A.A.S. IN SURGICAL TECHNOLOGY STUDENT HANDBOOK

Revised October 2014

Table of Contents

INTRODUCTION

The CAAHEP accredited A.A.S. in Surgical Technology Student Handbook (the Handbook) has been designed to help answer your questions about becoming a surgical technologist and to define the guidelines and requirements of this program.

The purpose of the A.A.S. in Surgical Technology program is to prepare students for employment as surgical technologists, in accordance with Eastwick College's mission:

The mission of Eastwick College is to prepare students for meaningful careers and/or advanced undergraduate study in nursing and other healthcare professions. The college encourages students to achieve their goals in a supportive environment that embraces diversity and promotes lifelong learning.

Eastwick College's programs and varied instructional methods provide students with the skills and knowledge to meet the needs of employers and the community.

PROGRAM INFORMATION

OVERVIEW

The Surgical Technology program includes classroom instruction, lab simulation, and clinical experience. The curriculum follows the standards of the 6th Edition of the Core Curriculum published by the Association of Surgical Technologists (AST).

The main objective of the program is to build practical and functional knowledge of surgical technology through progressive instruction, integrating written work, verbal skills, and demonstrative performance. This program requires strong critical thinking and decision-making skills. Following are the areas of study in core surgical technology courses:

- Aseptic technique
- Basic patient emergency procedures
- Common medications administered during surgery
- Knowledge of basic instruments for all surgical procedures
- OR environment
- Patient care skills: preoperative, intraoperative and postoperative
- Patient rights and legal aspects of the profession
- Positioning of the surgical patient
- Surgical procedures

- Technological sciences

GOAL AND OBJECTIVES

The goal of the A.A.S. in Surgical Technology program is to prepare students in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to become competent entry-level surgical technologists. The program will give the students the opportunity to develop the skills and knowledge necessary to gain employment as contributing members of a health care team.

LEARNING OUTCOMES - COGNITIVE DOMAIN

Upon successful completion of the program, graduates will be able to:

- integrate their knowledge of microbiology, anatomy, physiology, and pharmacology to their role as surgical technologists;
- incorporate a safe level of practice, through a keen surgical conscience, to their roles in an operating room;
- understand and integrate ethical, legal, and psychosocial concepts related to the surgical patient; and
- work within the scope of practice and uphold the professional attributes of a surgical technologist.

LEARNING OUTCOMES - PSYCHOMOTOR DOMAIN

Upon successful completion of the program, graduates will be able to:

- demonstrate knowledge of basic instruments for all surgical procedures;
- practice perioperative routines and emergency procedures safely; and
- anticipate the needs of the surgical team in the perioperative setting

LEARNING OUTCOMES - AFFECTIVE DOMAIN

Upon successful completion of the program, graduates will be able to:

- interact with patients, families, and members of the healthcare team in a therapeutic and professional manner;
- understand and respect diversity, including cultural, socioeconomic, lifestyle and religious factors; and
- understand the importance of personal improvement and a commitment to lifelong learning.

BEHAVIORAL OBJECTIVES FOR THE ST STUDENT

1. Apply acquired knowledge and skills to the NBSTSA CST certification exam for Surgical Technologist.
2. Apply the principles of sterilization, disinfection, and aseptic techniques in preparation and use of all materials used in the perioperative environment

3. Compare and contrast knowledge of normal anatomy, physiology, and pathophysiology
4. Comprehend basic actions and uses of anesthetic agents, medications, fluid therapies, and electrolytes
5. Comprehend the interrelationships between physiologic, ethno cultural, and psychosocial factors that affect the patient's (and his/her family's) adaptation to the perioperative experience
6. Define current terminology associated with perioperative patient care
7. Demonstrate a spirit of cooperation and respect for others in the perioperative environment
8. Demonstrate ability to perform safely and effectively during stressful situations
9. Demonstrate effective critical thinking and decision-making skills
10. Demonstrate interpersonal communication skill as a surgical team member
11. Demonstrate proper body mechanics during the performance of strenuous activities
12. Demonstrate knowledge and skill during the surgical procedure by anticipating the needs of the patient and the team
13. Distinguish between ethical and unethical behaviors in patient care
14. Function as a team member by showing consideration for and cooperation with other perioperative caregivers
15. Identify and remedy potential environmental hazards to the patient and team
16. Identify the role and responsibility of each team member
17. List salient points of decontamination of equipment and environment in post-patient care
18. Outline activities associated with the pre-,intra- and post-operative surgical technologist's role.
19. Perform duties associated with the role of the ST
20. Upon completion of this program, the ST graduate will be able to:
21. Verbalize several methods and rationales for accounting for items used within the sterile field
22. Verbalize the principles of wound management

TECHNICAL AND HEALTH STANDARDS

The A.A.S. Surgical Technology program at EC is designed to prepare students to perform as surgical technologists (ST) in an operating room. The scope of practice for this profession requires demonstration of responsibilities and accountable behavior within the role and competencies of a surgical technologist. It is important to note that the profession of an ST is physically, mentally, and emotionally demanding, as indicated by the following sample of skills and abilities:

1. Assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices

2. Demonstrate immunity to (or get vaccinated against) rubella, rubeola, tuberculosis, and hepatitis B, or be willing to sign a waiver or release of liability regarding these diseases
3. Detect odors sufficient to maintain environmental safety and patient needs
4. Lift a minimum of 20 pounds
5. Make appropriate judgment decision
6. Refrain from nourishment or restroom breaks for periods up to 6 hours
7. Stand, bend, stoop, and/or sit for long periods of time in one location with minimum or no breaks
8. Ambulate/move around without assistive devices
9. Communicate and understand fluent English both verbally and in writing
10. Demonstrate calm and effective responses, especially in emergency situations
11. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment
12. Demonstrate sufficient visual ability enough to load a fine (10-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses
13. Demonstrate the use of positive coping skills under stress
14. Exhibit positive interpersonal skills during patient, staff and faculty interactions
15. Hear activation/warning signals on equipment
16. Hear and understand muffled communication without visualization of the communicator's mouth/lips and within 20 feet
17. Manipulate instruments, supplies and equipment with speed, dexterity, and good eye-hand coordination
18. Possess short and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing intraoperative anticipation skills

CLINICAL EXTERNSHIP

Throughout their education, students are exposed to a variety of surgical procedures utilizing the most current technology available in the field. The high volume of surgical cases performed provides students with the opportunity to assist with a wide variety of surgical procedures prior to achieving competency.

Students will be assigned to an off-campus clinical site upon successful completion of the didactic and laboratory portion of the program. Note that students must submit the following documentation prior to their clinical experience:

- physical assessment by a licensed physician, advanced practice registered nurse, or physician assistant
- immunization, influenza vaccination and communicable disease history meeting requirements of the affiliating agencies and state regulations

- criminal background check
- successful completion of AHA BLS Healthcare Provider certification
- influenza vaccination

EC's surgical technology program director and/or clinical coordinator supervises the clinical phase of the program, together with a clinical site's liaison, CST, and/or perioperative staff nurses.

CERTIFICATION AND CAREER INFORMATION

CERTIFICATION

At the writing of this document, Eastwick College graduates from the A.A.S. in Surgical Technology program are eligible to sit for the National Board of Surgical Technology and Surgical Assisting (NBSTSA) Certified Surgical Technologist (CST) certification exam. In addition, graduates who successfully complete the Central Service Technician course will be eligible to sit for the International Association of Healthcare Central Service Material Management (IAHCSMM) Certified Registered Central Service Technician (CRSCT) provisional certification.

OVERVIEW OF THE SURGICAL TECHNOLOGIST

A career as an ST promises many possibilities for employment. Upon successful completion of this program, hospitals, perioperative centers, ambulatory clinics, private offices, and organ procurement teams may employ the ST. Other possibilities include medical instrumentation sales, clinical education, and select managerial positions, including those in central supply departments. STs are in demand; according to the 2013-2014 Occupational Outlook Handbook, published by the US Department of Labor's Bureau of Labor Statistics, there were approximately 98,500 ST jobs in the United States in 2012. That number is expected to grow much faster than average for all occupations. Job prospects should be best for surgical technologists who have completed an accredited education program and who maintain their professional certification. Employment of STs is expected to grow 30 percent between 2012 and 2022. Advances in medical technology have made surgery safer, and more operations are being done to treat a variety of illnesses and injuries. The aging of the large number of baby boomers also is expected to increase the need for surgical technologists because older people usually require more operations, including joint replacements and heart-related procedures. Hospitals will continue to be the primary employer of surgical technologists, reducing costs by employing technologists, instead of higher paid registered nurses, in the operating rooms.

ROLES OF THE SURGICAL TECHNOLOGIST

Preoperatively, the ST prepares the operating room by providing the appropriate supplies and instruments, as well as adjusting and testing select equipment. The ST is the first member of the sterile team to scrub, gown, and glove. Duties include preparation of the sterile field for the

surgical procedure and helping other members of the team with gowning and gloving all while adhering to aseptic technique.

Intraoperatively, the ST anticipates the needs of the surgeon and sterile team members, passing instruments and providing sterile items in a safe and efficient manner. The ST shares accountability for all instruments, equipment, and supplies used in direct patient care, particularly in the sterile field. The ST is responsible for accurate counts of sponges, instruments, and sharps; preparing suture materials; dispensing appropriate fluids and drugs; and preparing specimens or cultures for analysis.

Postoperatively, STs help to apply dressings, splints, or casting material. They assist in moving the patient to the stretcher and also break down the back table and prepare the room for the next case.

STs may also assist in the non-sterile role of circulator under the direction of the registered perioperative nurse. This can involve assisting the anesthesiologists, helping to count items used during the procedure, positioning and prepping the patient's skin for surgery, and helping to connect surgical equipment and monitoring devices.

SURGICAL TECHNOLOGY PROGRAM POLICIES

The policies, procedures, and guidelines in this handbook have been developed to enable the A.A.S. in Surgical Technology program to meet the needs of students and to coordinate the policies and procedures of EC and the accrediting agencies. The administration reserves the right to make changes to this handbook at any time.

BASIC LIFE SUPPORT – AUTOMATIC EXTERNAL DEFIBRILLATOR

All students are required to be certified in BLS/AED by the American Heart Association. If the student already possesses this certification, he or she must provide a copy to the program director or clinical coordinator. Certification must be valid from the start of the clinical externship through the scheduled graduation date.

PATIENT CONFIDENTIALITY

All records and personal patient information are absolutely confidential. Patient information must not be revealed to anyone, including the patient. If a patient asks about his or her procedural test or records, the question must be referred to the registered nurse in charge or to the surgeon. Only during case presentations, conferences, department reports, or other controlled professional situations is patient information allowed to be discussed. No other recording devices may be on at this time. Failure to comply with the policy for confidentiality may lead to dismissal from the program.

PROFESSIONAL APPEARANCE CODE

All students are required to follow the professional appearance code while in lab on campus and at clinical sites. A neat, clean, and professional appearance is expected at all times.

1. Attire for the clinical site will be discussed in greater detail during the surgical technology courses. The EC scrubs must be worn to and from the clinical site, which is appropriate for a professional setting. Students will be working on making a lasting impression at the clinical site.
2. Consumption of food, candy, and gum chewing is prohibited while working with patients.
3. Cosmetics should be worn in moderation. Avoid strong perfumes as they may bother the patient or other staff in the room. Wedding rings may be worn when not scrubbed. Avoid large stone rings.
4. During the didactic and laboratory portion of the program, students are required to wear a clean and pressed student green surgical technology uniform with the Eastwick insignia along with appropriate footwear.
5. Earrings are not permitted. Dangles or other visible body jewelry (nose rings, lip rings, tongue piercing, bracelets, and necklaces) which can become entangled in equipment are not permitted.
6. Failure to adhere to the dress code and behavioral policies will result in a warning and, if not corrected, can result in dismissal from the clinical site and possibly the program. The dismissal from the clinical site will be considered an absent day.
7. Hair must be clean and long hair must be secured within a surgical cap to avoid contact with equipment or patients. Facial hair should be kept trimmed and neat. Please maintain only natural looking hair color. Avoid highly colored sprays, etc.
8. Students are required to wear—or carry with them—their EC IDs at all times while on campus and at the clinical sites.
9. Working closely with patients requires that students maintain strict personal hygiene standards. Fingernails must be kept short, clean, and filed. Artificial nails, nail polish and added stick on jewels are not permitted as they harbor microorganisms.

CELLULAR PHONES

Due to their disruptive nature, cellular phones must be turned off while in a classroom, lab or clinical site.

ATTENDANCE POLICIES FOR THE SURGICAL TECHNOLOGY CORE COURSES

Students are expected to be on time for every lab and lecture session. Arriving after the session has begun is disruptive and will not be tolerated. **NO EXCEPTIONS.** Lateness and attendance each possess a value per occurrence as follows:

- Arrival to lab or class past start time will receive a 1 point deduction per occurrence, from the final exam or final competency grade.
- Lateness beyond 10 minutes will be marked as an absence. Each absence will receive a 2 point deduction per occurrence, from the final exam or the final competency grade.
- A physician's letter may be required at the discretion of the program director to excuse the absence.
- 2 unexcused absences will result in a counseling session with the student and the program director.
- A student may be asked to withdraw from the program after four absences and upon the completion of a meeting with the program director and the dean of students.

ATTENDANCE POLICY FOR NBSTSA CERTIFICATION REVIEW

Three (3) or more absences will result in a failure for the course and the student will be required to repeat the course before graduating from the program. **Late to class three (3) times is equivalent to one (1) absence. Leaving early is counted as half an absence**. Extenuating circumstances must be discussed with the instructor.

ATTENDANCE POLICY FOR CLINICAL EXTERNSHIP

Three (3) or more absences will result in a failure for the course and the student will be required to repeat the course before graduating from the program. **Late to the OR three (3) times is equivalent to one (1) absence. Leaving early is counted as half an absence.** Extenuating circumstances must be discussed with the EC's clinical instructor. After the first absence the student will be given a warning; second absence student will be placed on probation; third absence student will be required to repeat the course.

Since clinical cases are tallied in accordance with eligibility rules for certification, absences may adversely affect the student's eligibility to take the national exam and endanger maintaining a C+ average in the core curriculum portion of the program. Courses may only be repeated once. Students who wish to attempt additional retakes may request them through the appeal process.

LAB POLICIES

Your time in the lab is representative of your time in an OR—always with the benefit of the patient in mind. Therefore OR rules apply.

ADDITIONAL POLICIES

Your time in the lab is representative of your time in an OR—always with the benefit of the patient in mind. Therefore OR rules apply.

Be on time: Lateness delays surgery and upsets the schedule for the entire day. You must be in proper OR attire on time. This does not mean you walk into lab at 5 or 10 minutes after the hour and then don your attire, this means you are ready to start working at the scheduled time.

Lab is hands-on only: There will be no reading of textbooks for other classes in the lab.

Proper OR attire: It is your responsibility to bring all required items to the lab. Properly refolded and wrapped gown, gloves, goggles, masks and booties, pen and a pocket size notebook must be with you at all times. You will lose five points on your competencies if you do not comply with this policy.

Respect: Since the lab includes numerous activities with other students, respect your fellow students and keep chatter to a minimum; take the initiative to practice and fine-tune what you don't know as well yet. If you are disruptive, your lab instructor will ask you to leave and will refer you to the program director. Additionally the lab must be kept tidy at all times as a respectful gesture toward other students and faculty.

Assignments: All case study assignments must be handed in by their due date. Late assignments will be collected but they will not receive credit.

Professionalism: Academic professionalism is enforced and is based on the Surgical Technology Handbook guidelines you have received.

Uniform: All uniform components listed in your Surgical Technology Handbook must be worn at all times while attending ST Core courses. NO EXCEPTIONS.

CLINICAL EDUCATION

120 cases are required for graduation, the following is the required number of cases per surgical specialty; once more cases are achieved they are simply added to your total.

Surgical Specialty	**Total # of Cases**	**1st Scrub Required**	**2nd Scrub Required**
General Surgery	**30**	**20**	**10**
ENT	**5**	**5**	**0**
EYE	**10**	**10**	**0**
GU	**5**	**5**	**0**
Neuro	**5**	**0**	**5**
GYN	**15**	**15**	**0**
Plastic	**10**	**10**	**0**
Ortho	**15**	**15**	**0**
Vascular	**5**	**0**	**5**
Cardiothoracic	**5**	**0**	**5**
Diagnostic Endoscopy	**10**	**0**	**10**
Vaginal Delivery	**5**	**0**	**5**
TOTALS	**120**	**80**	**40**

Students are required to complete 30 cases in General Surgery. Twenty of the cases must be in the First Scrub Role.

Students are required to complete 90 cases in various surgical specialties. Sixty of the cases 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 one surgical specialty.

The surgical technology program will verify through the surgical rotation documentation the students' progression in First and Second Scrubbing surgical procedures of increased complexity as he/she moves towards entry-level graduate abilities.

Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted towards maximum number of Second Scrub Role cases.

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

Counting cases will be counted according to surgical specialty.

FIRST SCRUB ROLE- The student shall perform the following duties during any given surgical procedure with proficiency:

- Check supplies and equipment needed for the surgical procedure
- Set up the sterile table with instruments, supplies, equipment, and medication/solutions needed for the procedure
- Perform appropriate counts with the circulator prior to the procedure and before the incision is closed
- Pass instruments and supplies to the sterile surgical team members during the procedures
- Maintain sterile technique as measured by recognized breaks in technique and demonstrate knowledge of how to correct with appropriate technique

SECOND SCRUB ROLE- The student who is at the sterile filed who has not met all criteria for the first scrub role, but actively participates in the surgical procedure in its entirety by sponging, suctioning, cutting sutures, holding retractors and manipulating endoscopic cameras.

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

Policies and guidelines for each facility must be followed without exception. Failure to comply will result in disciplinary action up to and including dismissal from the program. Any conduct that is detrimental to the patient co-workers will lead to removal from the clinical site.

Illness or injury incurred at the clinical site must be reported to the clinical coordinator and program director. Sharps injuries and on-the-job injuries will be treated according to hospital policy.

STUDENT WORK POLICY

Surgical technology students must ensure that any jobs do not interfere with their clinical externship schedule. It is the student's responsibility to complete the regularly scheduled rotations in order to obtain satisfactory clinical experience and develop surgical skills to an acceptable level for completion of the program.

All student activities associated with the curriculum, especially while students are completing their clinical rotations, are educational in nature. Students will not be receiving any monetary remuneration during their educational experience. Hours worked as hospital employees cannot be substituted for required clinical experience hours. At no time is the EC student permitted to be substituted for hospital staff.

EVALUATION BY CLINICAL COORDINATOR/INSTRUCTOR

Students will be evaluated on their performance, attitude, interest, patient care delivery, knowledge of the skills performed, and attendance. Attendance and evaluation sheets will be used for each student. Additional performance data is maintained as necessary, and this data becomes part of the final grade for the course.

SITE VISIT BY THE PROGRAM DIRECTOR

The program director may visit a site announced or unannounced as deemed necessary. All visits will be documented.

RECORD OF CLINICAL ATTENDANCE TIME

Attendance sheets are used at all clinical sites and become part of the student's record. Each student must sign in and out daily. All completed attendance sheets must be completed by the site clinical preceptor and given to the clinical coordinator at the end of each week. Note that attendance at the clinical site is part of the overall grade**.**

TRANSPORTATION

Students are responsible for transportation to and from clinical sites. Any parking or transportation fees are the responsibility of the student. Car-pooling is suggested.

CLINICAL TIME SCHEDULE

The clinical time schedule requires the EC student to arrive at their site by 6:30 a.m. The day concludes at 3:00 p.m. Monday through Friday. If approved by the site and EC's Clinical

Coordinator, a student is permitted to finish a case that will continue past 3:00pm.

CLINICAL PAPERWORK

Students are responsible for having adequate copies of all blank forms for use at the clinical site.

CLINICAL CASE LOGS

Students must maintain a written log (record) of all skills or procedures performed while at the clinical site. The log, together with the weekly summary log, helps to maintain a record of the number of scrubs, the level, and the student's role during each clinical rotation so to ensure that the proper cases and requirements are met. This log is the responsibility of the student and must be made available for inspection by the program director during a routine evaluation meeting.

CLINICAL CASE REPORTS

During clinical externships, students will be assigned to a variety of cases on a daily basis. Students are expected to complete one clinical case report per week by selecting one of the cases which they scrubbed on during the week. The completed report will be collected during the S241 NBSTSA Exam Preparation course. Once graded, it will then be returned to the student for study purposes. Students will be required to maintain a 1 and ½ inch ring binder with all the clinical paperwork.

Students must pass the S241 NBSTSA Exam Preparation course with a score of 75% or better to qualify for both graduation and eligibility to sit for the NBSTSA certification examination. If the student is not successful they will have to retake the course in its entirety. The S241 NBSTSA Exam Preparation course is a surgical technology core course and unsuccessful completion of this course will be factored into the surgical technology course failure limit for the surgical technology program.

The NBSTSA CST exam is mandatory upon successful completion of the S241 course and will be scheduled on campus in a computer room to take place the last Friday of the student's last quarter at Eastwick College. All students that qualify must sit for this exam simultaneously.

STUDENT WITH A COMMUNICABLE DISEASE

A student who has a communicable disease, or who is a carrier of a communicable disease, may attend and participate in clinical experience courses whenever, through reasonable accommodation, there is no significant risk of transmission of the disease to others and to the patients.

A student who believes he/she has contracted a communicable disease must present to EC's clinical coordinator a written statement from the appropriate clinical site's health department which indicates the site's approval of participation in all clinical externships.

PATIENTS WITH COMMUNICABLE DISEASES

Due to increasing concern about the care of patients with infectious diseases (hepatitis B, acquired immune deficiency syndrome, tuberculosis, etc.), students are required to comply with the exact procedures established by the clinical sites when caring for these patients.

LATEX SENSITIVITY

The operating room has numerous items that have natural latex rubber component. An unforeseen exposure and sensitivity may result from repeated exposure to the protein associated with natural latex rubber (commonly found in powdered gloves). True allergies are rare, but latex sensitivities can be seen in 8-17% of health care workers. If a student has a suspected reaction, he or she must report it to EC's program director. EC cannot be held responsible for any latex sensitivity.

SAFETY PROCEDURES RELATING TO HIV, AIDS AND HEPATITIS B

This procedure has been considered and adopted in accordance with the current consensus of the scientific community that blood-borne diseases cannot be transmitted by casual body contact typical of the workplace. Should it ever appear that the implementation of this procedure presents a danger to the student and patient, EC reserves the right to make appropriate revisions. The risk of contracting hepatitis B is greater than the risk of contracting AIDS. Recommendations for the control of hepatitis B infection are, therefore, incorporated herein:

EC strongly recommends that students enrolled in the A.A.S. in Surgical Technology program obtain adequate medical insurance coverage.

Students are encouraged to be vaccinated for hepatitis B prior to contact with blood or other potentially infectious substances. If after consultation, a student refuses to obtain hepatitis B vaccination, he or she must sign the form entitled "Hepatitis B Vaccination Declination".

Sharp items (needles, scalpel blades, and other sharp instruments) are considered potentially infective and should be handled with extraordinary care to prevent accidental injuries. Unsafe behavior may result in dismissal from the program.

Disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers located as close as practical to the area in which they are used. To prevent needle stick injuries, needles should not be recapped by hand, purposely broken, removed from disposable syringes, or otherwise manipulated unless a one-handed technique is employed.

When the possibility of exposure to blood or body fluids exists, standard precautions must be

followed as outlined by the Centers for Disease Control (CDC). The anticipated exposure may require gloves alone, as in handling items soiled with blood or other body fluids, or may also require gowns, gloves, masks, and eye covering when performing procedures or post-mortem examinations. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood. Any occupational exposure must be reported to the preceptor and clinical coordinator and an incident report filed as soon s reasonably possible.

Pregnant students engaged in health care are not known to be at greater risk than students who are not pregnant. However, if a student develops infection with the HIV virus during pregnancy, an infant has increased risk of infection by prenatal or perinatal transmission; because of this risk, pregnant students should be especially familiar with precautions for preventing the transmission or acquisition of the HIV virus.

Students who have been diagnosed as having a positive HIV or AIDS virus may take the didactic portion of the program but should be aware that hospitals **will not allow** students with that diagnosis to complete the clinical externship portion of the program. Students in this situation must explore the consequences of this policy with the program director before committing to the program and consider other educational alternatives.

In addition, students engaged in health care who have AIDS, are at increased risk of infection because of exposure to diseases in class or at the clinical site. Students with immune deficiency are at high risk of serious complications from any exposure to infectious diseases, and will be counseled about the potential risk associated with exposure to infectious agents.

A.A.S. in Surgical Technology Program
Student Handbook Signature Page

I, _____,

have read the *A.A.S in Surgical Technology Student Handbook, Revised October 2014.* I understand its content and agree to abide by its policies.

_____ _____

Signature Date