

Grayson College
Surgical Technology Program
Student Handbook
2023-2024



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Table of Contents

Faculty and Staff.....	ii
Table of Contents.....	iii
Message to Students.....	1
About the Program.....	2
Grayson Mission and Philosophy.....	2
Program Accreditation.....	3
Program Outcomes.....	4
Learning Domains.....	4
Association of Surgical Technologists Code of Ethics Statement.....	5
National Institutes of Health (NIH) Patient Bill of Rights.....	5
General Program and Course Policies.....	7
Grade Requirements.....	7
Graduation Standards.....	7
Attendance.....	2
Pregnancy.....	3
Bereavement Leave.....	3
Chain of Command.....	3
Student Rights & Grievance Policy.....	4
Test Review.....	4
Dropping A Class.....	5
Releasing Student Information.....	5
Communicating with Faculty and Staff.....	6
Financial Aid.....	6
Re-admission Policy.....	7
Licensure Notice.....	8
Student Employment.....	8
Clinical Course Policies.....	9
General Clinical Information.....	9
General Clinical Objectives.....	9
Standards of Performance and Functional Abilities.....	9
Clinical Assignments.....	10
Clinical Health Record Requirements.....	10
Required Immunizations.....	10
Liability Insurance.....	11
Health Insurance.....	11
BLS (CPR Certification).....	12
Health Science Drug Screen Testing and Criminal Background Check Policy.....	12
Verification of Compliance and Record-Keeping.....	16
Responsibilities of the Clinical Facility.....	17
Student Removal from Clinical Site.....	17

Leaving the Clinical Site Early.....	18
Clinical Expectations.....	18
College Closings.....	19
Extra Hours.....	19
Dress Code and Personal Appearance.....	19
Personal Protective Equipment (PPE).....	21
Latex Allergy.....	21
Infection Control Precautions.....	21
Exposure to Body Fluids via Mucous Membranes or Parenteral Injury.....	22
Clinical Case Requirements for Completion of the Program:.....	25
Additional Requirements.....	27
Case Log.....	27
Transportation and Parking.....	28
Clinical Documentation.....	29
Meeting Clinical Requirements for Graduation.....	29
Clinical Paperwork Required.....	29
Clinical Site Study Periods.....	29
Endorsements.....	29
Financial Stewardship.....	30
Occurrence Reports for Unsafe Clinical Practice.....	30
Disciplinary Actions Regarding Unsafe Clinical Practice.....	31
Clinical Incidents.....	31
Documentation of Student Behaviors and Incidents.....	33
Clinical Code of Conduct.....	33

Message to Students

The Program Director and faculty of the Grayson College Surgical Technology Program have developed this handbook as a general guideline for the program. Policies are subject to change or are revised periodically throughout the year. Any change or revision supersedes the existing procedure and will be at the bottom of the revised guideline. This handbook is a supplement to the Grayson College Student Handbook. It is the student's responsibility to be aware of the policies and adhere to them. In addition, the student is responsible for maintaining their respective copy of the manual with current guidelines and procedures.

About the Program

Grayson Mission and Philosophy

Grayson Mission Statement

The mission of Grayson College is Student Success.

Philosophy and Purpose Statement

According to Texas Education Code 130.003 (e) the purpose of each public community college shall be to provide:

1. Technical programs up to two years in length leading to associate degrees or certificates;
2. Vocational programs leading directly to employment in semi-skilled and skilled occupations;
3. Freshman and sophomore courses in arts and sciences;
4. Continuing adult education for occupational or cultural upgrading.
5. Compensatory education programs designed to fulfill the commitment of an admissions policy allowing the enrollment of disadvantaged students;
6. A continuing program of counseling and guidance designed to assist students in achieving their individual educational goals;
7. Workforce development programs designed to meet local and statewide needs;
8. Adult literacy and other basic skills programs for adults; and
9. Such other purposes may be prescribed by the Texas Higher Education Coordinating Board or local governing boards in are the best interest of post-secondary education in Texas.

Viking Core Values

- Balance
- Trust
- Clarity
- Teamwork
- Service
- Gratitude

Program Accreditation

The surgical technology program at Grayson College has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org/). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted.

Program Outcomes

1. To prepare students to complete the Surgical Technologist National Certifying Examination conducted by the National Board of Surgical Technology and Surgical Assisting.
2. To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
3. To provide the community with professional, competent, desirable employees and entry-level Surgical Technologists.
4. To prepare students to function as a part of the healthcare profession.
5. To prepare students to function professionally, caring, and ethically when providing patient care.

Learning Domains

1. To develop the *knowledge* of medical ethics, professionalism and the fundamentals of Surgical Technology through Lecture.
2. To develop *psychomotor skills* necessary to perform tasks effectively and efficiently in the lab under the instruction of the professor.
3. To develop *affective skills* such as compassion, ethics, leadership, respect, conflict resolution, compromise, and collaboration. These skills will be taught in lecture and integrated into the Lab for practicing a live situation to build the skills.
4. To learn procedures and techniques used in the specialized fields of Surgical Technology.

Association of Surgical Technologists Code of Ethics Statement

In 1985 the AST established a [Code of Ethics](https://www.ast.org/uploadedfiles/main_site/content/about_us/code_of_ethics.pdf) (https://www.ast.org/uploadedfiles/main_site/content/about_us/code_of_ethics.pdf) that provide guidelines for the surgical technologist.

1. To maintain the highest standards of professional conduct and patient care.
2. To hold in confidence all personal matters concerning the patient's beliefs.
3. Respect and protect the patient's legal and moral rights to quality patient care.
4. To not knowingly cause injury or injustice to those entrusted to our care.
5. Work with fellow technologists and other professional health groups to promote harmony and unity for better patient care.
6. To always follow the principles of asepsis.
7. To maintain a high degree of efficiency through continuing education.
8. To maintain and practice surgical technology willingly, with pride and dignity.
9. To report any unethical conduct or practice to the proper authority.
10. To adhere to the Association of Surgical Technologists Code of Ethics with all healthcare team members at all times.

National Institutes of Health (NIH) Patient Bill of Rights

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor. [View the NIH Bill of Rights](https://www.cc.nih.gov/participate/patientinfo/legal/bill_of_rights.html). (https://www.cc.nih.gov/participate/patientinfo/legal/bill_of_rights.html).

1. The patient has the right to considerate and respectful care.
2. The patient has the right to know, by name, the physician responsible for coordinating his or her care at the Clinical Center.
3. The patient has the right to obtain complete information about a diagnosis, treatment, and prognosis from his or her physician in easily understandable terms. If it is medically inadvisable to give such information to the patients, it will be given to a legally authorized representative.
4. The patient has the right to receive from his or her physician the information necessary to give informed consent before any procedure or treatment starts. Except in emergencies, this will include, but not necessarily be limited to, a description of the specific procedure or treatment, any risks involved, and the probable duration of any incapacitation. When there are alternatives to therapeutically designed research protocols, the patient has the right to know about them. The patient also has the right to know the name of the person responsible for directing the procedures or treatment.
5. The patient has the right to refuse to participate in research, to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of these actions, including possible dismissal from the study and discharge from the institution. If discharge would jeopardize the patient's health, he or she has the right to remain under Clinical Center care until discharge or transfer is medically advisable.

6. The patient has the right to be transferred to another facility when his or her participation in the Clinical Center study is terminated, providing the transfer is medically permissible, the patient has been informed of the needs for and alternatives to such a transfer, and the facility has agreed to accept the patient.
7. The patient has the right to privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and will be conducted discreetly. The patient has the right to expect that all communications and records about care will be treated as confidential to the extent permitted by law.
8. The patient has the right to routine services whenever hospitalized at the Clinical Center in connection with the active protocol for which he or she is eligible; these services will generally include diagnostic procedures and medical treatment deemed necessary and advisable by the professional staff. Complicating chronic conditions will be noted, reported to the patient, and treated as necessary without assuming long-term responsibility for their management. The patient may be returned for long-term or definitive care of these conditions to the referring physician or other appropriate medical resources.
9. The patient has the right to expect that medical information about him or her discovered at the Clinical Center, as well as an account of his or her medical program here, will be communicated to the referring physician.
10. The patient has the right, during the medical program, to designate additional physicians or organizations to receive medical updates. The patient should inform the Outpatient Department staff of these additions.
11. The patient has the right to know in advance what appointment times and physicians are available and where to go for continuity of care provided by the Clinical Center when such care is required under the study for which the patient was admitted.

General Program and Course Policies

Grade Requirements

Surgical Technology Students must pass didactic courses with a **75%** or higher (grade of "**C**" or better) to progress to the following sequence of classes within the program. Students must also pass clinical courses with an 80% or higher (grade of "**B**" or better) to progress to the following sequence of classes within the program. It is the responsibility of the student to be aware of his/her progress in each course.

Grades are to be determined by the following:

Percentage Range	Letter Grade
100 through 90	A - Excellent
89 through 80	B - Good
79 through 70	C - Average
74 and below	F – Fail to meet expectations

Didactic Scale (applies to lecture and lab)

Letter	Percentage	Description
A	100-90	Excellent
B	89-80	Good
C	79-75	Average
F	74 and below	Fail to meet expectations

Clinical Scale (applies to clinical only)

Letter	Percentage	Description
A	100-90	Excellent
B	89-80	Good
F	74 and below	Fail to meet expectations

Graduation Standards

Surgical Technology

Grayson College recognizes the successful completion of the Surgical Technology Program requirements by awarding a Level I Certification (Associated Degree).

The Student has completed the Surgical Technology Program after documenting the successful completion of 60 credit hours and 120 cases in the required surgical specialties. Clinical hours may vary semester to semester. This includes accomplishing a passing grade of 75% in all didactic coursework and 80% in all clinical coursework, demonstrating clinical competencies

and proficiencies as outlined by the Association of Surgical Technology (AST) Core Curriculum. Additionally, the student is required to sit for the national Certified Surgical Technology (CST) exam administered by the National Board of Surgical Technology.

Attendance

Professionalism in Surgical Technology requires accountability and responsibility in the course, lab, and clinical attendance. To meet course objectives, absences are not permitted. Regular class attendance is required for all Surgical Technology students to meet the degree requirements and the course objectives. Some classes and labs meet weekly; therefore, when students miss one day of class, they have essentially missed an entire week. An absence may create a grading deficit for the student. Attending every lecture, lab, and clinical is in the student's best interest. Class begins at the scheduled time. The sign in sheet will be available 15 minutes prior to the assigned class time, at class time the sign in sheet will be picked up and not brought back out for late students. If you do not sign in regardless of reason you will be considered absent. If you are going to be late due to unforeseen situations call or email your professor Not a classmate. Classmates do not give messages to professors.

Course, Lab & Clinical Attendance Note:

The director may only excuse an absence. Students are still required to complete any work or hours. A student may be placed on probation for attendance during the academic year. Any actions that require another probationary status for attendance will result in immediate withdrawal from the program.

Clinical attendance

Regular attendance in clinical is essential to receiving the maximum benefit from the educational experience. Clinical is a career learning experience that is critical to entry-level skills. Attendance is mandatory and viewed as a behavioral indicator of the student's sense of responsibility and accountability.

- A clinical absence during a semester can result in dismissal from the Surgical Technology Program.
- Students must **PERSONALLY** **VERBALLY** notify their clinical charge nurse no less than thirty (30) minutes before the scheduled start time whenever tardiness or absence is unavoidable. Failure to inform the charge nurse of absence or tardiness **WILL** result in a progressive discipline process. Notification of absence does not constitute an "excused" absence.
 - Notification must be given directly to the instructor by the absent or tardy student – not a classmate
 - **TEXTING** is **NOT** an acceptable communication of absence or tardiness with a preceptor.
- Student must notify charge nurse and instructor **EACH** day she/he is absent.
- If the student fails to notify the charge nurse and instructor of their absence, this is regarded as a **No Call No Show**, and the student will be placed on probation.

- To receive full credit for the clinical day (session), a student must be present for 80% of the allotted clinical session (unless cleared by the preceptor AND instructor before leaving)
- Leaving the clinical site earlier than the scheduled time, unless approved by the charge nurse, instructor/director, may be considered tardy at the instructor's discretion.

*Semester syllabi outline will have superseded this policy.

**Students who receive Veterans' Administration educational benefits must conform to attendance and academic standards established by the Veterans Administration and district policy. Further information can be received from the Director of Financial Aid/Veterans Affairs.

Pregnancy

Students must notify the Program Director once pregnancy is confirmed to protect themselves and the fetus. Potential risks to the fetus are related to the nature of the work during the clinical experience.

Pregnant students must provide a written statement from the primary care provider verifying the duration of the pregnancy and approving continuation in the program. Students must submit a doctor's permission slip to return to clinical rotations if delivery occurs during the Surgical Technology course.

Bereavement Leave

The purpose of Bereavement Leave is to provide students with up to three consecutive days of leave in the case of a death in their immediate family. Students must provide proof (obituary notice).

“Immediate family” for this policy is defined as the student's spouse, mother, father, sister, brother, children, grandparents, grandchildren, mother-in-law, father-in-law, sister-in-law, brother-in-law, or other persons who occupy the same role in the family of the student. A student's step and foster relationships with the above are included in the definition of “immediate family.”

Chain of Command

Students in the Surgical Technology programs will follow the chain of command for grievances. All students must follow this program's guidelines. Any student not following the chain of command will be sent back to the individual with whom they have the grievance. The chain of command is as follows:

1. Discuss all problems/issues with the individual involved, whether a fellow student, instructor, program staff, program director, Dean, etc.
2. In rare cases where you cannot take the complaint to the individual or have tried this with no resolution, take this to the instructor. The instructor will follow up and give you a report.

3. If the situation involves the instructor, see steps one and/or two. If the grievance remains unresolved, take the issue to:
 - a. The program director or
 - b. The clinical coordinator if it involves clinical instructors or clinical facility.
4. Contact the Dean of Health Sciences if the situation remains unresolved.
 - After investigation, the appropriate person will report to you on the issue. However, this does not mean that the individual responsible for assisting you in resolving this situation will tell you the outcome of the investigation or the penalties assessed (if any).
 - Students are instructed to follow the chain of command. Disrespect of the chain of command is considered unprofessional behavior.
 - It is unprofessional to discuss issues or problems with those not directly involved.

If an individual is believed to have violated the college or program code of conduct, that individual is subject to disciplinary action. The individual may be asked to participate in specific training geared toward helping the individual deal with challenging situations more appropriately. Repeated incidences may result in written advising and/or (depending upon the seriousness of the problems) dismissal from the program.

Student Rights & Grievance Policy

The Health Science Department ascribes to and follows the policy established by Grayson College and located in the Grayson College Student Handbook and the Grayson College Policy and Procedure Manual (Policy FL local) located on the college website at www.grayson.edu. Students shall be free to make use of the established appeal procedures without fear of prejudice, discrimination, restraint, coercion or reprisal of any nature. A formal grievance procedure (Policy FL local) is available if a student believes unfair treatment has occurred. The procedure followed during the appeal process shall give full cognizance to due process. The purpose of this policy is to secure at the lowest possible level, prompt and equitable resolution of complaints, including those alleging discrimination (race, religion, color, gender, age, national origin, or handicapping condition), unfair academic treatment, or interference with the peaceful exercise of first amendment rights.

The student should first meet with the course professor and then, if unable to resolve the differences, should file a written appeal to the Associate Dean or Dean in accordance with the grievance procedure. Whenever meeting with faculty or administrative personnel, students have the right to waive their privacy rights and request the presence of an additional person of their choice.

Test Review

The faculty will decide if Test Review is available to their students. Test reviews are optional for students. Exams will **NOT** be given back to the student for review.

Dropping A Class

Prior to the Census date, students may request to drop a course in the Success Coach Offices. After the census date, students must initiate the drop process with their instructor. Students cannot drop a course by leaving a message on voicemail. Students must drop prior to the Drop deadline to receive a “W.” Distance Learning students or emergency withdrawals can seek assistance by contacting their Success Coach via email. Dropping a course may negatively affect financial aid, so students are encouraged to consult the Financial Aid Office prior to dropping a class.

A Surgical Technology student should contact the Program Director before initiating a drop or withdrawal from a course and, thus, the program. Exit interviews are **mandatory** and must be scheduled with the Director. A student who discontinues class and/or clinical attendance and does not officially drop the course will receive the earned grade for the course.

Releasing Student Information

It is becoming more common in today's job market for healthcare service, human resources, personnel, or recruiting offices to call or write requesting information concerning an applicant.

The applicant may be a graduate or a student applying for a Surgical Technology position.

To comply with The Family Educational Rights and Privacy Act of 1974, the Central Sterile Processing and Associate Degree Surgical Technology program has developed this policy:

1. A student must sign a release form allowing Surgical Technology faculty to give information to healthcare service, personnel manager, or any other letter of reference requested. This release form will become a permanent part of the student's file. The student may request that the form be removed from the file at any time. Without a signed consent form, no information other than directory information such as name, address, telephone number, degree received, and graduation date may be given. (See Credential File Request Form). **ALL** requests of faculty for letters **MUST** be in writing. If requesting references from multiple faculty members, each faculty member should receive a separate Request Form.
2. The student is expected to obtain consent from a faculty member before any written recommendations.
3. Information can come from grade reports, clinical evaluations, and the final summary.
4. Faculty giving the information should document the name and the position of the person requesting/receiving the information and record it in the student's file.
5. A summary letter should be mailed to the person who requested the information. A copy should be retained for the student's file.
6. Faculty who receive forms to complete for reference purposes on a student should make a copy of the completed form for the student's file.

7. Telephone references are given.
8. Students should request the letters a minimum of two weeks before they are needed.

Communicating with Faculty and Staff

The faculty supports the students as they learn and grow through various experiences here at Grayson College. It is unprofessional to contact an instructor via their cell phone unless it's a class-related issue or if they are your clinical instructor. Therefore, certain things should be considered when communicating with the faculty.

Students shall not communicate with any instructor via social media applications. Students are not to "Friend" instructors on any social media platform until after graduation.

1. Do not drop off documents to the professor unless previously discussed. All documents should be emailed.
2. Do not leave papers on a faculty's desk.
3. Utilize faculty office hours for discussion of classroom and clinical matters.
4. Absences should be reported in compliance with the policy. Otherwise, leave messages via the instructor's office phone, Surgical Technology Department (903)463-8688, or Viking mail or Canvas.
5. **Do not** slide papers under locked office doors. These can easily be mistaken for trash and thrown away.
6. Faculty and staff at clinical facilities should be addressed by their preferred pronoun. **First names should be avoided.**
7. Office hours are posted and available for communicating with the instructor.
8. It is the policy of the Surgical Technology program that faculty will not expect or accept gifts of any value from students during their enrollment.

Financial Aid

As a service to Grayson College students, the Student Financial Aid Office administers a financial aid program that includes scholarships, grants, loans, and part-time employment. The financial aid officers are trained to assist students in realizing their goals.

The primary purpose of the College's financial aid program is to aid students who otherwise might find it difficult or impossible to attend college. All students are encouraged to apply for financial aid. All financial aid students must be aware of the standards of academic progress. For more information, call 903-463-8794 or financialaid@grayson.edu.

The following financial aid programs are available to Grayson College students:

- a. Pell Grant,
- b. Federal Supplemental Educational Opportunity Grant (FSEOG),
- c. Texas Public Education Grant (TPEG),
- d. Texas Equalization Opportunity Grant (TEOG)

For eligible students. [Information on eligibility and grant requirements.](#)

Please refer to the college catalog for further information.

Re-admission Policy

If a student withdraws from the college or the surgical technology program, does not pass the surgical technology course with a "C" or above. In that case, the student has the option of applying for re-admission with adherence to the following criteria:

1. the student remains in good standing with Grayson College;
2. the exit interview process with the Director of Surgical Technology has been completed and filed;
3. letter of recommendation by **two** surgical technology faculty are on file supporting the student's request for readmission;
4. cumulative GPA of 2.0 or above is maintained (4-point scale);
5. application for readmission into the program is on file in the student's records.

Re-admission is considered on a space-available basis. Each student will be ranked according to the "point system" for initial admission. The student must be readmitted at the level where the student was unsuccessful. Re-admission will be considered the student's second admission into the program. If the student withdraws or fails again for any reason, the student is not eligible for another admission into the program. The program director and faculty can consider appeals for re-admission if extenuating circumstances exist. Students who fail a surgical technology course because of unsafe clinical performance are not considered for re-admission.

Suppose a student requests re-admission into the program after 12 months or more. In that case, the student can be considered a new admit providing the existing criteria for admission/readmission are met. However, the student will not be reconsidered for another admission if the program is not completed once re-admission has been granted. Readmitted students who have previously been on any type of contract do not continue on the contract, but a new contract must be initiated if applicable or needed.

All students accepted for re-admission must complete all skills at 90% proficiency to the point of admission with a maximum of two attempts before beginning the semester.

All students accepted for re-admission must demonstrate proficiency in completed theory courses by passing a comprehensive examination with 70% proficiency with a maximum of 2 attempts. If the student is unsuccessful at passing the examination at 70% on the first attempt, mandatory remediation is required. If the student is unsuccessful at passing the examination at

70% on the second attempt, the student will be ineligible for re-admission to the Grayson College Surgical Technology program.

Licensure Notice

According to the Texas Higher Education Coordinating Board (THECB), students who have been involved with the criminal system, please be advised that your background could keep you from being licensed by the state of Texas. If you have a question about your background and certification, please get in touch with your faculty member or department chair. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

Student Employment

It is highly recommended that the student limit full-time work to fewer than 20 hours per week so that they have time to study the material that is required to complete this program successfully and arrive to classes, clinical sites, and on or off-campus meetings well-rested and ready to perform.

The health and safety of patients, students, and faculty associated with the educational activities of the student must be adequately safeguarded. All student activities associated with the curriculum, especially while students are completing clinical rotations, must be educational in nature. Students **must not be substituted** for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.

Surgical technology students **may** be paid while in the clinical portion of their education; however, **they may not be substituted for paid staff**. We recommend the program keep evidence of students' job descriptions and/or job titles, if students are working at the same facility that they are doing their clinical rotations at, to ensure students are not being substituted for hired staff in the capacity of surgical technologist.

Clinical Course Policies

General Clinical Information

The Surgical Technology students will receive instruction in the fundamentals of all sterile processing and surgical technology areas. To complement academic training, the student will rotate through area hospitals. This will help the student to develop his/her surgical technology skills previously learned in the classroom/lab and the corresponding application to actual patient care.

General Clinical Objectives

1. To introduce the student to the hospital environment and to familiarize him/her with the Surgical Department.
2. To allow the student to develop a rapport with patients and other healthcare team members.
3. To develop the student's knowledge of medical ethics.
4. To develop psychomotor skills necessary to perform tasks effectively and efficiently.
5. To learn procedures and techniques used in the specialized fields of Surgical Technology.

Specific student learning outcomes for each clinical course are included in the corresponding syllabus.

Standards of Performance and Functional Abilities

In keeping with college policy, the Surgical Technology Program has developed competencies in physical functional ability as a core for performance standards. These physical competencies are considered predictors of success in the Surgical Technology program and the career workforce.

The functional abilities/core performance standards for the program are:

- Extended walking and standing daily
- Ability to grasp, push, and/or pull
- Ability to bend and stoop
- Moving quickly in response to an emergency
- Using upper body movements
- Ability to reach
- Carrying and moving equipment
- Reaching and/or lifting

- Vision that allows detecting physical changes
- Hearing that allows responding to physical and verbal cues
- A sense of touch that allows for assessment and palpation

All students must meet these functional abilities with or without accommodations to function safely and effectively in various professional settings. Adaptations most frequently reported as being used by healthcare workers include hearing aids, eyeglasses or contact lenses, adaptive phones or listening devices, and calculators. Students who may need physical accommodations to perform in the program successfully are encouraged to contact the college early in the application process to explore the need and resources for accommodation.

After conditional admission to the program, students are asked to complete a Functional Abilities/Skills Assessment Form. This form identifies areas of physical ability for which the student may need an accommodation to be successful in the program. Students who self-disclose accommodation needs will be referred for evaluation.

The only acceptable level of performance is 100% accuracy at all times. Specific procedures, by their very nature, have inherent vagaries or variations. Where standards are stipulated in the objectives as a guide for performance evaluation, we would request that the Clinical Instructor state clearly for the student, before the initiation of evaluation, the degree of accuracy expected for satisfactory perform.

Clinical Assignments

A student may be sent to any facility where Grayson College has a current affiliation agreement. Assignments will be made by consultation between the Program Director and Clinical Coordinator. Exceptions to assignments or changes in assignments will only be made in extreme circumstances or at the facility's request. **Only students with satisfactory standing in Surgical Technology (SRGT) coursework will be eligible to begin clinical training.**

Clinical Health Record Requirements

Every student accepted into the Surgical Technology Program must have a current medical statement completed by the student's primary healthcare provider (physician). These are submitted only once at the start of the student's enrollment into the program.

Required Immunizations

All persons planning a career in the Health Sciences must meet certain requirements mandated by state law or the clinical agencies where students are involved in patient-related activities. These requirements have been developed to protect both patients and students and must be met before participating in any required clinical education. In addition to the requirements listed, some programs in the Health Sciences Pathway may have additional requirements. Students in all programs in the Health Sciences Pathway must show proof of the following immunizations (or a positive titer) before participating in clinical education:

- Hepatitis B (this is a series of 3 shots requiring 6 months to complete)

- Measles, Mumps, Rubella (MMR)
- Tdap (within the last 10 years)
- Varicella (Chicken pox)
- Flu vaccine for most current flu season

In addition to immunizations, students in the Health Sciences Pathway must show proof of a negative tuberculosis test annually, show proof of current CPR certification (American Heart Association Healthcare provider level), and pass a drug screen and criminal background check prior to attending clinical education.

Copies of records from physician’s offices, public health department, public schools, other colleges and the military are acceptable. Students should provide a copy of the records. Please do not turn in the originals.

Note: If titers come back negative, you must show previous lab results of the negative titer and repeat that immunization series. After the series is repeated, the titer must be repeated.

Information on immunizations can be accessed at the Texas Department of Health’s website: <https://www.dshs.texas.gov/immunizations>

The results of these tests must be submitted to SurScan and the director/clinical coordinator as notated above. The costs of these tests are the student’s responsibility.

Students must not be infected with any infectious disease which could be transmitted to patients.

Liability Insurance

Grayson College requires professional liability insurance coverage on all students and faculty in the Associate Degree Program. Liability insurance is required before the student may attend clinical. Payment for insurance coverage is included in tuition and fees. Additional information concerning this coverage is available through the Office of the Dean of Health of Sciences.

Health Insurance

Grayson College District does not make personal health insurance coverage available to its students, and it is the student’s responsibility to provide for his/her own health needs. The college and the clinical affiliates (per our agreement with the facilities) have no responsibility for the student’s health care. **Any personal, health-related expenses incurred during the course of clinical training are the student’s responsibility**

Students may be required to have health insurance coverage while in clinical training and will be asked to provide proof of personal medical coverage before starting clinical rotations.

BLS (CPR Certification)

The American Heart Association Basic Life Support (**BLS**) for Healthcare Providers certification is required of all students in the Surgical Technology program. Students must submit a copy of their CPR card before the first day of class. CPR certification is current for two years. If your certification expires before completion of the surgical technology program or central sterile processing, you will be required to renew it to continue in the clinical course. Online CPR classes are not acceptable.

Health Science Drug Screen Testing and Criminal Background Check Policy

(Adopted by HS Depart. 07/2022)

Drug Screen Testing and Criminal Background Check Policy – Students

The Grayson College Student Code of Conduct states: The following behavior shall be prohibited: use, possession, control, manufacture, transmission, or sale, or being under the influence, of a drug or narcotic, as those terms are defined by the Texas Controlled Substances Act, or other prohibited substances, unless under the direction of a physician; the use, possession, control, manufacture, transmission, or sale of paraphernalia related to any prohibited substance; the use, possession, control, manufacture, transmission, or sale, or being under the influence, of alcohol or other intoxicating beverage without the permission of the College District.

In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students.

In keeping with community health standards, health science students are required to have substance abuse screening at the student's expense initially and randomly throughout the course of their enrollment in health science clinical courses. Health Science students pay for the initial drug screen as well as random drug screens throughout the course of the program through non-refundable registration fees.

Drug Screen Testing

1. Drug screening via urine collection must be conducted on all newly enrolled students. Timing of the drug screen must be no greater than 30 days prior to the first day of the first clinical rotation post-enrollment. All urine samples will be obtained by a company selected by the college and processed at a certified *SAMHSA (Substance Abuse and Mental Health Services Administration)* laboratory. At least one drug screening time will be scheduled for each class at the college campus. Upon instruction, the student will provide a photo ID (State issued driver's license is preferred) at the time of the specimen collection. The collection techniques will adhere to strict guidelines following chain-of-custody protocol. The company will perform a *Healthcare Professional 10-panel* with integrity checks for creatinine and pH levels. Test results that fall outside any of the

acceptable ranges will be considered presumptive-positive tests and will automatically be sent for a separate confirmatory test by a *gas chromatography mass spectrometry (GCMS)* method. If the results remain non-negative, a Medical Review Officer (MRO) will call the student to determine if there is a valid prescription for the drug in question. If a valid prescription exists, the test result is deemed to be “negative” and acceptable.

2. The student **must** complete drug screening at the time requested by the program. Failure to do so will be interpreted as a refusal for drug testing and the student will be withdrawn from the program and/or clinical course. If a student is present in class at the time of a random screening, then the student is required to submit for testing at that time. If the student leaves the building during a drug screen collection, it shall be interpreted as refusal to submit to testing and the student will be withdrawn from the program. If a student is absent when the screening is performed, whether scheduled or random, he/she will be notified. The student must be screened at a designated location, and within a time frame specified by the Program Director and / or Dean. Failure to do so will be considered to be a refusal to submit to testing and the student will be dismissed from the program and / or clinical course
3. Any evidence of tampering with a drug screen will be grounds for immediate dismissal. This includes submitting a sample outside the temperature parameters set for acceptable urine specimens.
4. Students who transfer into a health science program after the first clinical course will be responsible for the cost of the drug screening at the time of testing (money order or cash).
5. Random screening of students in health science courses may be performed at any time during enrollment. No less than 10% of a class may be selected when random screening are performed. Any time that a student’s behavior causes a faculty member to suspect substance abuse, the student may be screened at that time.
6. The Program Director or designee will review all drug screen results. All drug screen results will be maintained until the student has graduated or has not been enrolled in a health science program for 1 year.
7. Initial drug screen results will be honored by all clinical agencies for the duration of the student’s enrollment in the program if the participating student has not had a break in enrollment, or unless results change due to a random drug screen. A break in enrollment is defined as nonattendance of one full semester (Fall or Spring) or more. Students returning to clinical courses after a break in enrollment must be re-tested. Attestation of the satisfactory results / compliance must be provided to the participating hospital / agency prior to the student’s rotation start date.
8. A student with a positive drug screen will be notified by the Program Director. A positive drug test is defined as a medically acceptable drug test, approved by Grayson College, the results of which indicate the use of illegal drugs. Illegal drugs are defined as those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug

also includes those drugs taken by an individual which exceed the prescribed limits of a lawful prescription or the taking of a prescription drug without a valid prescription.

9. If a student wishes to contest a positive drug screen, the student must make this request in writing to the Program Director within five days of learning of the positive result. If contesting the results, the student must make this request in writing and pay for the repeat test. The repeat test will be conducted on the original urine specimen. The collection and testing of a second specimen is not permitted. Once the repeat test is completed and confirms a positive drug test, no further appeal is permissible. A student with a positive drug screen, refusal to submit, or evidence of tampering will be required to withdraw from the related course(s), and will not be eligible to re-enroll in any clinical course for a period of twelve months. Upon re-enrollment (if allowed by program policy), individual health science programs may require additional testing and/or documentation of counseling or treatment. Students may be subject to further drug screen testing if required by a clinical facility or if the student is suspected of substance abuse at any time during their enrollment in a health science program.
10. Faculty reserve the right to dismiss any student from clinical should the student exhibit signs of alcohol intoxication, or should the student arrive at clinical smelling of alcohol. This will be considered a clinical absence and the student will be counseled by the appropriate Program Director as to the consequences of this action.
11. A positive drug screen for marijuana metabolite is still considered a failed drug screen, regardless of whether a student uses only CBD (Cannabinoid) products. If enough THC is present, it will be a positive result on a urine drug screen. **This means that using CBD products may result in a positive drug screen.**
12. Substance abuse problems may prohibit a graduate from taking the licensure or certification exam. Nursing students should access the Texas Board of Nursing for further information at www.bon.state.tx.us/ or call the Board of Nursing at 1-512-305-7400.

Criminal Background Checks

In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students. All students must have a negative criminal background check before beginning the first clinical course.

Criminal background checks will review a person's criminal history at least seven years back from the date of application. The check will include the cities and counties of all known residences.

- Prior to the start of clinical rotations, criminal background checks will be performed. The Grayson College Health Sciences department will make arrangements with a Consumer Reporting Agency that operates under the Fair Credit Reporting Act designed to ensure quality assurance quality screening. This background check is in addition to the FBI

Background check required by the Board of Nursing prior to admission of nursing students.

The student must submit the required information for a criminal background check by the scheduled date. Failure to do so will be interpreted as a refusal to submit to a criminal background check and the student will be withdrawn from the program and/or clinical course per program policy. Random submission of background checks may be required at any time in a student's enrollment in a clinical course. Cost of one criminal background check is paid through non-refundable registration fees. Students who transfer into a health science program after the first clinical course, those who are returning after a one semester break in enrollment, or students who are required to submit to a random background check will be responsible for the cost of the background check at the time it is completed (money order or cash).

- The following may disqualify a Health Science student from consideration for the clinical rotation:
 - a. Felony convictions
 - b. Misdemeanor convictions, misdemeanor deferred adjudications or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
 - c. Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, theft under \$1,500, crimes of fraud, etc.)
 - d. Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
 - e. Registered sex offenders
 - f. OIG, GSA and Medicaid Sanctions
 - g. Terrorist Suspect List
 - h. Pending charges and warrants for arrest
- Program specific exceptions based on state credentialing standards will be considered on an individual basis by the Program Director, Division Dean and clinical agency representative. Contractual agreements stipulate that criminal background check results will be provided to the clinical agency where the student rotation is taking place. Background check results will be honored for the duration of the student's enrollment in the program if the participating student has not had a break in enrollment, or unless results change. A break in enrollment is defined as nonattendance of one full semester (Fall or Spring) or more. Attestation of the satisfactory results / compliance must be submitted to the participating hospital / agency prior to the student's rotation start date.

The following convictions or deferred adjudications at any time in the past will constitute an absolute bar to participation in clinical rotations. Criminal homicide; kidnapping and unlawful restraint; indecency with a child; sexual assault; aggravated assault; injury to a child; aiding

suicide; agreement to abduct from custody; sale or purchase of a child; arson; robbery; aggravated robbery; conviction under the laws of another state, federal law, or the uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed previously; felony conviction for theft which occurred within the previous five years and any other offense that the facility may impose.

In some Health Science programs the Program Director may request an exception from the first clinical agency for a student with a felony deferred adjudication (other than 2d above) and no alternative recourse through a licensing / registry authority. Following approval from the clinical agency, the student may progress according to individual program policies.

The Program Director or their designee will notify the student either verbally or in writing if anything in the student's record indicates a situation barring the student from clinical rotations. If the student is deemed ineligible for clinical rotations due to criminal history record, the student will be required to withdraw from the program and/or related courses as stipulated by the individual program.

Information obtained from any background check/registry search will be maintained until the student has graduated or has not been enrolled in a health science program for one year.

If a student is listed as revoked in the Nurse Aide Registry or is listed as unemployable in the Employee Misconduct Registry, the student may be barred from certain clinical rotations. The student will be notified, and, if the inability to complete the rotation prevents the student from completing the course requirements, the student may be dismissed from the program. The notification will include the existence of the registry listing, the student's ineligibility for participation in clinical rotations due to the registry listing, and how to address a possible inaccurate registry listing (i.e. by calling TDHS registry administrators at 1-800-458-9858) if appropriate.

Students will be given information regarding how to address possible inaccuracies in the criminal history record, such as the opportunity to be heard by Texas Department of Public Safety (TDPS), pursuant to Texas Health and Safety Code, 250.005

Verification of Compliance and Record-Keeping

Verification of compliance with these procedures will be sent to the designated representative of the clinical facility before the clinical rotation start date. Verification is accomplished by sending an attestation letter from the program on college letterhead stating that these standards have been met by the student/faculty, listing the student's/faculty's full name and clinical rotation start date. If more than one student attends a clinical rotation, a comprehensive list with all students/faculty's names will be submitted.

The program will inform the students/faculty of the requirements as put forward by the affiliated facility and stated above before enrollment. This will give students/faculty prior notice and an opportunity to decline the clinical training before investing their time and money in the class.

Responsibilities of the Clinical Facility

Grayson College has current affiliation agreements with all the clinical facilities where our students do clinical rotations. The clinical affiliation agreement is the legally binding document that sets the guidelines for the college and the facility. The following is merely a reflection of the agreement for clarification purposes and does not supersede the agreement:

1. The Facility will permit students of Grayson College to practice Surgical Technology under the supervision of College faculty or designated individuals in the department. The individual faculty member will be responsible to the liaison person designated by the Facility for Surgical Technology student activities.
2. The period of assignments shall be during regular Grayson College academic sessions, except in unique arrangements.
3. Grayson College will provide the Facility with the names of the students entitled to use the resources of the Facility under the terms of their agreement.
4. The student agrees to abide by rules, regulations, and policies set forth by the clinical site's surgery department. The student must respect the supervisor's authority and chain of command while functioning in the clinical facility. If the facility's surgical services policies or procedures conflict with college policy, please notify the Clinical Coordinator of Surgical Technology immediately.
5. The Facility further agrees:
 - a. To maintain the criteria for accreditation as established by the Joint Commission for Accreditation of Healthcare Organizations or other appropriate accrediting agencies.
 - b. To provide Grayson College with the necessary space in facilities for conference and classroom areas for student teaching, as available and necessary.
 - c. To allow students and faculty members of Grayson College to utilize the Facility's eating facilities at the student and faculty's expense (sometimes at a reduced rate consistent with employees).

Student Removal from Clinical Site

Clinical sites have the right to refuse any student for clinical assignment. If the student's performance or behavior results in being denied placement, the student will receive a "0" and a grade of "D" for that assigned rotation. A meeting will be scheduled with the Surgical Technology Committee. The severity of the offense will determine if further sanctions will be issued, such as probation, dismissal, and a grade of "F" for the course.

If denial of clinical assignment affects the student's ability to meet the program competency requirements, the student will be removed from the surgical technology program.

Leaving the Clinical Site Early

Students must be at their clinical site 80% of the time to receive daily credit. A student leaving early from clinical is considered an absence unless the facility has sent the student home due to lack of cases or work, and the clinical instructor has been informed before leaving. Students who request to leave the clinical site early for personal reasons will be absent for the whole day. If the clinical site requests that the student leave early for any reason that is not related to the student, the student may then leave without penalty. If this time is before 3:00 pm, he or she must report this to his or her instructor and/or clinical coordinator immediately prior to leaving the clinical facility. The instructor/coordinator will be able to instruct the student on how to account for their clinical time.

Clinical Expectations

Each semester, students are expected to attend clinical as designated. Specific clinical behavior is expected to meet the objectives of each course satisfactorily. These include:

1. No children, family members, or significant others will be allowed on clinical units for any reason at any time.
2. Students will prepare for clinical the day before by obtaining assignments if available. Clinical preparation at the hospital involves reading the assigned cases(s), obtaining information from the staff when appropriate, and introducing yourself to the staff.
3. Students will go to clinical in full uniform, even on days they will be changing into the hospital's scrubs for the clinical experience.
4. The school uniform will never be worn to other work-related activities. The Grayson College surgical technician uniform is to be worn only for school-related activities or clinicals.
5. Students will arrive by the designated time to clinical each day.
6. If a student expects to be late, the student will call the clinical instructor and the assigned facility (Hospital, Day surgery, etc.) 30 minutes before clinical begins.
7. Students will address their peers and patients with their proper surnames. Use Mr., Mrs., Ms., Dr., etc., when communicating with them unless otherwise directed by the client.
8. Students will be courteous to their instructors, peers, hospital staff, physicians, and others at all times.
9. The student will not participate in or observe any clinical activity without the permission of the educator, preceptor, or instructor, i.e., activities off of the unit.
10. **No photocopies of parts of the patient record or surgery schedule will be allowed. Computer printouts can be used during clinical time but cannot be removed from the surgery unit.** If this occurs, it can be grounds for disciplinary action. Any forms with

patient information **MUST** be disposed of appropriately according to hospital HIPAA policies.

11. Students must adhere to their clinical instructor's expectations for each rotation.
12. All students must carry health insurance.
13. Chewing gum is **not** allowed during the clinical experience.
14. All electronic devices (phones, iPad, etc.) are not allowed and must remain in the car or locker.
15. Students are only permitted in the lounge during lunch, breaks, and delayed cases.
16. Once scrubbed in, the student must remain standing at all times except in seated procedures.

Student behavior of noncompliance to program or college policies and procedures will result in actions determined by the Clinical Coordinator and Program Director.

College Closings

Clinical will be canceled if the college closes for any reason (including inclement weather). No students are to attend clinical on these days. The student must notify the clinical site immediately of his or her absence due to the college closing.

Extra Hours

Students can only work the maximum hours assigned per semester per clinical day. Students may not "bank" clinical hours either; if a student has met their hour requirements, they must still attend clinical, or it will be an unexcused absence.

Dress Code and Personal Appearance

Badges

Student picture IDs must be worn to clinical each day. The student must purchase program-approved picture IDs during the school's first or second week. If the student loses the name tag, it is the student's responsibility to replace it promptly. Students cannot access surgery centers or hospitals without proper identification. (Students must arrange replacement badges through the Director of Surgical Technology.) The ID badge that identifies the Surgical Technology student expires at graduation. If a student is a "stop-out" that graduates later, the student must have a badge re-issued with the new graduation date. Students must return ID badges to the Clinical Coordinator upon completion or terminate the program for any reason. Lost badges must be immediately reported to the Clinical Coordinator. **If the clinical site issues a badge, the student is responsible to return the badge to the clinical site at the end of the semester. Failure to return the badge can result in a withholding of student grades.**

Uniform

Any student out of the dress code will be sent home unexcused from the clinical site. In keeping with the professional atmosphere of the hospital, the student will adhere to the following dress code during all clinical assignments and classes (students will follow the dress code of the assigned facility in the event of a conflicting dress code). To ensure the Grayson College Surgical Technology Program is readily recognizable as a **STUDENT** (not a practitioner) and is neat and professional in appearance, the following code is to be adhered to by all students in the program:

- Scrubs:
 - Surgical Technology Scrubs: All baby-blue scrub pants and scrub tops must be purchased through the bookstore: No variation of color is allowed, and no colored lines are allowed; the scrubs **MUST** be Baby-Blue No underclothes shall be visible. No fleece, cotton, or any material that can shed lint or materials are allowed. Please check with the clinical coordinator that the scrub jacket is acceptable.
 - ID Badge attached to scrubs above the waist.
 - Socks: Clean
- All leather and impenetrable shoes must be worn; these shoes must be clean, in reasonably good condition, and free of holes.

Student uniforms are only to be worn to the clinical site, college campus, and during specific activities related to the program. If the hospital provides scrubs, students must still wear uniforms in and out of the clinical site.

Personal Appearance

The following guidelines apply to **ALL** students:

- Students must be neat and clean.
- Fingernails shall be polish-free and neat, and clean. All fingernails must be trimmed to no more than 1/4 of an inch. Artificial nails are strictly prohibited.
- Hair shall always be clean, well-kept, and natural in color. Anytime the student is in the main operating room, he or she must keep his or her hair underneath an approved scrub hat.
- Facility Hospitals must approve Fake/False eyelashes while in the program.
- Facial hair is to be kept neatly trimmed and always clean. Facial hair must be covered in the operating room.

- There shall be no jewelry allowed in the OR, including necklaces, earrings, body piercings, ribbons, watches, bracelets, or rings of any kind, including marital.
- No cologne, perfume, body sprays, etc., are to be worn to the clinical site.
- Students must always maintain personal hygiene. Each student should have clean skin free of soil and debris, i.e., dirt under the fingernails, dirt/oil on the skin, dirty hair, etc. Also, the student must be free of body odors.
- The uniform and personal hygiene must meet ALL requirements, or the student is considered out of the dress code.

Personal Protective Equipment (PPE)

While scrubbed in, the student must **always** have the appropriate PPE on. This includes but is not limited to:

1. Eye Shields-Eyeglasses are not enough for eye protection; the shield must cover the entire eye area, including the sides. Also, if the student performs a case with a laser, the appropriate laser eyewear shall be worn.
2. Eye Shields-eyeglasses and masks must be worn during all cases, including cases considered “dirt,” ex. cysto, mouth/throat.
3. Appropriate Surgical Mask-This includes respirators, laser masks, etc. Double Gloving-all students must double glove.

Latex Allergy

Latex exposure may result in skin rashes, hives, flushing, itching, nasal, eye, or sinus symptoms, as; asthma (rarely) shock. This statement is provided to notify students of the possible risk of latex allergies. Notifying the Clinical Coordinator if you are or become allergic/sensitive to latex products is essential.

Infection Control Precautions

Definitions

Standard Precaution is a two-tiered system of hospital isolation precautions. In the first tier, those precautions synthesize the significant features of Universal Precautions (UP) as defined by the Centers for Disease Control (CDC). These precautions are designed to reduce the risk of transmission of bloodborne pathogens and apply to all patients 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 are designed to reduce the risk of transmission of microorganisms from recognized and unrecognized infection sources in hospitals. The second tier of care, known as transmission-based Precautions, is designed to

prevent transmission of pathogens specifically documented or suspected of being infected with highly transmissible or epidemiologically important pathogens.

Responsibility

It is the responsibility of the Surgical Technology student to comply with Standard Precautions in the clinical setting & Grayson College Laboratory Setting.

Exposure to Body Fluids via Mucous Membranes or Parenteral Injury

(H.S. Program Policy, 07/2022)

Following body fluid exposure to any source person through a needle stick, sharps-induced injury, or exposure via mucous membranes, Grayson College employees and students should take the following steps:

- Wash the wound and skin sites exposed to blood and body fluids with soap and water.
- For percutaneous injuries (those that break the skin) where bleeding occurs, allow bleeding for a few seconds before washing with soap and water.
- Flush mucous membranes exposed to blood and body fluids with water.
- Topical use of antiseptics is optional.
- Do not apply caustic agents, such as bleach, onto the wound or inject antiseptics or disinfectants into the wound.
- Immediately inform the clinical or lab instructor, preceptor, or person in charge, of the exposure type and the action taken.

Once informed, the instructor or person in charge should take the following actions:

- Assess the exposure to determine the risk of transmission.
- Inform the source person (i.e. patient in the clinical setting; student lab partner in the campus lab setting) about the exposure and advise regarding HIV & Hepatitis testing.
- Inform the exposed person (i.e., student or college employee) about the exposure and advise regarding HIV & hepatitis testing.
- If exposure occurs in the clinical setting, follow the agency protocols
- If exposure occurs on campus, immediately advise the exposed person to see their personal healthcare provider or the nearest provider who manages this type of injury.
- If exposure occurs on campus, immediately advise the source person to obtain HIV and Hepatitis testing

- Provide immediate support and information on post-exposure prophylaxis (PEP) to the exposed person and assist the exposed person to complete the *Post-exposure Prophylaxis Waiver* form if indicated. (See Appendix)
- Assist the exposed person to complete the *Grayson College Body Fluid Exposure Incident Report*. (See Appendix)
- Maintain the confidentiality of all related records.
- Notify the appropriate Program Director and Department Chairperson.

The Health Sciences Chairperson and/or Program Director should:

- Ensure that the exposure incident is documented in the Grayson College Sharps Injury Log
- Kept in the HS Lab Coordinator's office
- Report any sharps injury to the TDSHS via the Health Dept, using the [Reporting Contaminated Sharps Injuries procedures](https://www.dshs.texas.gov/bloodborne-pathogens/reporting-contaminated-sharps-injuries). (https://www.dshs.texas.gov/bloodborne-pathogens/reporting-contaminated-sharps-injuries)
- Provide post-exposure support and follow-up to the exposed person

Post Exposure Recommendations

After exposure, both the exposed student and the source person should be tested for Hepatitis B, C, and HIV. This is important to establish a baseline if a false negative result is obtained from the source person.

For HIV:

If the source person has AIDS, is positive for the HIV antibody, or refuses the test, the student should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection **AS SOON AS POSSIBLE** after the exposure. The student should be advised to report and seek medical evaluation for any acute febrile illness that occurs within twelve (12) weeks after the exposure.

A seronegative student should be retested six (6) weeks post-exposure and periodically thereafter to determine if seroconversion has occurred. (Recommend 6 wks, 12 wks, and 6 months after exposure). If a patient has a parenteral or mucous membrane exposure to blood or other body fluid of a student, the same procedure outlined should be followed for the source student and the exposed patient.

For Hepatitis:

All Health Science students are required to receive the Hepatitis B vaccine series before beginning any clinical experience.

Source check for Hbsag

Hbsag (-) = no further testing for source. Test student for Hbsab to establish a baseline

Hbsag (+) = Refer source to physician and check student Hbsab.

Student check for HbsAB

If the source person is positive for Hbsag, initiate the following protocol:

Vaccinated = If titer is low, give two (1 ml.) boosters of Hepatitis B vaccine thirty days apart.

Not vaccinated, but with negative (-) titer = Give Hbig and the first of three doses of the vaccine within seven days. Follow with a second dose of Hbig (Hepatitis B Immune Globulin) and a second vaccine at thirty days. Final dose of vaccine six months later.

Not vaccinated, but with a positive (+) titer = No further treatment required. If titer is low, give two (1 ml.) boosters.

The GC Health Sciences Department recommends that any exposed student follow the [Centers for Disease Control's \(CDC\) Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis, June 29, 2001](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm) (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>). These recommendations are summarized below:

HBV – Hepatitis B Virus Exposure:

“...Postexposure prophylaxis (PEP) with hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine series should be considered for occupational exposures after evaluation of the hepatitis B surface antigen status of the source and the vaccination and vaccine-response status of the exposed person. Guidance is provided to clinicians and exposed health-care personnel (HCP) for selecting the appropriate HBV PEP [National Clinicians' Post-Exposure Prophylaxis Hotline (PEpline) 1.888.448.4911].”

HCV – Hepatitis C Virus Exposure:

“Immune globulin and antiviral agents (e.g., interferon with or without ribavirin) are not recommended for PEP of hepatitis C. For HCV post-exposure management, the HCV status of the source and the exposed person should be determined, and for exposure to an HCV positive source, follow-up HCV testing should be performed to determine if infection develops.”

HIV – Human Immunodeficiency Virus Exposure:

“Recommendations for HIV PEP include a basic 4-week regimen of two drugs (zidovudine [ZDV] and lamivudine [3TC]; 3TC and stavudine [d4T]; or didanosine [ddI] and d4T) for most HIV exposures and an expanded regimen that includes the addition of a third drug for HIV exposures that poses an increased risk for transmission. When the source person's virus is known or suspected to be resistant to one or more of the drugs considered for the PEP regimen, the selection of drugs to which the source person's virus is unlikely to be resistant is recommended.”

For special circumstances (e.g., delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiretroviral agents, or toxicity of the PEP regimen), consult with local experts and/or call the National Clinicians' Post-Exposure Prophylaxis Hotline (PEpline) at 1.888.448.4911.

Preventive measures are the responsibility of the student and must be performed at once. If a student refuses the recommended treatment and/or counseling as stated, then the student must fully complete, sign, and date the *Postexposure Prophylaxis Protocol Waiver* (which must be notarized). Any expense incurred is the responsibility of the student.

Clinical Case Requirements for Completion of the Program:

Surgical Technology: To be eligible to sit for the NBSTSA certification exam, the student must achieve 120 surgical cases.

All students must spend three clinical rotation days (24 hours) in the Sterile Processing Department during the first semester of clinical rotations. In addition, students are required to spend one clinical rotation day (8 hours) observing and assisting the circulator and anesthesia during the first semester of clinical rotations.

1. The total number of cases the student must complete is 120.
2. Students are required to complete 30 cases of General Surgery. Twenty of the cases must be in the First Scrub Role.
3. Students are required to complete 90 cases in various surgical specialties. Sixty of the case must be in the First Scrub Role and evenly distributed between a minimum of 5 surgical specialties. However, 15 is the maximum number of cases that can be counted in any surgical specialty.
4. The Surgical Technology program is required to verify the student's progression in First and Second Scrubbing surgical procedures of increased complexity through the surgical rotation documentation as he/she moves towards entry-level graduate abilities.
5. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to 10 diagnostic endoscopic and 5 vaginal delivery cases can be counted towards the maximum number of Second Scrub Role cases.
6. Observation cases must be **documented** but do not count toward the 120 required cases.
7. Counting Cases: Cases will be counted according to surgical specialty.
 - a. Trauma patient requires a splenectomy and repair of a Lefort I fracture. Two cases can be counted and documented since the splenectomy is a general surgery specialty, and the repair of LeFort I is an oral-maxillofacial surgical specialty.

- b. Patient requires a breast biopsy followed by mastectomy. It is one (1) pathology, breast cancer, and the specialty is general surgery; therefore, it is counted and documented as one procedure – one case.

Scrub Roles

First Scrub Role

The student surgical technologist shall perform the following duties with proficiency during any given surgical procedure. The following list is provided to identify the items that must be completed 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 before, during, and the closing of the procedure.
- 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 in its entirety by completing any of the following:

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

Observation Role

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

Circulating Assist Role

The circulating assist role assists in obtaining additional instruments, supplies, and equipment necessary while the surgical procedure is in progress. The student will be aware of conditions in the operating room and the needs of the patient and surgical team.

Additional Requirements

Program Requirements: In the first semester of clinical, all surgical technology students must complete the following rotations:

1. Three days of Central Sterile Processing
2. 1 day with Circulator
3. 1 day with anesthesia/anesthesia tech

The Core Curriculum from AST establishes these “guidelines,” and we are to follow them. The Core Curriculum must be followed to meet accreditation standards. You will complete your required rotations at your assigned facilities before the end of the first semester.

The student will be required to perform specific approved clinical objectives each semester. The Clinical Coordinator and/or affiliate will determine and provide a list of objectives. The student may be required to answer any necessary questions by the Clinical Coordinator and/or affiliate preceptor, along with demonstrations to prove proficiency.

SPECIAL NOTES: Students are responsible for keeping track of the procedures in which they participate, in the provided procedure log so they can identify the areas in which they lack exposure and experience.

Students need a minimum of twenty (20) cases in 1st or 2nd scrub role in the first semester. (Scrub to observe will not count) **Failure to achieve these scrub cases may result in the student’s inability to graduate.**

Case Log

Each student must maintain a procedural log provided by the clinical instructor. This log must be updated weekly to account for cases scrubbed in the scrub 1 and scrub 2 roles and cases observed while scrubbing. By the end of the second clinical rotation, that student must have scrubbed a specific number of cases in both the scrub 1 and scrub 2 roles in specific surgical specialties. Please review the chart and information that follows.

Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Minimum # of Second Scrub Cases That Can be Applied Towards 120 Cases
General Surgery	30	20	10
Surgical Specialties: <ul style="list-style-type: none"> • Cardiothoracic • ENT • Eye • GU • Neuro • Ob-Gyn • Oral/Maxillofacial • Orthopedics • Peripheral vascular • Plastics • Procurement/Transplant 	90	60	30
Diagnostic Endoscopy: <ul style="list-style-type: none"> • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy 			10 diagnostic endoscopy cases may be applied toward the second scrub cases.
Labor & Delivery			5 vaginal delivery cases may be applied toward the second scrub case.
Totals	120	80	40

Transportation and Parking

Each student has the sole responsibility for his or her transportation both to and from the clinical sites. Student vehicles are to be free of drugs and alcohol and any items prohibited by the clinical site and Grayson College. Parking varies at each clinical facility, and the student is responsible for the acquisition of knowledge of where to park and any required parking permits that may be needed. The student must follow the facility's parking rules. Student vehicles are towed at the expense of the vehicle's owner, not Grayson College or the clinical site.

Clinical Documentation

The student is solely responsible for collecting appropriate documentation of completed clinical work and necessary signatures. He or she is to maintain appropriate timesheets that must be turned in weekly, keep a legal record of cases participated in, and the student's role in documented cases (this includes the correct surgeon name, preceptor name, date, and correct name of the procedure performed). Any documents given to the student by the clinical facility or instructors must be maintained in the student's records. This helps to protect the student from any discrepancies.

Meeting Clinical Requirements for Graduation

The student is required to complete 120 surgical cases to complete the Grayson College Surgical Technology program. The student is responsible for achieving his or her time. The student must also meet specific amounts of surgical specialty cases within specific roles. The student is responsible for keeping up with cases he or she needs to meet requirements; this is not the responsibility of the clinical site. The student should strive to participate in cases he or she needs without avoiding other cases assigned by the clinical site. Positive communication between the clinical site and the student is essential to successfully meeting caseload mandates. Please see the case requirement documents above.

Clinical Paperwork Required

The student must maintain all timesheets, case management, clinical evaluations, and other clinical paperwork. Paperwork must be neatly typed and submitted into canvas every week on time. 10 points will be deducted for every day late or corrections needed. You will have 24 hours to make corrections and resubmit assignments.

Clinical Site Study Periods

Studying at the clinical site is not recommended for the student during clinical rotations. However, if the clinical site does not have additional cases for the day and the student's site facilitator has approved it. The student may spend time studying for the didactic portion of the program after an attempt to complete supplemental activities that can be completed at the clinical site. Supplemental activities include, but are not limited to, becoming more familiar with supplies and equipment by browsing through the core or volunteering services in the sterile central department. These activities provide a deeper understanding of the materials that the student is expected to be competent in using.

Endorsements

The naming of specific products, procedures, or equipment items does not constitute an endorsement of the same by Grayson College, the Surgical Technology listing department, or the faculty of the Surgical Technology Program. Specific names are used due to availability in or utilization by the clinical affiliates of the Grayson College Surgical Technology Program.

Financial Stewardship

Students must act with good financial stewardship toward the clinical facility and the patient. Financial stewardship is the assumption of responsibility for the financial well-being of another or a group. The expectation is that this responsibility will be carried out with great care, keeping in mind the good of the individual or group being served. This means the student is to act with the facility and patient in mind when opening supplies, equipment, and instrumentation. Healthcare comes at an immense cost, and our students are to proactively attempt to help prevent waste for the clinical facility and prevent unnecessary charges to the patient. Students are not allowed to open implants or supplies they are unsure about and never open anything outside the student's scope of practice.

Occurrence Reports for Unsafe Clinical Practice

Any student committing the following offenses will be subject to disciplinary action up to and including immediate removal from the program:

1. Any clinical action contrary to hospital policy and procedure which has the potential for or results in harm to the patient.
2. Coming to the clinical site under the influence of any drug or medications which adversely affects the student's performance during clinical, bringing said drugs into the hospital, or consuming these drugs while on hospital property.
3. A verbal or physical aggression against another person on hospital premises.
4. Deliberate destruction or damage to the hospital, patient, student, visitor, or employee property.
5. Theft of the hospital, patient, student, visitor, or employee property.
6. Deliberate falsification of any hospital record either by omission or addition.
7. Indications of consistent unsafe decision-making and practice.
8. Breach of confidential information.
9. Failure to accurately report and document the client's symptoms, responses, and status.
10. Failure to implement measures to prevent exposure to infectious pathogens and communicable conditions.
11. Failure to institute appropriate surgical technology interventions(s) which might be required to stabilize a client's condition and/or prevent complications.
12. Insubordination or refusal to obey an order, except where a student is not qualified to perform a task.
13. Communicating any untrue information or misrepresentation of the truth in any verbal or non-verbal form.

Disciplinary Actions Regarding Unsafe Clinical Practice

This policy is based on and modeled after the scope of practice for professional Surgical Technologists as defined and described in the AST Code of Conduct. A record of the unsafe clinical practice will be maintained throughout the student's enrollment in the Surgical Technology program. This cumulative record of incidents will be maintained in the student record, found in the Program Director's office. All clinical faculty with students with warnings and probationary status will be notified that it assists the student and protects the public.

All occurrences will be recorded in the student's record via Corrective Counseling Record. The student determined to be unsafe by demonstrating behaviors of omission, commission, negligence, and/or threats or violations to the health and welfare of the public, and the patient under the student's care will have the incidents recorded. The sequences of disciplinary actions that will be taken are:

- **Warning:** A written warning will be issued for the first incident of unsafe practice or conduct
- **Probation:** The student will be placed on probation for the second incident of unsafe practice or conduct. Probationary status will continue for the duration of the student's tenure in the program.
- **Dismissal:** Any student who has accumulated three incidents of unsafe practice or conduct during the program will be dismissed from the Associate Degree Surgical Technology Program. In some instances, a first incident may result in immediate dismissal from the program, depending on the outcome, severity, and nature of the occurrence. Before dismissal from the program, the actual commission, omission, or negligence will be reviewed by the Dean of Health Sciences.

Clinical Incidents

Section 1 Offense:

- A deliberate action that has caused or has the potential to cause serious harm to the patient or clinical team member.
- Coming to the clinical sites under the influence of any non-prescribed drug that adversely affects the student's performance during the clinical rotation, bringing said drugs into the hospital, or consuming such drugs on hospital property. The student is prohibited from attending clinical under any non-prescription drug or alcohol.
- A verbal or physical act of aggression against another person on hospital premises.
- Theft of hospital, patient, student, or visitor property.
- Deliberate destruction or damage to hospital, patient, student, or visitor property.
- Deliberate falsification of hospital records either by omission or addition.

Any student committing any **Section 1 Offense** will be subject to immediate removal from the program. (Not necessarily Grayson College)

Section 2 Offense:

The student committing any offenses listed below will be subject to disciplinary action.

First incident: Probation (Probationary status will continue for the duration of the student's enrollment in the program)

Second incident: Dismissal from the Program (not necessarily Grayson College)

- Causing damage to the hospital, patient, student, or visitor property through negligence.
- Causing injury or potential harm to a patient through negligence.
- Insubordination or refusal to obey an order from a superior or supervisor. There are two exceptions to insubordination:
 1. The student is not qualified to perform the task.
 2. When proper supervision is lacking.

Examples of offenses include, but are not limited to:

- Mishandling instruments or equipment in a manner that is detrimental or harmful to the patient, another team member, or the student's welfare.
- Medication error.
- Significant error in a sterile technique that compromises patient care outcomes.

Section 3 Offense:

A student committing the offenses listed below will be subject to the following disciplinary actions:

First incident: Verbal warning (recorded)

Second incident: Probation (Probation is for the duration of the student's enrollment in the program.)

Third incident: Dismissal from the Surgical Technology Program (not necessarily Grayson College)

- Leaving the assigned hospital area without the instructor's authorization for the site.
- Employment that adversely affects performance during clinical rotations.
- Failure to follow published departmental rules or policies.
- Failure to follow published program rules and policies.

Documentation of Student Behaviors and Incidents

A binder in the clinical coordinator's office that maintains student conduct counseling records (verbal and written warnings), probationary records, and clinical incident forms. Each time an offense is committed, it must be documented, no matter the magnitude of the situation.

Clinical Code of Conduct

Punctuality

Reliable and consistent attendance is a requirement of each student for the clinical experience. Tardiness causes a halt in work and possibly burdens preceptors or the facility. Absenteeism and regular tardiness will result in disciplinary action.

Acceptance of Criticism

The student will be constantly monitored by the preceptors, circulators, surgeons, educators, etc. This means that each student must mentally prepare himself or herself to accept all forms of criticism. There are two types of criticism: negative and positive. The student will be receiving much of both during the clinical experience. Positive criticism is typically handled well; negative criticism is what most people struggle to accept. Students should listen carefully to every critical remark and use these remarks to improve weaknesses. Students should strive not to take criticism personally. Be happy with whatever the criticism is, and don't let it bring you down. Respect the fact that others may see something that you don't and begin to accept that no one is perfect; this is a learning experience.

Personal Communication Devices

Personal communication devices (cell phones, tablets, etc.) are **STRICTLY** prohibited from being used in the operating room suite. It is **required** that cell phones be left with the student's personal belongings to prevent the temptation of inappropriate usage. Students caught using their cell phone in the hospital for reasons other than an emergency is subject to immediate disciplinary action. Students should never take photographs of patients or situations at the clinical site. Occasionally, for study purposes, a student may wish to take a photograph of a setup. In this event, the facility's manager must approve the photo that was taken, which must be done by a preceptor only. Also, the student will not post ANY information or photography to social media regarding any aspect of their clinical experience. This is strictly prohibited and a HIPAA violation. Additionally, students are not allowed to post **ANYTHING** to any social media site during the period they are at their clinical site.

Participation

The student is expected and required to give 100% of his or her attention, time, and effort while enrolled in this program. If surgery is finished for the day, he/she must proactively search out another assignment with gallant effort. Students are not allowed to "hang out" in the lounge. Perceptions are formulated from actions, and if a supplemental activity is available to the student, the student may leave the clinical site early with the permission of his or her clinical facilitator.

If a student has been assigned to a room, refusal to participate is unacceptable. If a specific type of case is needed for completing case requirements, he/she must speak with the clinical facilitator later to communicate the need. It is not acceptable for a student to argue about or refuse to do an assignment. Additionally, the clinical site should be regarded as a potential employer, and your actions reflect that.

Patient Abandonment

The legal definition of patient abandonment refers to withdrawal from the treatment of a patient without giving reasonable notice or providing a competent replacement. If the surgical technologist leaves his or her assignment without permission, the site may consider the student as abandoning his/her patient. This serious issue will be subject to disciplinary action that may result in the student's removal from the site.

Patient Privacy

In 1996, HIPAA was passed, making patient health information legally private and secure. A violation of patient privacy is a federal offense. Please review the HIPAA website for any questions related to the HIPAA act.

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Students are prohibited from discussing patient information outside the operating room or the classroom. Any discussion within the classroom should NEVER identify the patient. Again, this is a severe issue subject to immediate disciplinary action that could result in dismissal from the program.

Respect for Others

Grayson Surgical Technology students are ALWAYS expected to treat all others with respect. This is a core value of the college, and we strive always to emanate that core value. Having respect for others includes anyone at the clinical site, which includes, but is not limited to, the preceptor, educator, OR manager, circulator, clinical instructors, program director, classmates, and the college itself. The student should always strive to promote the college, never disrespecting it.

There should always be respect for the Grayson College Surgical Technology Programs. This means the student should not complain about the workload distributed to the student; the workload is designed to mentally and sometimes physically challenge the student in more ways than one. Comments and suggestions are more than welcome at the end-of-semester evaluation.

Responsibility for Assignments

The student will be responsible for completing the required clinical paperwork daily. There is a high expectation that these assignments will be on-time and completed weekly. The clinical instructor is not responsible for ensuring the turns in assignments. These assignments may vary according to the instructor's syllabus.

Ethical Responsibility

The student has an ethical and moral obligation to abide by the Grayson College Philosophy and Purpose, Core Values, the AST Code of Ethics, and the National Patient's Bill of Rights. Please reread each at the beginning of this document.

Professionalism

Professionalism is defined as the skill, good judgment, and polite behavior expected from a person trained to do a job well. All Grayson Surgical Technology students shall maintain a high level of professionalism.

The following are inappropriate behaviors that are prohibited at the clinical site:

1. *Inappropriate jokes or comments:* the student is strictly prohibited from telling inappropriate and unprofessional jokes in the clinical setting. This includes the use of cuss words and foul language. The student shall never refer to a patient or a procedure, or an anatomical feature in an inappropriate manner. This can lead to the student being dismissed by the clinical site.
2. *Arguing about breaks in sterile technique:* if an employee of the hospital claims the student has committed a break in the aseptic technique, the student is NEVER to question or deny the break. He or she is to follow the appropriate steps to remedy the problem.
3. *Arguing about Assignments:* The student is not to argue or disagree with an assignment given by the clinical facilitator. This is inappropriate. If the student is struggling with getting the cases he or she needs, please get in touch with the clinical instructor for the appropriate steps to take.
4. *Taking Photos of Sensitive Situations:* The student is never to take any photographs of patients or situations at the clinical sites; furthermore, the student will NEVER post photos related to surgery during clinical rotations on any type of social media.
5. *Participating in Gossip/Rumors:* This applies to all aspects of clinical: the clinical site itself, employees, other students (from other programs and the Grayson program), doctors, managers, clinical instructors, etc.