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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 his/her 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)

PROGRESSION: STANDARDS FOR ACADEMIC PROGRESS
The Health Sciences grading scale will be used to determine grades.

90%-100%  =A
82%-89%  =B
75%-81%  =C
70%-74%  =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 75.000 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 75.000 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 course taken prior to acceptance into a Health Science program must be completed with a “C” or better.
2. Program courses must be completed in the sequence outlined in the current TCL catalog. No co-requisite course may 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 This profile must be adhered to; any deviation from the sequence may result in the student being withdrawn from the program.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 2.0 grade point average (GPA) in order to progress and to graduate.
4. All curriculum requirements must be met in order 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 A no-call, no-show for any clinical experience will result in the student being withdrawn from the Surgical Technology program.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 is 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. 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 take action. 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
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 2.0 or greater
4. Completion of the last two (2) semesters of Health Sciences courses at TCL
5. Completion of all Health Sciences courses within 3 years of beginning the program
6. Recommendation of the faculty

REQUIREMENTS FOR GRADUATION AND THE AWARD OF DIPLOMA OF HEALTH SCIENCE

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

REQUIREMENTS FOR GRADUATION AND THE AWARD OF CERTIFICATE OF HEALTH SCIENCE

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”
3. TCL GPA of 2.0 or greater
4. Completion of the last two (2) semesters of Health Sciences courses at TCL
5. Completion of all Health Sciences courses within 2 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 (two years for Diploma and Certificate programs).
6. Any student who has the course sequence interrupted for more than two semesters 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.

Revised: 2.21.17/JCollins
SECTION II: GENERAL STUDENT INFORMATION

All pagers, cell phones and other electronic devices that may disrupt the classroom must be turned off during lecture and lab periods. No pagers or phones are allowed in the clinical area. No exceptions will be made. Basic calculators are allowed for quizzes/tests/exams. Palm pilots or other 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. Students may not attend clinical on any unit on which they are employed.

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. 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 mastery 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 grade for the course, laboratory, or clinical.

**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. 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.

**BULLETIN BOARD INFORMATION**
Student information bulletin boards are located in the Division of Health Sciences (Building 4) and on Blackboard. Students should check the designated bulletin board as required by the course syllabus for pertinent information. Students are responsible for information posted.
HEALTH SCIENCES COMPUTER LABS

The Health Science Programs tutorial-computer lab is available for health Sciences student use Monday – Friday from 8:30am to 4:00pm. This lab is for computer assisted instruction purposes for components of Health Sciences curricula. Course materials may not be printed form this lab. Students are requested to follow the instructions for the operation of the computers and for each program carefully.

*Under no circumstances shall food and drink be permitted in the computer lab.*

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.

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 summer semester that will cover the cost of the students’ National Certification examination. Membership must be obtained by the end of fall semester.
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 as 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.

Revised: 2.21.17/JCollins
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, assault 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 courses are acceptable:
1. American Heart Association Basic Life Support Health Care Provider
2. National Safety Council First Provider
3. Red Cross CPR for Professional Rescuers

HEALTH STATUS
All student health information is kept confidential.
1. Health Examination
   a. Students must have a Division 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 Division 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. 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 and verification of other immunizations and health status. Failure to do so will prevent the student from continuing in 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**
   a. Any student who is pregnant must have her health care provider complete the division *Changes in Health Status* form regarding her ability to perform all expected clinical functions fully, safely, and without jeopardizing the health and well-being of the student, fetus, or patient before registration each semester. In order to resume her class and clinical activities before the usual six-week period after delivery, the student must bring a written statement from their healthcare provider on the *Changes in Health Status* form. Students who do not bring these statements will not be permitted to continue their clinical experience. If a student does NOT declare her pregnancy, the Division of Health Sciences will assume that the pregnancy does NOT exist.

**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 and College Development Office 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 and College Development Office.

   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 and College Development Office the next scheduled class day, but not 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 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 21-22: Infectious Diseases)
All students are required to use standard precautions for all patient care activities. Additional precautions are indicated for care of some individuals.
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 Allied Health 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 man. 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...

The educational environment of the Surgical Technology Program at the Technology 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 3 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 a diploma in Surgical Technology, and may be eligible to sit for the National Certification Examination.
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. The program is up for re-accreditation in May, 2021.

**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.
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.
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.
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.

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 and may suggest changes in clinical assignment.
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 AND ACTIVITIES

Surgical Laboratory 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**

1. Clinical Setting
   a. Students must be in required uniform and comply with all regulations of Surgical Technology program of study. Teal scrubs, white clinical lab coats with college patch, name pins, and TCL photo ID may be worn to the hospital but must be removed during patient care activities. Scrub jackets are optional. If scrub jacket is worn it must be the same color as the uniform with a patch on the left sleeve and be worn with college name pin and TCL photo ID.
   b. Student uniforms are to be worn for college scheduled clinical sessions. Students may wear the student uniform only during activity associated with the college program. Uniforms are not to be worn in public places.
   c. Uniforms must be clean, pressed and in good repair. Plain white leather shoes with white shoelaces are appropriate. No color logos or designs. No sandals, clogs, or open toed shoes. White leather shoes with white shoelaces as appropriate.
   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
   g. Tattoos or other forms of body art must be covered.
   h. Hair must be arranged in a style that keeps it secured and off the collar. Fasteners should be of neutral color. Bows or ornate...
fasteners are not appropriate.

i. Proper personal and oral hygiene are required. 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. No communication devices will be allowed in the classroom or clinical facilities.

l. 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) Clinical instructor evaluation, 3) Case card preparation forms, 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 is an important part that 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-five (125) scrubbed cases in the scrub role. The cases must be in the specialties of General, Gynecology, ENT, Urology, and Orthopedics. Absences not only detract from experience, but also from the total number of

Revised: 2.21.17/JCollins
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.

The student will be allowed one excused absence during each clinical rotation. 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 and/or 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. Total number of absences cannot exceed 10% of the total hours of the class.

Each student will be required to maintain a clinical experience record—recording each surgical procedure for which they served as a team member (see copy attached). At the end of each section, students will transfer information from the clinical experience record to a Tally Sheet for a summary of all cases participated in during the program. Note: Surgical Procedure Cards Are To Be Completed On Each Different Surgical Case.

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

Revised: 2.21.17/JCollins
Certification of entry-level knowledge is conferred by the Liaison Council on Certification for Surgical Technologists (LCC-ST), a separately incorporated affiliate of the Association of Surgical Technologists, Inc. The LCC-ST 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 6-year period or by successfully retaking the certifying examination at the conclusion of the 6-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 an 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 draping 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.
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

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.
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, 2004

**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.

Revised: 2.21.17/JCollins
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.

Revised: 2.21.17/JCollins
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.
Graduation Requirements

I. Complete 50 semester hour credits distributed as follows:

A. REQUIRED MAJOR COURSES

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<th>Course Name</th>
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B. REQUIRED RELATED COURSES

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<th>Class</th>
<th>Lab</th>
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C. GENERAL EDUCATION REQUIREMENTS

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II A Grade of C (C=2) or better in all courses within this curriculum, with a minimum cumulative grade average of 2.00 on all college work.

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CURRICULUM CODE: 15211

DATATEL CODE: DHS.SURG

EFFECTIVE: 1/04

REVISED: 5/09

TECHNICAL COLLEGE OF THE LOWCOUNTRY

MODEL FOR SURGICAL TECHNOLOGY

CLUSTER: Allied Health Technology

DEGREE: Health Science Diploma

Recommended Semester Course Sequence

FIRST YEAR - FALL SEMESTER

<table>
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FIRST YEAR - SPRING SEMESTER

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Revised: 2.21.17/JCollins
FIRST YEAR - SUMMER SEMESTER

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TOTAL SEMESTER CREDIT HOURS REQUIRED = 50
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

When instruction is provided in the basic, intermediate, and advanced procedures outlined in the curriculum, the learner should be able to apply that information to the understanding of the following related procedures. Clinical case requirements must meet the standard case requirements as outlined in the syllabus.

I. Core
   A. Endoscopic (minimally invasive)
      1. General Surgery
         a. Colonoscopy
         b. Endoscopic inguinal herniorrhaphy
         c. Endoscopic retrograde cholangiopancreatography (ERCP)
         d. Esophagogastroduodenoscopy (EGD)
         e. Esophagoscopy
         f. Laparoscopic appendectomy
         g. Laparoscopic cholecystectomy
         h. Sigmoidoscopy
      2. Obstetric and Gynecologic
         a. Colposcopy
         b. Hysteroscopy
         c. Laparoscopic assisted vaginal hysterectomy (LAVH)
         d. Laparoscopy
      3. Otorhinolaryngologic
         a. Microlaryngoscopy
         b. Sinuscopy
         c. Temporomandibular joint (TMJ) arthroscopy
         d. Triple endoscopy (laryngoscopy, bronchoscopy and esophagoscopy)
      4. Genitourinary
         a. Cystoscopy
         b. Nephroscopy
         c. Ureteroscopy
      5. Orthopedic
         a. Knee arthroscopy
         b. Shoulder arthroscopy
B. General Surgery
   1. Anoplasty
   2. Appendectomy
   3. Billroth I
   4. Billroth II
   5. Breast biopsy with needle localization
   6. Cholecystoduodenostomy
   7. Cholecystojejunostomy
   8. Choledochoduodenostomy
   9. Choledochojjejunostomy
  10. Excision of gynecomastia
  11. Excision of lipoma
  12. Excision of Zenker's diverticulum
  13. Exploratory laparotomy
  14. Femoral herniorrhaphy
  15. Fissure/fistula repair
  16. Gastrectomy
  17. Gastrostomy
  18. Ileostomy
  19. Incision and drainage (I & D) of an abscess
  20. Incisional herniorrhaphy
  21. Insertion of infusion catheters/ports
  22. Liver biopsy
  23. Liver resection
  24. Muscle biopsy
  25. Pilonidal cystectomy
  26. Rectal polypectomy
  27. Roux-en-Y
  28. Small bowel resection
  29. Sphincterotomy
  30. Spigelian herniorrhaphy
  31. Umbilical herniorrhaphy
  32. Ventral herniorrhaphy

C. Obstetric and Gynecologic
   1. Ablation of condylomata
   2. Bartholin cystectomy
   3. Cerclage
   4. Episiotomy repair
   5. Loop electrosurgical excision procedure (LEEP)
   6. Myomectomy
   7. Oophorectomy
   8. Ovarian cystectomy
   9. Placement of radiation therapy device
  10. Salpingectomy
  11. Vainoplasty
D. Otorhinolaryngologic
   1. Glossectomy
   2. Mandibulectomy
   3. Nasal antrostomy
   4. Nasal polypectomy
   5. Parathyroidectomy
   6. Parotidectomy
   7. Salivary duct stone excision/sialolithotomy
   8. Sphenoidectomy
   9. Stapedectomy
  10. Turbinectomy

E. Genitourinary
   1. Chordee repair
   2. Circumcision
   3. Epispadius repair
   4. Hydrocelectomy
   5. Meatoplasty
   6. Orchidectomy
   7. Perineal prostatectomy
   8. Retropubic prostatectomy
   9. Urethral meatotomy
  10. Varicocelectomy
  11. Vasectomy

F. Orthopedic
   1. Achilles tendon repair
   2. Bankart procedure
   3. Bristow procedure
   4. De Quervain’s contracture release
   5. Dupuytren’s contracture release
   6. Putti Platte procedure
   7. Total ankle arthroplasty
   8. Total elbow arthroplasty
   9. Total shoulder arthroplasty
  10. Ulnar nerve transposition

II. Specialty

   A. Endoscopic (minimally invasive)
      1. Cardiothoracic
         a. Bronchoscopy
         b. Mediastinoscopy
         c. Thoracoscopy
2. Peripheral vascular
   a. Angioscopy
3. Neurosurgical
   a. Lumbar discoscopy
   b. Ventriculoscopy

B. Ophthalmic
   1. Anterior vitrectomy
   2. Chalazion excision
   3. Evisceration
   4. Exenteration
   5. Iridecctomy
   6. Iridotomy
   7. Lacrimal duct probing
   8. Pterygium
   9. Trabeculoplasting/placement of drainage shunt

C. Oral and maxillofacial
   1. Arch bar application
   2. Dental extraction
   3. Dental implants
   4. Orthognathic procedure
   5. Zygomatic fracture management

D. Plastic and reconstructive
   1. Blepharoplasty
   2. Breast augmentation
   3. Breast reduction
   4. Cheiloplasty
   5. Dermabrasion
   6. Excision nevus/basal cell carcinoma/squamous cell carcinoma
   7. Mastopexy
   8. Mentoplasty
   9. Otoplasty
   10. Palatoplasty
   11. Rhinoplasty
   12. Scar revision
   13. Suction lipectomy

E. Cardiothoracic
   1. Annuloplasty
   2. Lobectomy
   3. Lung biopsy
   4. Mitral valve commissurotomy
   5. Scalene node biopsy
6. Thoracoplasty  
7. Thymectomy  

F. Peripheral vascular  
1. Angioplasty  
2. Axillofemoral bypass  
3. Embolectomy  
4. Femorofemoral bypass  
5. Vein ligation/stripping  

G. Neurosurgical  
1. Chorodotomy  
2. Ulnar nerve transposition  

H. Related pediatric congenital defects  
1. Atrial/ventricular septal defects  
2. Bladder extrophy  
3. Branchial cleft cyst  
4. Choanal atresia  
5. Coarctation of the aorta  
6. Craniosynostosis  
7. Diaphragmatic hernia  
8. Gastrochisis  
9. Hirschsprung’s disease  
10. Imperforate anus  
11. Intussusceptions  
12. Myelomeningocele  
13. Omphalocele  
14. Patent ductus arteriosus  
15. Pectus excavatum  
16. Pyloromyotomy  
17. Syndactylyism  
18. Tetralogy of Fallot  
19. Thyrogllassal duct cyst  
20. Tracheoesophageal fistula  
21. Volvulus  
22. Wilms’ tumor  

**CLINICAL CASE REQUIREMENT LEVELS**  

1. NO LEVEL  
   
A. Bronchoscopy  
B. Colonoscopy
C. Endoscopic retrograde cholangiopancreatoscopy (ERCP)
D. Esophagogastroduodenoscopy (EGD)
E. Esophagoscopy
F. Sigmoidoscopy
G. Triple endoscopy (laryngoscopy, bronchoscopy and esophagoscopy)

2. LEVEL I

General Surgery Procedures

a. Anal sphincterotomy
b. Anoplasty
c. Branchial cleft cystectomy
d. Breast biopsy with needle localization
e. Breast lumpectomy with sentinel node biopsy
f. Excision of gynecomastia
g. Excision of lipoma
h. Femoral herniorrhaphy
i. Fissure/fistula repair
j. Incision and drainage of (I & D) of an abscess
k. Incisional herniorrhaphy
l. Inguinal herniorrhaphy
m. Insertion of infusion catheters/ports
n. Liver biopsy
o. Muscle biopsy
p. Open appendectomy
q. Pilonidal cystectomy
r. Rectal polypectomy
s. Spigelian herniorrhaphy
t. Thyroglossal duct cystectomy
u. Umbilical herniorrhaphy
v. Ventral herniorrhaphy

3. LEVEL II

a. Billroth I
b. Billroth II
c. Cholecystoduodenostomy
d. Cholecystojejunostomy
e. Choledochoduodenostomy
f. Choledochojejunostomy
g. Colectomy
h. Colon resection for Hirschsprung’s disease – pediatric
i. Common bile duct exploration (CBDE)
j. Derotation of volulus – pediatric
k. Endoscopic inguinal herniorrhaphy
1. Excision of Zenker’s diverticulum
m. Exploratory laparotomy
n. Gastrectomy
o. Gastoschisis repair – pediatric
p. Gastrostomy
q. Ileostomy
r. Laparoscopic appendectomy
s. Laparoscopic cholecystectomy
t. Laparoscopic Nissan fundoplication
u. Liver resection
v. Mastectomy with axillary node dissection
w. Omphalocele repair – pediatric
x. Open cholecystectomy with cholangiography
y. Organ procurement
z. Pyloromyotomy – pediatric
aa. Reduction of intussusceptions – pediatric
bb. Roux-en-Y
cc. Small bowel resection
dd. Splenectomy
e. Vagotomy/pyloroplasty

4. LEVEL IV

a. Abdominoperineal resection (Miles resection
b. Esophagectomy
c. Imperforate anus repair
d. Liver transplant
e. Tracheoesophageal fistula repair
f. Whipple procedure
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.