

School of Health Sciences

# **SURGICAL TECHNOLOGY**

**STUDENT HANDBOOK  
2023-2024**



**TECHNICAL COLLEGE  
OF THE LOWCOUNTRY**

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## **SECTION I: ACADEMIC INFORMATION**

### **ACADEMIC ADVISEMENT**

Each student in a Health Sciences Program is assigned a faculty advisor to assist in scheduling sequential courses in the curriculum. It is the responsibility of the student to schedule an appointment with their advisor during each priority registration period, including when the student is registering on-line. Any student who has problems that interfere with satisfactory attendance, progress, and performance is encouraged to meet with their advisor to discuss these issues. Every effort will be made to help the student resolve the problems.

### **ACADEMIC MISCONDUCT (See TCL student handbook and course syllabi)**

Health care professionals hold the public trust. Academic misconduct by health science students calls that trust into question and academic integrity is expected. Academic misconduct may result in withdrawal from related health science courses. Also, depending on the severity of the student's academic misconduct, the student will not only be withdrawn from the program, but will not be allowed for re-entry and/or reapplication to **all** Health Science programs.

### **PROGRESSION: STANDARDS FOR ACADEMIC PROGRESS**

The Health Sciences grading scale will be used to determine grades.

93% - 100%	=A
85% - 92%	=B
78% - 84%	=C
70%-77%	=D
0%-69%	=F

**Grading Methodology:** A grade of "C" or better must be achieved in each curriculum course in order for a student to progress in their Health Science program. The final grade in Health Science must be 78.00 or more in order to pass the course and progress in the program. Grades will not be "rounded" up to the higher number. A final grade of less than 78.00 is not passing in any Health Science program, and does not meet progression requirements.

Students in the Health Sciences Programs are also subject to the additional standards detailed below.

1. All required courses taken prior to acceptance into a Health Science program must be completed with a "C" or better.
2. It is recommended for required program courses to be completed in the sequence outlined in the current TCL catalog. General education courses can be taken prior to entry. Co-requisite courses may not be delayed. A curriculum profile detailing required program courses in their sequence will be developed upon entry into the program. This profile must be adhered to; any deviation

from the sequence may result in the student being withdrawn from the program.

3. Students are required to maintain an overall TCL 2.25 grade point average (GPA) in order to progress and to graduate.
4. All curriculum requirements must be met, to successfully complete the program.
5. A no-call, no-show for any clinical experience will result in the student being withdrawn from the Surgical Technology program.
6. All health forms, CPR, and health insurance requirements must be completed annually to participate in laboratory/clinical. In addition, a drug screen and background check are required upon entry into the program. It is the student's responsibility to keep these requirements current and to submit the appropriate documentation to the Health Science office. Failure to do so will result in withdrawal from program.
7. A student will not be able to progress in the course sequence if:
  - a. There is demonstration of a consistent pattern of negligence and/or unsafe clinical practice documented by the clinical instructor.
  - b. There is professional negligence and/or verbal, physical or emotional abuse of a patient.
  - c. Student becomes ineligible to attend any clinical site (i.e. clinical site permanently dismisses student).
  - d. There is a breach of professional standards of conduct. Such actions might include but are not limited to:
    1. Failure to recognize the need for assistance when unprepared for clinical action.
    2. Failure to take clinical action when such action is essential to the health and safety of the patient and is within the student's scope of knowledge.
    3. Attending clinical while under the influence of alcohol and/or drug(s). Use of substances that interfere with the judgment, mood, and/or motor coordination of health science students pose an unacceptable risk for patients, health care agencies, the college, and the faculty. Therefore, use of alcohol, illegal drugs or other substance and/or the misuse of legal therapeutic drugs by health science students while engaged in any portion of their educational experiences is strictly prohibited. Faculty members who suspect a violation of this TCL policy are required to act. Students are required to be knowledgeable of and abide by this college policy.
    4. Failure to manage one's behavior in such a manner as to have an adverse effect on the relationship with a patient, significant other, or colleague.

5. Deliberately giving inaccurate information or withholding pertinent information regarding clinical care.
6. Falsifying medical records.
7. Performing clinical activities detrimental to the health and safety of the patient, outside the scope of knowledge/practice, or without appropriate supervision.
8. Failure to assume responsibility for completing clinical activities.
9. Breach of patient privacy or rights including unnecessary possession of patient information.
10. Failure to achieve satisfactory completion of clinical competencies designated for each program.
11. Failure to achieve a satisfactory laboratory/clinical evaluation.

### **REQUIREMENTS FOR GRADUATION AND THE AWARD OF ASSOCIATE OF HEALTH SCIENCE DEGREE**

1. Completion of the Health Sciences, general education and science courses as required by the program.
2. Completion of each course with a minimum grade of "C" (2.0)
3. TCL GPA 2.25 or greater
4. Completion of the last two (2) semesters of Health Sciences courses at TCL
5. Completion of all program required courses within 3 years of beginning the program
6. Recommendation of the faculty.

### **WITHDRAWAL FROM HEALTH SCIENCES PROGRAMS**

The Withdrawal Policy of TCL will be followed as outlined in the current College Catalog. In addition, the requirements of the Health Sciences Programs stipulate that once the student is in the course sequence, course withdrawal may result in withdrawal from the program. It is the student's responsibility to assure that all paperwork is completed and submitted. If the student does not initiate course withdrawal with their academic advisor and instructor, the student will be considered an enrolled student in the course and receive the grade that was achieved while enrolled. It is the decision of the course coordinator whether to give a "W" or "WF" during the first 21 days of the semester. After that time the grade earned to date will be awarded.

### **CONDITIONS FOR RE-ENTRY TO HEALTH SCIENCES PROGRAMS (See current college catalog)**

1. For re-entry, students must meet all Health Science Program admission requirements.
2. Re-entry to a Health Science program will be determined by availability of space and by faculty committee review of the student's status at the time of exit from a program.
3. Students seeking re-entry will be considered for re-entry into the curriculum at the point at which they left the program.
4. A student requesting re-entry must be able to rotate through the approved clinical sites. The clinical facility utilized by the TCL program has the authority to deny a student the privilege of rotating through their facility. Rejection of a student by a clinical facility may result in denial of re-entry.
5. All courses in the major of Health Sciences must be completed within a three-year period from date of entry.
6. Any student who has the course sequence interrupted for more than one semester may be required to validate knowledge and skills as a condition for re-entry. This may be accomplished through testing or repeating previously completed courses.
7. Students seeking re-entry must make their request through the Division of Health Sciences Admission, Progression, and Graduation Committee.
8. Students must update health work and repeat a background check and drug screen if they have been out for a semester or more.
9. A student may only re-enter one time.

### **SECTION II: GENERAL STUDENT INFORMATION**

All cell phones and other electronic devices that may disrupt the classroom must be turned off during lecture and lab periods. Phones are not allowed in the patient care area while at clinical. No exceptions will be made. Basic calculators are allowed for quizzes/tests/exams. All internet, recording, or messaging devices are **not** allowed during testing.

Clinical site assignments are subject to change and registration in a particular section does not guarantee a particular clinical slot.

### **ATTENDANCE POLICY**

The faculty of the programs in Health Sciences has a responsibility to assure that all Health Sciences students have an adequate background of knowledge and skills. The faculty must insure that each student is able to utilize this knowledge and skill in a safe, professional manner in their clinical practice. Clinical courses are organized to provide knowledge of patient care and opportunities to apply this knowledge toward developing skills in the clinical laboratory.

Consult the college catalog for details regarding the current college attendance policy.

- I. **Absence from an examination or other graded activity:** Students absent from an examination or other graded activity will receive a “0” grade for the activity *unless* other arrangements are made with the individual instructor **before the scheduled event.** It is the responsibility of the student to contact the appropriate instructor to arrange to make up the examination. This arrangement may be done by telephone. If the instructor is not available, a message should be left with another member of the Health Sciences faculty and the Division of Health Sciences Administrative Specialist. The instructor will decide the time and method of make-up examinations on an individual basis. Messages sent by other students are **not** acceptable. The student is responsible for notifying the instructor of the reason for this absence.
  
- II. **Clinical absence:** In the event of unavoidable clinical absence, the **student must** follow the protocol outlined in the course materials. This includes contacting the clinical facility, the program director and clinical coordinator, and the Health Sciences main office. A medical excuse may be required. Make-up may be arranged at the discretion of the faculty. Absences from the clinical area may result in the student’s inability to demonstrate proficiency of the clinical outcomes for a course. **“No call, no show” for clinical is unprofessional conduct and the student will be withdrawn from the program. (See program requirements).**

### **TARDINESS**

Punctuality is an important element of professional behavior. Students are expected to arrive on time. The clock at the clinical agency/classroom/lab is used to determine tardiness. Should a pattern of tardiness develop, the problem will be handled by the instructor and may result in an unsatisfactory for the course, laboratory, or clinical. Students who arrive late to exams or lab practicums may not enter while the examination is in progress and may result in a “0” for that day.

### **HAZARDOUS WEATHER**

In the event of hazardous weather conditions, local radio, RIVER, WYKZ, 98.7 and WBHS-FM, 92.1 in Hampton will announce information concerning school closings or delays beginning at **0600**. Notice will also be posted on the college website: [www.tcl.edu](http://www.tcl.edu). For clinical experiences, if TCL is closed, then clinical is automatically canceled. If TCL will be open on time or late and weather is a concern, clinical faculty will contact students.

### **JURY DUTY**



Students who are called for jury duty should request to be excused from jury duty if the duty interferes with classroom, laboratory, or clinical experiences. Delay in this process may jeopardize the chances of the student being excused by the court. All missed classroom laboratory/clinical experiences must be addressed with the Dean for the Division of Health Sciences and the course coordinator in this situation. The student is responsible for obtaining the missed classroom materials from the course coordinator.

### **FAMILY MEMBERS**

Family members attending the program will **not** be allowed to participate in the same clinical rotations.

### **EQUIPMENT**

Students are frequently given assignments that require the use of equipment or computer without direct instructor supervision. Care of this equipment is essential and students are requested to leave the equipment in good repair. If problems arise during the use of equipment, it should be reported immediately to the instructor or division administrative specialist. Students may not remove equipment for the health sciences building.

### **FINANCIAL AID**

Students interested in securing financial aid should apply six weeks prior to registration. For more information on eligibility and application procedures, inquire at the Financial Aid office located in Coleman Hall, building 2. Refer to the current TCL catalog.

### **GRIEVANCE AND GRADE REVIEW**

Refer to the current TCL College Catalog/TCL Student Handbook.

### **CHANGE OF NAME, ADDRESS, EMAIL ADDRESS OR TELEPHONE NUMBER**

Any change of name, address, email address or telephone number must be reported immediately to the Division of Health Sciences and TCL Student Records. The Division of Health Sciences will not be held responsible for failure of students to receive essential information if an incorrect address/e-mail is on file. All students are required to maintain a TCL e-mail account throughout their program.

### **ORGANIZATIONS**

#### **I. Student Government Association (SGA)**

Technical College of the Lowcountry Student Government Association (SGA) coordinates and promotes participation in student activities, maintains communication between students and administration, encourages social development, and stimulates good citizenship and democracy among students. All students enrolled at TCL are

members of the SGA. For more information regarding the TCL Student Government Association, contact the SGA advisor at (843) 525-8219.

**II. Phi Theta Kappa – Alpha Lambda Beta Chapter**

Phi Theta Kappa, a national honor society of American two-year colleges, recognizes and encourages leadership and academic excellence among associated degree students. To qualify for membership, students must be enrolled in an associate degree program, have completed 12 credit hours and maintain a 3.5 grade point average. For more information, contact the PTK advisors at (843) 525-8347.

**III. National Student Nurses' Association (NSNA)**

Pre-Health Sciences and current Health Sciences students are encouraged to join the National Student Nurse association of South Carolina as their first professional organization. South Carolina Student Nurse Association has a chapter at TCL (TCL-SNA). The purposes of the Student Nurses Association are to contribute to Health Sciences education in order to provide for the highest quality of health care; to provide programs representative of fundamental interests and concerns to health Sciences students; and to aid in the development of the whole person, his/her professional role, and his/her responsibility for health care of people in all walks of life.

**IV. G.R.I.T.S (Great Radiographers in the South)**

To participate in G.R.I.T.S, students must be actively enrolled the Radiographic Technology Program at the Technical College of the Lowcountry. G.R.I.T.S promotes community involvement and recognition throughout Beaufort, Colleton, Hampton and Jasper counties, as well as opportunities to learn competent care for patients seeking medical diagnostic imaging examinations.

**PARKING**

**I. Campus Parking**

Students must park in designated parking areas and obey all parking regulations as established by the College. Violations are punishable by fines, towing of vehicle at the owner's expense and/or loss of driving privileges on campus. Speed limit signs are posted around the buildings and parking areas. Students who exceed these limits will be denied the privilege of bringing their vehicles on campus. Students who expect to operate a motor vehicle on campus must register the vehicle upon enrolling at TCL. For more information, contact the TCL Security office.

**II. Clinical Facility Parking**

Students are to park in areas specified by the facility. Students are NOT to park in areas designated for visitors to the facility or physicians. Students assigned to Beaufort Memorial Hospital may

park in TCL student parking areas only. Parking decals or permits may be required based on clinical facility policy.

### **TRANSPORTATION**

In order to provide students with a varied and comprehensive clinical experience, various clinical and observational sites within an approximate 60-mile radius of Beaufort are utilized. Students are required to provide their own transportation to these sites. Students are encouraged to carpool to clinical sites.

### **TUITION/FEE PAYMENT**

No student will be permitted to attend class until tuition is paid. Students should refer to the current TCL College catalog.

### **ASSOCIATION OF SURGICAL TECHNOLOGISTS MEMBERSHIP**

Students are required to join the Association of Surgical Technologist (AST) as a “student” member. Students are responsible for the \$45.00 membership fee to the Association of Surgical Technologists. Students will be referred to the AST website, [www.ast.org](http://www.ast.org) for information regarding membership application. As a member of the AST; the cost of taking the National Certification exam decreases from \$290.00 to \$190.00. A fee of \$190.00 will be applied to the student’s tuition during the Spring 2025 semester that will cover the cost of the students’ National Certification examination. Membership is required.

## **SECTION III: PROFESSIONAL CONDUCT**

### **PRIVACY AND CONFIDENTIALITY**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to protect the privacy of all health information. It is the responsibility of the Health Sciences student to maintain the confidentiality of patient information. Under no circumstances should a student convey confidential information to anyone not involved in the care of the patient. Students are also expected to maintain professional confidentiality regarding other students, hospital/facility employees, and physicians.

1. Confidential information included but is not limited to:
  - a) The identity and addresses of individuals served and services they received.
  - b) The social and economic conditions or circumstances of any person served.
  - c) Agency evaluation of information about a person or health facility.
  - d) Medical data, including diagnosis and history of disease or disability, concerning a person, and confidential facts pertaining to health facilities.
  - e) The identity of persons or institutions that furnished health services to a person.

- f) Information identified as confidential by appropriated federal and state authorities.
2. Special care needs to be taken to preserve the dignity and confidentiality of patients, including those patients with infectious diseases or conditions.
3. The patient has the right to every consideration of his/her privacy concerning his/her own medical care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.
4. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. All patient information shall be regarded as confidential and available only to authorized users.

**Breach of this policy may result in disciplinary action and/or termination from the program.**

### **CONVICTION OF A CRIME**

**Conviction of a crime (other than a minor traffic violation) may make a student ineligible to take the National Certification or Licensing Examination(s) upon graduation or application for licensure in South Carolina and other states. Early notification to the appropriate State Licensing/Credentialing Board is recommended.**

Criminal conviction or pending criminal charges of any of the following will likely make applicant ineligible to apply for licensure.

1. Assault, crimes involving the use of deadly force, and crimes of violence (e.g., murder, manslaughter, criminal sexual battery of a high and aggravated nature, assault and battery with intent to kill).
2. Crimes involving the distribution of illegal drugs.
3. Crimes that involve Moral Turpitude.

It is the responsibility of the applicant to contact the appropriate licensing board for clarification or advisement.

## **SECTION IV: DIVISION REQUIREMENTS**

### **CPR CERTIFICATION\***

Students must have a current CPR certificate that includes adult, child, infant CPR, airway obstruction, and AED prior to beginning clinical courses. This certification must be kept current according to the expiration date of each card and maintained throughout the program. It is the student's responsibility to complete CPR certification. Students will not be permitted in the clinical area without current certification. The following course is the only acceptable course for this program:

1. American Heart Association (AHA) Basic Life Support (BLS)

**\*A student who attends clinical with expired BLS will be automatically dismissed from the program**

## **HEALTH STATUS**

All student health information is kept confidential.

### **1. Health Examination**

- a. Students must have a School of Health Sciences history and health examination form completed, along with required immunizations/testing, by a licensed health care provider prior to beginning clinical courses or upon request or re-entry into a Health Sciences program. Results of the history and health examination must conclude that the student is “mentally and physically able to participate in program activities to meet the desired program outcomes.” Students who do not submit a completed School of Health Sciences history and health examination form by the designated date will not be permitted to continue in the course.

### **2. Drug Screen**

- a. Students will be required to submit to drug testing upon entrance to the Surgical Technology program and periodically throughout the program. Additionally, a student may be required to submit to drug testing at the request of the clinical facility, Dean of Health Sciences, or Surgical Technology Program Director. The cost for the drug testing will be the student’s responsibility.
- b. Urine and/or serum drug screens for illicit, mood altering, or non-prescribed substances are required prior to clinical experiences. Students with positive results will be excluded from the clinical setting and withdrawn from the program.

### **3. Health Update\***

- a. Prior to beginning the second year, Health Sciences students must complete a health update that includes TB skin testing/or chest x-ray or titer and verification of other immunizations and health status. Failure to do so will prevent the student from continuing in the program.

\*A student who attends clinical with expired annual requirements will be automatically dismissed from the program.

### **4. Change in Health Status**

- a. Students must notify the Dean for the Division of Health Sciences of any changes in health status that occur following admission to the program i.e. pregnancy, injuries, major illnesses or surgery. Documentation from a health care provider verifying emotional and/or physical ability to carry out the normal activities of patient care will be required on the **Changes in Health Status** form in order for the student to continue in the Health Sciences program

### **5. Pregnancy**

If during her course of education, a student becomes pregnant, she may *voluntarily* choose to declare her pregnancy to the Program Director *in writing*. Revealing her pregnancy is *not* a requirement and is the decision of the student. The student may choose not *to declare* her pregnancy, in which case, the student will be treated as though she is not pregnant. Once a pregnancy is declared, the student also has the right to *undeclare*

the pregnancy at any time but should also be completed *in writing*.

This is in accordance with federal and state law. Only by declaring the pregnancy, is the fetus subject to lower dose limits of 0.5 rem or 0.05 rem in any one month.

If a decision is made to voluntarily declare pregnancy, the student must do the following:

1. Submit a formal statement in writing to the Program Director
2. Receive counseling of radiation safety practices that are to be observed during the pregnancy. This counseling will come from the program faculty and documented in the student file.
3. Receive a fetal radiation dosimeter monitor that is to be worn at the waist level and under the lead apron where appropriate
4. Be subject to the fetus' lower radiation dose limits for the duration of the pregnancy

The student in the Surgical Technology Program at the Technical College of the Lowcountry must be aware of the following:

1. Only declared pregnancies are subject to the fetal lower dose limits
2. The program will assume that a pregnancy does NOT exist unless the Program Director is informed of the pregnancy in writing
3. Declared pregnant students have several options as they relate to the Surgical Technology Program. It is recommended that pregnant women avoid Methyl Methacrylate (bone cement) used in total joint surgeries and have a functioning scavenger system for inhalation agents and nitrous oxide.
4. If fluoroscopy is to be used continuously throughout an assigned case, she can ask to be assigned to a different case.

If a pregnancy is declared, the program faculty will advise the student of the following options:

- A. The student may continue both the academic and clinical components of the program without modifications.
- B. *The student may continue academic course work only. This option is the discretion of the faculty and will depend on the placement of the student within the program. Students, who choose this option and have the approval of the Program Director, will make up all clinical education prior to graduation and receiving their diploma. The maximum leave of absence within a twelve (12) month period is sixty (60) days.*

- C. If the student chooses to leave the program, the student will be required to start the program from the beginning and a spot will be saved for the upcoming program year.

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**Student's Signature**

**Date**

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**Program Director's Signature**

**Date**

## **INSURANCE**

### **1. Accident Insurance**

- a. All curriculum students are provided with accident insurance coverage. Students are covered to and from classes on campus and while engaged in an assigned TCL clinical activity. In the event of an accident, the student should obtain accident insurance information from the Vice President of Student Support Services prior to going for medical treatment. Should the situation not allow this, claims must be filed promptly upon return to campus and within ninety (90) days. Accident insurance information may be obtained from the Student Support Services.
- b. A student who is injured while in the clinical setting must immediately notify the instructor. The clinical instructor will arrange for the student to go to the emergency room. The student must take a copy of the emergency room record to the TCL Student Support Services Office the next scheduled class day, but no later than 90 days. The appropriate incident forms will be completed as indicated by policy of the health care facility.

### **2. Health Insurance**

- a. Students enrolled in Health Sciences program must obtain personal health/medical insurance and provide evidence of continuous coverage to participate in clinical experiences. Failure to maintain coverage will result in withdrawal from program. TCL and/or the clinical facility are not liable for illness that occurs while the student is in the clinical facility or academic setting. Health insurance information must be readily available in the case of injury in the clinical area.

### **3. Malpractice Insurance**

- a. College students are covered by a college policy. A student fee for the premiums is paid at the beginning of each semester at the time

of registration. No student will be permitted in the clinical area without this coverage. Re-entry students must confirm the correct major and that the proper fees are assessed.

**STANDARD PRECAUTIONS** (*Refer to pages 19-22: Infectious Diseases*)

All students are required to use standard precautions for all patient care activities. Additional precautions are indicated for care of some individuals.



## Checklist of Program Requirements

### Health Sciences Program in Which Student is Enrolled

Semester of Entry \_\_\_\_\_

Student Name \_\_\_\_\_

Dear Health Sciences Student:

The clinical component of all Health Sciences Programs is a vital and necessary aspect of the curriculum. In order to meet the requirements of various clinical sites, specific pre-clinical activities must be completed prior to starting in Health Sciences Programs. **Many of these activities require lengthy processes and should be started immediately.** To assist you in monitoring the completion of these activities, date and initial each activity listed below. **Submit a hard copy of all required forms and documents (including this signed checklist) by the due date to the Division of Health Sciences. FAXED COPIES ARE NOT ACCEPTED.** Students who do not submit required forms and documents by the due date will no longer be eligible for program entry.

Requirements	Date Completed	Student's Initials
Complete Division of Health Sciences Health Form with all required signatures.		
2-Step TB Skin test (PPD) or Quantiferon Gold blood test. If positive result occurs, student must be cleared by chest x-ray (Documentation of results must be provided).		
Provide immunization record along with page 3 of this packet including documentation of 2 MMRs <u>OR</u> Rubella, Rubeola & Mumps titer. If titers are negative, 2 vaccines are required.		
Provide immunization record along with page 3 of this packet including 2 Varicella vaccines <u>OR</u> positive Varicella titer. If titer is negative, 2 vaccines are required.		
Provide Tdap immunization record (Tetanus, diphtheria and pertussis) or Booster within last 5 years along with page 3 of this packet.		
Provide documentation of flu vaccine (REQUIRED AT A LATER DATE)		
Copy of current CPR Basic Life Support (BLS) healthcare provider certification from American Heart Association within 6 months of health form due date		

<b>Purchase background check, drug screen package and immunization tracker per Health Sciences requirements by the due date. PLEASE DO NOT COMPLETE DRUG SCREEN UNTIL TOLD BY INSTRUCTOR.</b>		
<b>Copy of Health Insurance Card (front and back)</b>		
<b>Provide a copy of a photo identification (front and back)</b>		
<b>Sign Hepatitis B waiver</b>		

All information given is true and accurate. I understand that if any information provided in this document is found to be false, termination from the program may result.

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

Date \_\_\_\_\_

Health Sciences Program in Which Student is Enrolled \_\_\_\_\_

Semester of Entry \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Person to Notify in Case of Emergency \_\_\_\_\_

(Relationship) \_\_\_\_\_ Phone (home) \_\_\_\_\_

(cell) \_\_\_\_\_

**This page must be completed by student prior to being examined by health care provider**

**INFECTIOUS DISEASE, VACCINE HISTORY, & LATEX ALLERGY**

	YES	NO
Have you had chicken pox (varicella)?		
Have you had hepatitis?		
Have you received the hepatitis B vaccine?		
Did you complete the hepatitis B series?		
Have you ever had tuberculosis?		
Have you ever had a positive tuberculosis skin test (PPD)?	If yes, give date	
Have you ever taken anti-tuberculosis drugs?	If yes, give date	
Do you have a latex allergy?		

**Health Sciences students are required to complete a Physical Update form yearly.**

**Policy notification regarding health status change:**

Any student experiencing a change in health status while enrolled will be required to submit a Change in Health Status form from his/her physician or nurse practitioner as to his/her ability to perform all expected functions fully, safely and without jeopardizing the health and/or well-being of the student or others. The Change in Health Status form must be obtained from the Health Sciences office.

Pregnant students must submit a Change in Health Status form from her healthcare provider before registering each semester as to her ability to perform all expected functions fully, safely and without jeopardizing the health and well-being of the student and fetus. In order to resume her activities after delivery, the student must bring a Change in Health Status form from her physician/nurse practitioner/nurse midwife. The Change in Health Status form must be obtained from the Health Sciences office. The student must submit these documents to the Division of Health Sciences prior to continuing her clinical experience. Specific programs may require additional documentation.

I hereby certify that the information on this form is correct. I understand that false information will be sufficient cause for the college to cancel my enrollment and require withdrawal. **I will report any changes in my health status to the Division of Health Sciences and submit a completed change in health status form.** I authorize the Division of Health Sciences to release this information to the agencies where I have clinical assignments.

A new background and/or drug screen may be required at any time during the program.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**IMMUNIZATION HISTORY (attach official record)**

VACCINE	IMMUNIZATION HISTORY	LICENSED PRACTITIONER (LP) VERIFICATION SIGNATURE
<b>Tdap</b> (Tetanus, diphtheria <b>and</b> pertussis) Booster within the past 5 years	Date: _____	LP SIGNATURE _____
<b>MMR (MEASLES, MUMPS and RUBELLA)</b>  Include immunization record with documentation of 2 MMRs <b>OR</b> Submit copy of positive Rubeola (Measles), Mumps, and Rubella titer results from lab.  If titers are negative, 2 vaccines are required	Date of vaccines: #1 _____ #2 _____  <b>OR</b>  Date of Rubeola (Measles) Titer: _____ Results: [ ] immune [ ] not immune (see below)  Date of Mumps Titer: _____ Results: [ ] immune [ ] not immune (see below)  Date of Rubella Titer: _____ Results: [ ] immune [ ] not immune  Date of vaccines if titers are negative #1 _____ #2 _____	LP SIGNATURE _____          LP SIGNATURE _____
<b>HEPATITIS B:</b> All students are required to sign a waiver.  Hepatitis B vaccine is recommended, but is not required	<b>Sign Waiver</b>	
<b>VARICELLA (CHICKEN POX)</b> All students must have 2 vaccines or positive titer.  Attach immunization record or copy of positive titer results from lab.  If titer is negative, 2 vaccines are required.	Dates of vaccines: #1 _____ #2 _____  <b>OR</b>  Titer Date: _____ Results of titer: [ ] immune <b>or</b> Date of vaccines (if titer is negative): #1 _____ #2 _____	LP SIGNATURE _____

**Note: The Influenza Vaccine will be required each year. Students will be notified when documentation is required.**

Name \_\_\_\_\_

**CORE PERFORMANCE STANDARDS  
For Admission and Progression**

With reasonable accommodation, the student should be able to demonstrate the following abilities:

1. Critical thinking ability sufficient for clinical judgment (e.g., identifies cause-effect relationships in clinical situations, assess patient progress status).
2. Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds (e.g., establishes rapport with patients/clients and colleagues).
3. Communication abilities sufficient for interaction with others in verbal and written form.
4. Physical abilities sufficient to move from room to room and maneuver in small spaces (e.g., moves around in patient's rooms, work spaces, and treatment areas, administers cardiopulmonary resuscitation procedures; position themselves in the treatment environment so as to render vital care to patients without obstructing the positioning of necessary equipment or other health care workers).
5. Gross and fine motor abilities sufficient to provide safe and effective care (e.g., calibrates and uses equipment; lifts and positions patients).
6. Auditory ability sufficient to monitor and assess health needs (e.g., hears monitor alarms, emergency signals, auscultatory sounds and range of sounds necessary to assess patient health status, cries for help).
7. Visual ability sufficient for observation and assessment necessary to provide care (e.g., observes patient/client's physical condition and reads monitors and patient information systems).
8. Tactile ability sufficient for physical assessment (e.g., performs palpation, functions of physical examination and/or those related to therapeutic interventions, i.e., palpate pulses).

Note: Samples are not all inclusive.

Adapted from Southern Council on Collegiate Education for Nursing Core Performance Standard for Admission and Progression.

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**TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER OR  
PHYSICIAN'S ASSISTANT**

**I have completed a physical examination on this student and:**

**I consider the applicant physically qualified for college classes and patient care.    Yes                      No**

**I consider the applicant mentally qualified for college classes and patient care.    Yes                      No**

**I consider the applicant emotionally qualified for college classes and patient care.    Yes                      No**

**Print Provider's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Name \_\_\_\_\_

**Tuberculosis**

The Two-Step TB skin test (Mantoux) is required upon admission followed by a repeat PPD every 12 months. Students also have the option to have the Quantiferon Gold blood test administered by a healthcare provider. The tine test or the monovac test is not acceptable..

**Students having a positive TB test will be required to show proof of one negative chest x-ray, taken after conversion to a positive status while the student remains asymptomatic. If symptoms develop, the student will be required to see a Health Care Provider and submit written clearance. Students are responsible for submitting a Change in Health Status Form if they become symptomatic.**

**STEP ONE:**

Date: \_\_\_\_\_ PPD Administered

Date: \_\_\_\_\_ PPD Read

\_\_\_\_\_ results with \_\_\_\_\_ mm induration  
(+/-)

Read by \_\_\_\_\_

**STEP TWO: (Must be completed within 14 days of STEP ONE)**

Date: \_\_\_\_\_ PPD Administered

Date: \_\_\_\_\_ PPD Read

\_\_\_\_\_ results with \_\_\_\_\_ mm induration  
(+/-)

Read by \_\_\_\_\_

**School of Health Sciences**  
**Hepatitis Waiver Form**  
**To be completed by all students**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Science Program in Which Student is Enrolled \_\_\_\_\_  
 Semester of Entry \_\_\_\_\_

In compliance with OSHA Regulation: 29CFR BLOODBORNE PATHOGENS STANDARD 1910.1030: the student is advised that OSHA recommends persons at substantial risk for HBV (hepatitis B) should be vaccinated. Individuals are often at highest risk during the professional training period. For this reason, when possible, vaccination should be completed prior to the training period.

- **I understand that I am considered to be at high risk for acquiring Hepatitis B, as my clinical experience places me in a position to be exposed to a significant degree of blood and body fluids.**
- I acknowledge that Technical College of the Lowcountry has advised me of the OSHA Regulation: 29 CFR BLOODBORNE PATHOGENS STANDARD 1910.1030.
- By signing this form, I acknowledge that I have been advised of the advantages of receiving the vaccine and realize the OSHA Regulations indicate that students are often at highest risk during the professional training period.
- **I hereby release Technical College of the Lowcountry and any and all clinical sites I may rotate through during my educational experience from any and all damages, compensation, and responsibility should I contract hepatitis B.**

\_\_\_\_\_  
 Student Name (Print)

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

\_\_\_\_\_  
 Date

# **SURGICAL TECHNOLOGY**

## **SECTION V: PROGRAM INFORMATION**

### **TECHNICAL COLLEGE OF THE LOWCOUNTRY SURGICAL TECHNOLOGY PROGRAM**

The Surgical Technology Program is an integral part of the Technical College of the Lowcountry and holds with the philosophy and purposes of the College and the South Carolina Technical College System. It is a limited enrollment Health Science Program, accepting a maximum of fifteen (15) new students each fall.

#### **MISSION STATEMENT**

While supporting the stated mission and goals of the college, the mission of the Surgical Technology Program at the Technical College of the Lowcountry is to provide a comprehensive, competency-based curriculum, preparing students who will graduate with entry-level skills needed to perform as a competent Surgical Technologist and provide the best possible care to patients. Upon successful completion of the program, the graduate is eligible to take the National Certification Examination through the National Board of Surgical Technologist and Surgical Assistant (NBSTSA).

#### **PROGRAM PHILOSOPHY**

The Surgical Technology Department Faculty of the Technical College of the Lowcountry believes that:

Health is the state of optimum well-being for humanity. Health is relative and constantly changing.

Due to this changing state, the Surgical Technologist practices in the unique role of restoring optimum health and alleviating suffering by aiding surgical intervention. In fulfilling this role, the Surgical Technologist works closely with the patient, surgeon, and other operating room professionals in the operative care of the surgical patient.

Surgical Technology practice is not limited to the physical setting of the operating room. It is also utilized in other health care areas and facilities. These areas and facilities include, but are not limited to Labor and Delivery, Emergency Room, Central/Sterile Processing, Ambulatory Surgical Facilities, and private physician's offices.

The educational environment of the Surgical Technology Program at the Technical College of the Lowcountry considers individual differences, which affect learning ability, and provides motivation to continue to learn and adapt in the changing surgical environment. The faculty believes an



individual's ability to learn is based on past experiences and personal potential, which permits leaning to occur at different rates and levels. Learning takes place most readily when material is covered in logical sequence and progresses in difficulty from simple to complex. Under the guidance of the faculty, the student should assume responsibility for much of their own learning.

The faculty believes that Surgical Technology education should reflect the student's development of skills and theoretical knowledge essential for restoring optimum health and alleviating suffering in the operative setting.

### **PROGRAM GOALS**

1. Students will perform as entry-level Surgical Technologists.
2. Students will demonstrate effective communication skills.
3. Students will appreciate and demonstrate the value of professional growth and development.
4. The program will effectively meet the needs of the communities of interest.
5. Students will demonstrate critical thinking and problem-solving skills.
6. Select appropriate instruments, equipment, and supplies for various surgical procedures.
7. Create and maintain a sterile field utilizing basic care preparation and procedures.
8. Demonstrate sterile surgical techniques and the use of modern operating room technology.
9. Identify and demonstrate patient care concepts
10. Summarize patient preparation for selected surgical procedures.
11. Maintain a high level of ethical and professional standards.
12. Prepare to sit for the national certification examination.

Students complete 5 semesters of combined academic, laboratory, and clinical experience. The academic program includes professional and general education courses. All professional courses (SUR prefix) have listed course goals, objectives, and/or competencies, which must be satisfied before a student can progress. Students who complete the program will be awarded with an AAS.SUR degree, and may be eligible to sit for the National Certification examination through the National Board of Surgical Technologist and Surgical Assistant (NBSTSA).

### **ACCREDITATION STATUS**

The Technical College of the Lowcountry's Surgical Technology Program has been accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). 6 West Dry Creek Circle, Suite 210, Littleton, Colorado 80120-8031. (303)694-9262.

## **OUTCOMES/COMPETENCIES**

Upon successful completion of the Surgical Technology Program, the graduate should be a professional who provides and participates in the coordination of patient care as a member of the surgical team by demonstrating knowledge of aseptic technique, surgical procedures, instrumentation, and will:

1. Demonstrate professionalism.
2. Participate as a team member.
3. Identify and measure quality.
4. Practice effective oral, written, and electronic communications.
5. Provide for patient and staff safety.
6. Plan and prepare for surgical procedures.
7. Practice aseptic technique.
8. Use equipment according to established policies and procedures.
9. Demonstrate proper use and care for instruments.
10. Prepare medications.
11. Participate in surgical procedures
12. Handle instruments in an appropriate manner.
13. Practices sterile supply room procedures.
14. Perform associated duties of the Surgical Technologist at entry level in connection with all operative specialties.

## **PROFESSIONAL CONDUCT**

The following characteristics are consistent with professional behavior and are expected at all times:

1. Refrains from loudness, profanity, sneering, rudeness, and sleeping in class or clinical.
2. Is truthful.
3. Listens receptively.
4. Takes advantage of self-learning opportunities.
5. Assumes responsibility for course preparation and participation.
6. Approaches individual with kindness, gentleness, and helpfulness
7. Offers companionship without becoming involved in a non-therapeutic manner
8. Accepts constructive criticism
9. Is neat, clean, and appropriately attired.
10. Is consistently punctual.
11. Accepts assignments and willingly assists others.
12. Recognizes and performs within own limitations.
13. Uses break time appropriately.
14. Uses correct spelling and grammar
15. Communicates in a medically professional manner.
16. Cooperates with agency policies.
17. Observes legal and ethical standards of practice.

## **INFECTIOUS DISEASES**

### **CDC Recommendations**

The Center for Disease Control (CDC) publishes guidelines for precautions for healthcare workers. Standard precautions reduce the risk of transmission of pathogens from recognized and unrecognized sources of infection. Standard Precautions shall be applied to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status.

Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes.

Standard Precautions involve the use of hand washing and protective barriers (such as gloves, gowns, aprons, masks, or protective eyewear) which can reduce the risk of exposure of health care workers to potentially infective materials. In addition, under Standard Precautions, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

Pregnant health care workers are not known to be at greater risk of contracting HIV infection than are health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV transmission.

### **Gloving, Gowning, Masking, and Other Protective Barriers as Part of Standard Precautions**

All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure during contact with any patient's blood or body fluids that require Standard Precautions.

Recommendations for the use of protective barriers are available at the CDC website [www.cdc.gov](http://www.cdc.gov).

Gloves should be worn:

1. For touching blood and body fluids, mucous membranes, or non-intact skin of all patients, and
2. For handling, items or surfaces soiled with blood or body fluids to which standard precautions apply.

Gloves should be changed after contact with each patient. Hands and other skin

surfaces should be washed immediately or as soon as patient safety permits if contaminated with blood or body fluids requiring Standard Precautions. Hands should be washed immediately after gloves are removed.

Masks and protective eyewear or face shields should be worn by health care workers to prevent exposure of mucous membranes of the mouth, nose, and eyes during procedures that are likely to generate droplets of blood or body fluids requiring Standard Precautions. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or body fluids requiring Standard Precautions.

All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped by hand, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. All reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

### **Confidentiality**

**Special care needs to be taken to preserve the dignity and confidentiality of patients, including those patients with infectious diseases or conditions.**

**The patient has the right to every consideration of his/her privacy concerning his/her own medical care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.**

**The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. All patient information shall be regarded as confidential and available only to authorized users.**

### **Refusal to Care for Patients**

Health care workers, including students, cannot be excused from caring for patients with AIDS or other infectious diseases on his/her own request. Health care workers or students who may be immunosuppressed or have a clinical condition, which may confer an increased risk, must provide a written recommendation from his/her healthcare provider to that effect.

### **Pregnant Students**

There is no evidence of increased risk to pregnant health care personnel themselves from caring for a patient with HIV infection. Many patients with AIDS

excrete large amounts of cytomegalovirus (CMV) and infection with CMV during pregnancy may damage the fetus.

When hygienic precautions (appropriate hand washing, not kissing infants, etc.) are followed, the risk of acquiring infection through patient contact is low.

Therefore, a practical approach to reducing the risk of infection with CMV is careful hand washing after all patient contacts and avoiding contact with areas or materials that are potentially ineffective.

Nevertheless, contact by pregnant students with patients known to have AIDS and/or AIDS Related Complex will be minimized whenever possible.

### **Management of Students with HIV Infection**

Pre-admission or subsequent enrollment testing of students to detect AIDS, ARC, or HIV or will not be done.

CDC Recommendations:

Investigations of HIV transmission from Health Care Workers (HCWs) to patients indicate that, when the HCWs adhere to recommended infection control procedures, the risk of transmitting HIV from an infected HCW to a patient is small.

The following requirements apply to all students, not just those with HIV infection.

1. Students must perform adequate hand washing before and after patient contact.
2. All students must wear gloves for direct contact with blood, body fluids, secretions, excretions, mucus membranes, or non-intact skin of all patients.
3. Students who have exudative lesions or weeping dermatitis should refrain from direct patient care and from handling patient care equipment until condition resolves.
4. Students infected with HIV who perform exposure-prone procedures as identified by the clinical facilities must comply with the policy of the clinical facility.
5. Students infected with HIV should be counseled about the potential risk associated with taking care of patients with transmissible infections. The student's private physician should determine whether the individual can safely perform patient care duties.
6. If a patient is exposed to blood or body fluids of a student with HIV infection, the patient should be informed of the incident. The student will abide by the hospital and/or clinical policies in effect in this situation.
7. Extraordinary care will be taken to protect information regarding any student's health condition. In general, no specific or detailed information concerning complaints or diagnosis should be provided to faculty, administration, staff, other students, or even patients without the written consent of the affected student.

### **Management of Needle Sticks and Accidental Exposure**

1. The Policies and Procedures of the facility where the incident occurred will be followed.
2. During the follow-up period, the exposed student will be referred to their private physician or to a public health official for appropriate counseling.

### **SURGICAL TECHNOLOGY PROGRAM CLINICAL GUIDELINES**

- a. Maintain professional conduct.
- b. Be knowledgeable of the use of all equipment, supplies, and procedures before attempting use.
- c. Check all equipment and supplies for proper function before use and report any malfunction or damage immediately.
- d. Handle equipment properly and carefully to prevent damage or injury to yourself or others.
- e. Clean and/or care for all equipment or supplies as instructed by your assigned instructor/preceptor.
- f. Store all equipment and supplies in proper place.
- g. Use the principles of correct body mechanics when lifting, pulling, or pushing.
- h. Remove any hazardous objects or spills from floors or hallways immediately or notify your instructor/supervisor.
- i. Minimize distractions to prevent accidents.
- j. Never run in rooms or hallways.
- k. Do not enter RESTRICTED/ISOLATED areas unless instructed to do so in the course of clinical activities.
- l. When assigned to a restricted area, as with use of laser or x-ray, follow hospital policy regarding personal safety precautions.
- m. Report fire to person in charge if immediate area and follow designated procedures.
- n. Discuss any question concerning a procedure or equipment with faculty instructor.
- o. Students are REQUIRED to wear instructor approved protective eyewear when participating as a member of the sterile surgical team.
- p. Whenever accidents or errors occur, they should be reported immediately to the instructor, preceptor, or supervisor. Clinical facility policies regarding reporting and documentation will be followed.

### **Smoking**

The clinical facilities in use are non-smoking facilities, students are not permitted to leave the OR Department and building to smoke during breaks and lunch time (break times are usually 10-15 minutes and lunch is usually 30 minutes).

### **Uniform Policy**

- a. Students must be in required uniform and comply with all regulations of Surgical Technology program of study. Ceil blue scrubs, Navy blue warm-up scrub jacket, nametags, and TCL photo

- ID are required while at clinical and on campus.
- b. Student uniforms are to be worn for college scheduled class/lab/clinical sessions.
  - c. Uniforms must be clean, and in good repair. Shoes should be closed toe with heel support and preferably non-permeable due to spills associated with the OR.
  - d. Faculty in the clinical area has the final decision on attire.
  - e. Clinical facilities may have different uniform requirements than detailed in this policy.
  - f. No jewelry may be worn during lab or clinical.
  - g. Hair must be arranged in a style that keeps it secured under the scrub cap.
  - h. Proper personal and oral hygiene are required.
  - i. Fingernails must be of fingertip length, neatly trimmed and clean. Nail polish, nail extensions, and false nails are not acceptable. All harbor bacteria and are potentially a patient hazard.
  - j. Perfume or strong shave lotions are not appropriate in clinical settings.
  - k. Proper attire in the operating room, while in a patient care situation, also includes appropriate OSHA approved eye protection.

### **Clinical Education Rotations**

Every effort is made to ensure that students receive a fair and equitable learning experience, as such; students in the surgical technology program must be eligible to complete their clinical rotations at any clinical education site. During clinical education experiences, each student is a representative of the TCL ST program and must comply with all TCL and ST program policies when participating in clinical education rotations. In addition, when students are at a clinical site, they are responsible for abiding by all policies and procedures of that respective clinical site.

### **Clinical Evaluation Narrative**

The evaluation/grade for each course will be described in the course syllabus. Final evaluations for each of the four clinical rotations are based on identified competencies. Competencies and forms are included with the syllabus and calendar of each course. During each clinical rotation, the student will be evaluated using four (4) different evaluation tools: 1) Weekly preceptor evaluations, 2) Weekly case logs, 3) Case write-ups, and 4) Final evaluation. In clinical areas where direct supervision by the instructor is not always feasible, special checklists, objectives, or forms are used.

### **Clinical Experience Records**

Continuing and final evaluations of the student by the instructors is used to help with the development and performance of the student during clinical course rotations. This important part enables the student to set goals and accomplish their objectives. Observational techniques assess behaviors such as performance of skills, work habits, attitudes, and integration of knowledge.

Clinical experience is critical to the success of the Surgical Technology student. In maintaining the criteria of a “standard” program, students must complete and log one hundred and twenty (120) scrubbed cases in the scrub role. The cases must be in the specialties of General, OB/GYN, ENT, Neurology, Cardio-Thoracic, Plastics, Urology, and Orthopedics. Absences not only detract from the experience, but also from the total number of countable scrubbed cases. The clinical case log will be submitted at the conclusion of the final clinical rotation and will be kept on file in the program director’s office for five (5) years.

In the event of an absence, the student is required to call the clinical site at least 30 minutes prior to the start time of that day. If no one answers at the facility then the student must leave a message stating the time of the call and reason for not attending clinical on that particular day. In addition to calling the facility, the student also required to call the clinical instructor (or adjunct), the clinical coordinator, and the program director. If there is no answer then a message is to be left with that individual. The student may also call the health science department administrative assistant at 843-525-8276 and leave a message stating the reason for not being able to attend clinical, the time of the call, student name, and a contact phone number. Failure to do so will result in a “**no-call, no-show**” and is immediate grounds for dismissal from the program.

Each student will be required to maintain a clinical experience record – recording each surgical procedure for which they served as a team member.

### **Instructor Evaluation**

Students will be asked by the institution to evaluate instructors every semester. These evaluations are summarized by administration and results passed on to the Program Director for program and faculty improvement.

### **Student Clinical Work Policy**

The program faculty neither encourages nor discourages students from working in clinical or surgical facilities, but reminds the student of the following conditions:

1. The student should be committed to the completion of the surgical technology program.
2. Part time or full-time employment at a clinical affiliate is not a part of the educational program. This employment will not be considered an excuse for a student’s failure to comply with program expectations.
3. The student will not be excused to leave clinic early to allow them to clock-in at a clinical affiliate as an employee of that affiliate.
4. At no time during surgical technology program clinical hours may a student receive financial compensation from a clinical institution for performing surgical technology program related clinical training.



5. The student will not receive credit for surgical cases or clinical hours during the time they are on the payroll for a clinical affiliate.
6. The student will not be allowed to perform clinical examinations for competency or proficiency during the time they are on the payroll for a clinical affiliate.
7. The student will not be covered under the TCL liability insurance policy when working as a part-time or full-time employee of a clinical affiliate.
8. Surgical technology students will be supervised by a clinical setting preceptor at all times during clinical rotations and will not be substituted in place of staff by the clinical agency under any circumstances.
9. Any student who violates the student work policy will be investigated and may be dismissed from the program.

**Job Description: Certified Surgical Technologist**  
**Association of Surgical Technologists**

**Definition**

Surgical technologists are allied health professionals and are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings. The surgical technologist works under medical supervision to facilitate the safe and effective conduct of invasive surgical procedures. This individual functions under the supervision of a surgeon to ensure the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Duties of the surgical technologist may be performed in operating rooms, ambulatory surgery centers, central supply, labor and delivery areas, cardiac catheterization laboratories, private physicians' offices, and other areas where invasive procedures are performed.

**Education**

Surgical technologists are graduates of postsecondary education programs. This education may be obtained through multiple routes, including universities, community colleges, vocational technical schools, and hospital-based programs. Institutions that offer a curriculum for surgical technologies receive special accreditation from the Accreditation Review Committee on Education in Surgical Technology; this organization provides accreditation services under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Completion of the national curriculum for education of surgical technologists may result in an individual earning an associate degree.

**Credentials**

Certification of entry-level knowledge is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA), a separately incorporated

affiliate of the Association of Surgical Technologists. The NBSTSA is solely responsible for all policy decisions regarding the certification of surgical technologists. Initial certification is based upon satisfactory performance on the national certifying examination. CSTs maintain their certification by accruing contact hours of approved continuing education in a consecutive 2-year period or by successfully retaking the certifying examination at the conclusion of the 2-year period.

### **Competency Statements**

These competency statements support the motto of AST, the Patient First, *Aeger Primo*, by providing guidelines for safe and effective patient care. Patients, employers, and peers can be assured that the surgical technology practitioner who demonstrates these competencies will be performing at a level of excellence that will ensure quality patient care.

- I. Demonstrates patient care concepts.
  - A. Provides a safe, efficient, and supportive environment for the patient.
  - B. Identifies the patient's response to illness.
  - C. Identifies the physical, spiritual, and psychological needs of the patient.
  - D. Identifies the rights of health care consumers.
  - E. Demonstrates the appropriate method of obtaining an informed consent.
  - F. Verifies information on the patient's chart.
  - G. Verifies and records the preoperative condition of the patient.
  - H. Implements principles of transportation of the surgical patient.
  - I. Monitors the patient to identify deviations from expected responses.
  
- II. Demonstrates the application of the principles of asepsis in a knowledgeable manner to provide optimum patient care.
  - A. Identifies the principles of sterile technique and applies these techniques to each operative procedure.
  - B. Demonstrates a surgical conscience at all times.
  - C. Prepares items for sterilization.
  - D. Monitors sterilization methods.
  - E. Sterilizes items.
  - F. Applies the correct techniques of disinfection and antisepsis.
  
- III. Demonstrates basic surgical case preparation skills.
  - A. Applies knowledge of normal and pathological anatomy and physiology to individualize patient care.
  - B. Identifies the basic surgical instruments by type, function, and name.
  - C. Applies the methods of care and handling of surgical instruments.
  - D. Identifies and prepares basic sterile packs and trays.
  - E. Identifies common sponges and dressings and their use in specific surgical procedures.

- F. Identifies major types of catheters, drains, tubes, and collecting mechanisms and their preparation and use in specific surgical procedures.
  - G. Identifies suture materials and stapling devices.
  - H. Selects and prepares the appropriate suture and stapling devices for specific operative procedures.
  - I. Applies the proper methods of handling of suture materials and stapling devices.
  - J. Identifies and selects the appropriate types of accessory equipment for specific surgical procedures.
  - K. Demonstrates care, handling, and assembly of accessory equipment.
  - L. Identifies and selects the appropriate specialty equipment for specific surgical procedures.
  - M. Demonstrates care, handling, and assembly of specialty equipment.
  - N. Selects appropriate draping materials for specific surgical procedures.
  - O. Applies draping materials for specific surgical procedures.
  - P. Identifies and reports to designated personnel conditions that may exist and could negatively affect the health, safety, and well-being of patients or personnel.
- IV. Demonstrates creation and maintenance of the sterile field.
- A. Assures the physical preparation of the operating room.
  - B. Verifies exposure to sterilization process and integrity of sterile packaging, and opens appropriate supplies.
  - C. Follows the appropriate dress code as dictated by hospital policy.
  - D. Selects and prepares supplies and instruments for the sterile field.
  - E. Counts all instruments, sponges, needles, and other items as dictated by hospital policy.
- V. Demonstrates the role of the scrub person.
- A. Follows principles of correct hand scrub.
  - B. Gowns and gloves self and others.
  - C. Passes correct instrumentation, supplies, and suture as needed by the surgeon.
  - D. Prepares medication and irrigating solutions as needed by the surgeon.
  - E. Maintains highest standard of sterile technique during operative procedure.
  - F. Follows established policy and procedure for all counts.
  - G. Initiates corrective action when counts are incorrect.
  - H. Anticipates emergency or unusual circumstances and initiates corrective actions.
  - I. Follows appropriate postoperative routines.
  - J. Demonstrates knowledge of the step-by-step procedures of specific surgical procedures.
  - K. Displays dexterity in the use of required instrumentation.

- L. Anticipates the needs of the surgeon in order to expedite the surgical procedure.
  - M. Demonstrates organization of work.
- VI. Demonstrates the role of the circulator.
- A. Selects and prepares supplies and equipment for the operative team.
  - B. Provides for the comfort and safety of the patient.
  - C. Assists anesthesia personnel as needed.
  - D. Applies appropriate equipment to the patient as requested by the surgeon.
  - E. Performs counts with the scrub person.
  - F. Anticipates the need for additional supplies during the operative procedure.
  - G. Operates all equipment as needed following all recommended practices and procedures.
  - H. Communicates and documents all information regarding the surgical procedures.
  - I. Follows appropriate postoperative routines.
  - J. Monitors and controls the surgical environment as indicated in policy and procedure.
  - K. Implements the proper principles of positioning of the surgical patient.
  - L. Prepares the operative site for surgery.
  - M. Prepares all specimens for laboratory analyst.
  - N. Applies thermoregulatory devices to the patient.
  - O. Demonstrates the preparation and use of appropriate hemostatic and blood replacement agents and devices.
  - P. Performs urinary catheterization and monitoring of urinary output.
  - Q. Identifies developing emergency situations, initiates appropriate action, and assists in the treatment of the patient.
  - R. Documents the intraoperative care of the patient.
- VI. Demonstrates accountability as a health care professional.
- A. Respects the rights of the patient by maintaining confidentiality and privacy of the patient.
  - B. Demonstrates the ability to use sound judgment in decision making.
  - C. Demonstrates initiative in expanding knowledge.
  - D. Recognizes the importance of teamwork, consideration, and cooperation within the operating room.
  - E. Functions in a efficient and professional manner in all aspects of surgical care.
  - F. Understands that each practitioner is individually responsible for his/her own actions.
  - G. Recognizes legal and policy limits of individual responsibility.

### Job Knowledge

1. Selects, assembles, and checks equipment for proper function, operation, and cleanliness, including correcting malfunctions.
2. Opens sterile supplies.
3. Checks and verifies patient chart for pertinent information, identifies patient, and transports patient to the operating room.
4. Transfers the patient to the operating room bed.
5. Assesses comfort and safety measures and provides emotional support the patient.
6. Respects patient's inherent right to privacy, dignity, and confidentiality.
7. Assists anesthesia personnel.
8. Applies electrosurgical grounding pads, tourniquets, monitors, etc, before procedure begins.
9. Performs necessary preoperative procedures such as urinary catheterization.
10. Prepares patient's skin prior to draping.
11. Performs appropriate counts with scrub person.
12. Mixes, labels, and conveys drugs/solutions to the scrub person and/or surgeon.
13. Anticipates additional supplies needed during the procedure.
14. Participates with anesthesia personnel in estimating the blood loss during the surgical procedure and obtains necessary replacement.
15. Maintains accurate records throughout the procedure.
16. Properly cares for surgical specimens.
17. Transport patient to post-anesthesia care unit.
18. Assist other members of the team with terminal cleaning of the operating room.
19. Assists in preparing the operating room for the next patient.

### **Job Description: The Assisting Surgical Technologist *Association of Surgical Technologists***

#### Definition

The CST acting as an assistant to the surgeon during the operation does so under the direction and supervision of that surgeon and in accordance with hospital policy and appropriate laws and regulations.

The Association of Surgical Technologists, Inc., recognizes that the certified surgical technologist (CST) first assistant must have skills necessary to perform complex tasks that require more advanced specialized education and training (see the official job description for the surgical first assistant.)

#### Professional Relationships

The surgical technologist is clinically supervised by a physician, CST, nurse, or other designated individual. Many surgical technologists also supervise or instruct other surgical technologists and health professionals as assigned. The

surgical technologist has daily contact with physicians, nurses, and other health professionals as well as frequent contact with patients. Surgical technologists work closely with physicians to assist during surgery, establish protocols, and perform special procedures.

### Scrub Surgical Technologist

The CST acting as a scrub person handles the instruments, supplies, and equipment necessary during the surgical procedure. He/she has an understanding of the procedure being performed and anticipates the needs of the surgeon. He/she has the necessary knowledge and ability to ensure quality patient care during the operative procedure and is constantly on vigil for maintenance of the sterile field. Responsibilities include the following:

1. Checks supplies and equipment needed for surgical procedure.
2. Scrubs, gowns, and gloves.
3. Sets up sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure.
4. Performs appropriate counts with circulator prior to the operation and before incision is closed.
5. Gowns and gloves surgeon and assistants.
6. Prepares sterile field including draping the patient and equipment.
7. Conveys instruments, supplies, and equipment to the surgeon during the operative procedure.
8. Prepares drains, catheters, suture/staple materials, and sterile dressings.
9. Mixes, labels, and dispenses drugs/solutions to the surgeon.
10. Maintains the highest standard of aseptic technique during the operative procedure.
11. Cleans and prepares instruments for terminal sterilization.
12. Assists other members of the operative team with terminal cleaning of the operating room.
13. Assists in preparing the operating for the next patient.

### Circulating Surgical Technologist

The CST acting as a circulator supports the surgical team by obtaining appropriate supplies, instruments, and equipment necessary for the surgical procedure. He/she monitors conditions in the operating room and constantly assesses the needs of the patient and the surgical team. He/she documents the care given to the patient during the operative procedure. Responsibilities include the following:

1. Pharmacology; anesthetics, drugs, and solutions used in surgery.
2. Wound healing and wound complications
3. Sterilization, disinfection, and antisepsis
4. Principles of asepsis and sterile technique
5. Environmental safety (e.g., electrical hazards, radiation and laser precautions)
6. Preoperative preparation of patients: consents, appropriate attire, transportation, identification, etc.

7. Positioning of patients for anesthesia and for surgery
8. Preoperative skin preparation
9. Preparation and care of surgical supplies and equipment
10. Establishment and maintenance of a sterile field
11. Appropriate instrumentation, suturing materials, needles, prosthetic devices, and other supplies
12. Appropriate counts of sponges, needles, instruments, etc.
13. Handling of surgical specimens and body fluids
14. Drainage mechanisms and wound dressings
15. Complications of surgical procedures
16. Emergency procedures, including cardiopulmonary resuscitation
17. Legal, moral, and ethical responsibilities
18. Effective communications and interpersonal relationships
19. Cost-containment measures

#### Surgical Knowledge

1. General and rectal surgery
2. Obstetric and gynecologic surgery
3. Ophthalmic surgery
4. Ear, nose, and throat surgery
5. Oral surgery
6. Plastic and reconstructive surgery
7. Urologic surgery
8. Orthopedic surgery
9. Neurosurgery Thoracic surgery
10. Cardiovascular surgery
11. Peripheral vascular surgery
12. Transplant surgery
13. Procurement surgery

#### Equipment Knowledge

1. Sterilizers
2. Operating room tables
3. Surgical lights
4. Electrosurgical units
5. Suction apparatus
6. Special Abilities

The surgical technologist must have the ability to integrate an understanding of anatomy and physiology with the prescribed surgical procedure. The individual must possess excellent manual dexterity and react quickly to convey and receive instruments from the surgeon. Surgical technologist must be able to communicate effectively and to function efficiently and calmly in extremely stressful environments. The surgical technologist must understand the scheduled procedure and be able to anticipate the sequence of events and needs of the surgeon. Careful attention to detail is required to ensure maintenance of a sterile field and observance of accepted procedures designed

to protect the patient. The surgical technologist must react quickly and calmly in emergency situations.

## **STANDARDS OF PRACTICE**

### **Association of Surgical Technologists**

#### **Standard I**

Teamwork is essential for perioperative patient care and is contingent upon Interpersonal skills.

#### **Interpretative Statement**

*Good interpersonal skills and surgical conscience provide an atmosphere to enhance the job performance of the surgical technologist.*

#### **Criteria**

1. Interpersonal skills are measured by observation of behavior.
2. Interpersonal relationships should be characterized by trust, honesty, confidence, and respect.
3. The ability to meet expectations and to function may be dependent upon communication with team members.
4. The surgical technologist practitioner recognizes limits of individual responsibility within framework of job description, while working toward mutual goals of the organization.
5. The surgical technologist practitioner adheres to the AST Code of Ethics at all times in relationship to all members of the health care team.
6. The surgical technologist practitioner develops a professional attitude that will promote responsibility as an individual and as a member of the health care team.

#### **Standard II**

Preoperative planning and preparation for surgical intervention are individualized to meet needs of each patient and his or her surgeon.

#### **Interpretative Statement**

*The process of formulating in advance the direction the surgical technologist practitioner must follow in preparing for the surgical procedure involves the collection of data concerning the patient and the surgeon's preferences for the procedure.*

#### **Criteria**

1. The data collection may be accomplished through diversified means such as interview, review of records, assessment, or consultation with other members of the team.
2. Current health status deviations and/or problems are identified.
3. Preoperative diagnosis, common complications, and operative pathology relating to specific surgical procedures are understood through



- fundamental knowledge of basic sciences and procedures applicable to the surgeon's plan for surgical intervention.
4. Surgical procedure manuals or cards that enumerate surgeon's preference are current.

### **Standard III**

The preparation of the surgical suite/clinical area and all supplies and equipment will ensure environmental safety for patients and personnel.

#### Interpretative Statement

*Environmental safety and infection control are achieved by adhering to sound technical scientific principles and guidelines to minimize hazard*

#### Criteria

1. Wear required attire correctly.
2. Select and prepare necessary supplies and equipment.
3. Check all equipment for working order and report or correct unsafe conditions. Inspect emergency equipment and supplies for condition and quantity.
4. Assure physical preparation of clinical area, i.e., damp dust and place furniture.
5. Verify exposure to a sterilization process and integrity of sterile packaging. Open supplies aseptically.
6. Establish and maintain sterile field.
7. Identify and report to designated personnel conditions that may exist and could negatively affect the health, safety, and well-being of personnel.
  - a. Adhere to recommended isolation precautions.
  - b. Check electrical, laser, and radiation equipment in the operating room.
8. Demonstrate correct body mechanics.
9. Comply with all policies, procedures, and recommended practices pertaining to the use, care and maintenance of supplies and equipment.
10. Identify principles and demonstrate techniques of disinfection, sterilization, and environmental control.

### **Standard IV**

Application of basic and current knowledge is necessary for a proficient performance of assigned functions.

#### Interpretative Statement

*Knowledge of and assistance with a surgical procedure are demonstrated by meeting the anticipated needs of the surgeon and other team members.*

#### Criteria

1. Identify breaks in aseptic technique and correct and/or report same to the proper authority.

2. Display dexterity in the use of surgical instruments throughout the procedure.
3. Prepare and know the specific uses of all needed equipment and supplies, including solutions and drugs.
4. Continually maintain a neat and orderly sterile field as dictated by the sequence of the procedure.
5. Use economy in time, motion, and material in assisting the surgeon surgical team.
6. Differentiate between contaminated and clean/sterile areas.
7. Anticipate in counting procedures per established policy.
8. Appropriately prepare all specimens for laboratory analysis
9. Identify unusual or emergency situations and use sound judgment in instituting established procedures to correct them in a calm and efficient manner.

### **Standard V**

Each patient's rights to privacy, dignity, safety, and comfort are respected and protected.

### **Interpretative Statement**

*Professional behavior of the surgical technologist practitioner reflects a surgical conscience that includes legal, ethical, and moral responsibilities to each individual patient. Every practitioner is accountable for his or her acts of commission and omission that contributed to outcomes of surgical intervention*

### **Criteria**

1. The patient is transported, positioned, and restrained without bodily injury.
2. Every surgical technologist practitioner is morally and ethically responsible and legally accountable to patients for performance.
3. Physical, psychological, and spiritual needs of the patients are met.
4. The patient is respected as an individual.
5. The surgical technologist practitioner should be familiar with the Patient's Bill of Rights and statutes governing allied health practice.
6. The patient is monitored to identify deviations from expected responses requiring immediate action.
7. Events must be factually documented and records legible.
8. Patients records are verified as complete.
9. Records verify that patient care has been rendered in accordance with policy and procedure.
10. The surgical technologist practitioner should recognize the limits of individual responsibility to self, profession, and employer.

**Standard VI**

Every patient is entitled to the same application of aseptic techniques within the physical facilities.

**Interpretative Statement**

*The surgical suite/clinical area if restored to a safe environment for subsequent patient care following completion of a surgical procedure.*

**Criteria**

1. Assist with appropriate preparation of instruments and equipment for decontamination or terminal sterilization.
2. Conscientiously carry out contamination control measures.
3. Replenish necessary supplies and equipment.

TECHNICAL COLLEGE OF THE LOWCOUNTRY  
DIVISION OF HEALTH SCIENCES  
**AAS.SUR Curriculum Profile**

GENERAL EDUCATION REQUIREMENTS	SH	LEC	LAB/C L	SEM/YR	GR	NOTATION
ENG 101 COMPOSITION	3.0	3.0	0.0			
PSY 201 GENERAL PSYCHOLOGY	3.0	3.0	0.0			
HUMANITIES ELECTIVE	3.0	3.0	0.0			
MAT 110 COLLEGE ALGEBRA	3.0	3.0	0.0			
AHS 102 MEDICAL TERMINOLOGY **	3.0	3.0	0.0			
BIO 210 ANATOMY AND PHYSIOLOGY I*	4.0	3.0	3.0			
BIO 211 ANATOMY AND PHYSIOLOGY II**	4.0	3.0	3.0			
<b>SURGICAL TECHNOLOGY REQUIREMENTS FALL SEMESTER</b>						
SUR 101 INTRODUCTION TO SURGICAL TECHNOLOGY	5.0	3.0	6.0			
SUR 123 STERILE PROCESSING TECHNOLOGY	3.0	2.0	3.0			
AHS 130 SURGICAL ENVIRONMENT FOR HEALTH PROFESSIONALS	3.0	3.0	0.0			
<b>SURGICAL TECHNOLOGY REQUIREMENTS SECOND SEMESTER</b>						
SUR 103 SURGICAL PROCEDURES I	4.0	3.0	3.0			
SUR 125 STERILE PROCESSING PRACTICUM	5.0	0.0	15.0			
<b>SURGICAL TECHNOLOGY REQUIREMENTS THIRD SEMESTER</b>						
SUR 110 INTRO TO SURGICAL PRACTICUM	5.0	0.0	15.0			
SUR 104 SURGICAL PROCEDURES II	4.0	3.0	3.0			
<b>SURGICAL TECHNOLOGY REQUIREMENTS FOURTH SEMESTER</b>						
SUR 112 ADVANCED SURGICAL PRACTICUM	4.0	0.0	12.0			
SUR 105 SPECIALITY PROCEDURES	4.0	4.0	0.0			
<b>SURGICAL TECHNOLOGY REQUIREMENTS FIFTH SEMESTER</b>						
AHS 121 BASIC PHARMACOLOGY	2.0	0.0	0.0			
SUR 113 ADVANCED SURGICAL PRACTICUM	6.0	0.0	18.0			

\* Semester 1 fall co-requisite. Can be taken prior to entering the Surgical Technology Program.

\*\* Semester 2 spring co-requisite. Can be taken prior to entering the Surgical Technology Program



## **The Pledge of the Surgical Technologist**

*I solemnly pledge to myself and those present to have a:*

*Strong surgical conscience, to*

*Understand the patient's rights, to*

*Respect myself and team members, to be*

*Goal oriented, an*

*Inspiration to peers and those around me, to be*

*Compassionate, and ever watchful of*

*Aseptic technique, to be*

*Loyal to myself and my profession, exhibit*

*Trust in co-workers, maintain*

*Efficiency through continuing education, to have the*

*Courage to face any situation placed before me, to be*

*Honest,*

*Nonjudgmental,*

*Optimistic, and*

*Logical in my decisions, to be*

*Objective in self-discipline, to provide*

*Guidance to those who follow in my footsteps, to have*

*Integrity,*

*Stamina of body and mind, and to*

*Treasure Life*

**CLINICAL CASE REQUIREMENTS**

Surgical Category	Total # of Cases Required	Minimum # of First Scrub Cases Required	Additional first or second scrub role cases that can be applied towards minimum of 120
General Surgery	30	20	10
Surgical Specialties: <ul style="list-style-type: none"> <li>• Cardiothoracic</li> <li>• ENT</li> <li>• Eye</li> <li>• GU</li> <li>• Neuro</li> <li>• Ob-Gyn</li> <li>• Oral/Maxillofacial</li> <li>• Orthopedics</li> <li>• Peripheral vascular</li> <li>• Plastics</li> </ul>	90	60	30
Optional: Diagnostic Endoscopy: <ul style="list-style-type: none"> <li>• Bronchoscopy</li> <li>• Colonoscopy</li> <li>• Cystoscopy</li> <li>• EGD</li> <li>• ERCP</li> <li>• Esophagoscopy</li> <li>• Laryngoscopy</li> <li>• Panendoscopy</li> <li>• Ureteroscopy</li> </ul>			(10) - diagnostic endoscopy cases may be applied only toward the Second Scrub Role cases.
Optional: Labor & Delivery			(5) - vaginal delivery cases may be applied only toward the Second Scrub Role cases.
Totals	120	80	40

## **FIRST AND SECOND SCRUB ROLE AND OBSERVATION**

### **FIRST SCRUB ROLE**

The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. The following list is provided to identify the items that must be completed in order to document a case in the First Scrub Role. A student not meeting the five criteria below cannot count the case in the First Scrub Role and the case must be documented in the Second Scrub Role or Observation Role.

- Verify supplies and equipment needed for the surgical procedure.
- Set up the sterile field with instruments, supplies, equipment, medication(s) and solutions needed for the procedure.
- Perform 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 sterile technique as measured by recognized breaks in technique and demonstrate knowledge of how to correct with appropriate technique.

### **SECOND SCRUB ROLE**

The Second Scrub Role is defined as the student who is at the sterile field who has not met all criteria for the First Scrub Role, but actively participates in the surgical procedure by performing one or more of the following:

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

### **OBSERVATION ROLE**

The Observation Role is defined as the student who is in the operating room performing roles that do not meet the criteria for the First or Second Scrub Role. These observation cases are not to be included in the required case count, but must be documented.



**Technical College of the Lowcountry  
Surgical Technology Program**

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**STUDENT AGREEMENT**

I, \_\_\_\_\_  
\_\_\_\_\_ have received, read, and agree to abide by the policies and guidelines related to Surgical Technology.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**HEALTH HAZARD WAIVER:**

I, \_\_\_\_\_, hereby acknowledge that I have been informed of the hazards associated with my training for Surgical Technology (infectious diseases, including Hepatitis-B and HIV, exposure to radiation, laser, sharp instruments, and blood) and relinquish all liabilities of the School and of the Training Affiliates, in the event that personal harm occurs.

DATE \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_

INSTRUCTOR SIGNATURE: \_\_\_\_\_

NOTE: This Agreement will be placed in your file and kept for length of your training.