledge and will prevent the student's re-entry into the surgical course sequence.

Psychomotor skills will be validated using current procedure skills evaluation sheets in the individual course's skills packet. The student will be required to successfully perform each required skill in one attempt. Each performance evaluation skill may be videotaped at the discretion of faculty. It is the student's responsibility to practice skills on his or her own. All students are required to obtain their own supplies for skills evaluations through the designated student bookstore, unless specifically provided by the instructor. Additionally, if a partner is needed for the particular performance evaluation, the student must bring a partner for the evaluation. It is imperative for students to understand that access to the skills lab for practice is contingent upon attending faculty-supervised open lab sessions and scheduling a time with the surgical faculty at least five working days in advance. The student must acknowledge that their request for lab use and faculty assistance does not take precedence over faculty obligations or the needs of current students utilizing the lab. Additionally, students are required to sign in with the surgical office when utilizing the lab for practice.

If the student fails to meet the notification deadline of two weeks, fails to take the final/progression exams with the current class, or fails the skills evaluation, the student will not be readmitted to the program.

## **TRANSFER STUDENTS**

Students transferring to GPTC from other colleges must meet criteria as outlined for first, second, and third semester students in the previous section entitled Requirements for Re-entry.

General studies courses that are applicable to the student's program may be considered for transfer from other regionally accredited institutions of higher learning. Allied Health Sciences courses that are more than five years old at the time of admission to the program must be repeated.

Students seeking to transfer surgical technology course credits to the Surgical Technology Program at GPTC are required to provide official transcripts and course descriptions to the Office of the Registrar. Any SURG courses that are over one year old at the point of admission into the program, or courses that are not approved for transfer by the Registrar, will need to be taken again. Thank you for your attention to this important matter. The program evaluation of courses will be conducted by the Surg Tech Program Director. The evaluation process will include an assessment by the Surg Tech faculty only after the Registrar's Office has reviewed and assessed the courses.

Courses that are accepted for credit will be based on the requirements for re-entry, if applicable. This process ensures that the courses meet the necessary standards and criteria set forth by the program for successful completion and progression within the Surgical Tech program.

## **GRADUATION**

Students enrolled in the Surgical Tech Program must achieve a minimum grade point average of 2.0 and successfully pass all final exams including taking the CST Exam. If the student fails any final exam in the last semester, the student has to request to reenter the program and follow the above reenter guidelines.



## Surgical Technology Policy and Procedure Manual

I acknowledge that I have received a copy of this handbook. I have read and understand its contents. The Policies & Procedures have been discussed with me and all questions have been answered. My signature or online log-in indicates that I agree to uphold all policies contained in the Policy & Procedures and that I understand and accept the discipline and consequences which may occur as a result of non-compliance with the policies. I also agree to follow the chain of command for the Surgical Technical program at GPTC at all times as discussed.

Student's Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_