

CENTRAL GEORGIA TECHNICAL COLLEGE

SURGICAL TECHNOLOGY STUDENT HANDBOOK

AND

CLINICAL MANUAL



January 2026



Introduction

Welcome to the Surgical Technology program at Central Georgia Technical College! The faculty created this handbook to guide you through the program's policies and procedures. We are excited to work with you and help you gain the skills needed to succeed in this dynamic career. You will graduate ready for a rewarding career and eligible to take the national certification exam.

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CENTRAL GEORGIA TECHNICAL COLLEGE MISSION

Central Georgia Technical College, a unit of the Technical College System of Georgia, offers credit instruction, adult education, and customized business and industry training through traditional and distance education delivery designed to promote community and workforce development.

SURGICAL TECHNOLOGY PROGRAM PHILOSOPHY

The basic beliefs, attitudes, and concepts that make up the foundation of the Surgical Technology program are expressed in the following statements.

Surgical Technology is a program of study which is compatible with the policies of the Technical College System of Georgia and encourages each Surgical Technology program student to benefit and contribute as a partner in the economic development and stability of Georgia. The philosophy of the Surgical Technology program is founded on the value attributed to individual students, the surgical field, and technical education.

The Surgical Technology program of study is consistent with the philosophy and purpose of the institution. The program provides academic foundations in communications, mathematics, human relations, and occupational fundamentals. Graduates are trained in the underlying fundamentals of surgical technology and related areas and are well prepared for employment and subsequent upward mobility.

The Surgical Technology program provides the student with the knowledge and skills to become a qualified surgical technologist. Important attributes for success of program graduates are critical thinking, problem solving, and the application of training to the work environment.

The program structure acknowledges individual differences and provides opportunities for students to seek fulfillment of their educational goals. The program does not discriminate based on race, color, national origin, religion, sex, age, physical or mental handicap, disability academic disadvantage, or economic disadvantage.

To assist each student to attain his or her respective potential within the program, both the instructor and the student incur an obligation in the learning process. The instructor is a manager of instructional resources and organizes instruction in a manner which promotes learning. The student assumes responsibility for learning by actively participating in the learning process.

Surgical Technology is a dynamic field, which requires attention to current curriculum and up-to-date instructional equipment. The Surgical Technology program promotes the concept of change as the profession evolves. The need for nurturing the spirit of involvement and life-long learning is paramount in the surgical technology field and related areas.

SURGICAL TECHNOLOGY PROGRAM GOALS/PURPOSE

The goal/purpose of the Surgical Technology program is to provide educational opportunities to individuals that will enable them to obtain the knowledge, skills, and attitudes necessary to succeed in the surgical technology profession.

The Surgical Technology program provides educational opportunities regardless of race, color, national origin, religion, sex, age, handicapping condition, academic disadvantage, or economic disadvantage.

The Surgical Technology program is intended to produce graduates prepared for employment as surgical technologists. Program graduates are to be competent in the general areas of communication, math, structure and function of the human body, and professional relations.

Graduates are to be competent as skilled surgical technologists, qualified by didactic and clinical training, to provide services in the operating room under the supervision and responsibility of the operating room registered nurse.

Graduates are prepared to function in association with nurses and surgeons to help provide the best possible care of the surgical patient. They function as a part of the operating room team responsible for the cleanliness, safety, and efficiency of the operating room that leads to good patient care. Their experience with aseptic surgical techniques qualifies them to prepare materials for use at the operating table and to assist in their use.

The surgical technologist demonstrates an ability to relate to people, an orientation towards service to people, and a capacity for calm and reasoned judgment in meeting emergencies. Respect for the patient as a person and respect for the patient's privacy are expected by the technologist.

SURGICAL TECHNOLOGY PROGRAM STUDENT OBJECTIVES

The Surgical Technology program is intended to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Upon completion of the Surgical Technology Program, the student will be able to demonstrate the following:

1. A working knowledge of anatomy and physiology, and the relationship between theory and practice in diagnosis and treatment of the patient.
2. An understanding and use of medical terminology.
3. The principles of aseptic technique, sterile technique, sterilization, and disinfection.
4. Skill in helping the surgeon with organization of time, movement, and materials.
5. Proficiency in the more common surgical procedures by organizing responsibilities efficiently and accurately and through anticipating the needs of the members of the OR team and the patient.
6. Knowledge of the patient as an individual, and an understanding of what the operative procedure means to the patient, both physically and psychologically.

7. Communication skills, verbal and nonverbal, regarding the patient and/or team members.
8. The absolute necessity of accuracy, integrity, self-reliance, cooperative teamwork, flexibility, and adaptability always while in the OR setting.
9. Understanding the action and use of anesthetic agents, medications, and fluids, and the patient's responses to them.
10. Manual dexterity and the ability to manage stressful situations through a basic knowledge that will allow quick, accurate response in all situations, which may occur.
11. The ability to function cooperatively as a member of the OR team and recognition of the importance of the OR teamwork concept.
12. The ability to control patient and hospital costs through correct, safe, economical use of equipment, supplies, and time.
13. A working knowledge of legal and ethical responsibility as a member of the OR team. An understanding that everyone is responsible for his/her own actions.
14. Recognition of the trauma inflicted on the patient undergoing surgery, the care required to ensure patient safety, knowledge and understanding of surgical equipment and supplies to insure the patient the least possible trauma.
15. The ability to function successfully in an area that requires much mental effort, accuracy, speed, and emotional stability.
16. Knowledge of the specific duties and limitations as a first scrub, second scrub, and assisting the circulator.
17. An understanding of opportunities available in related fields.

CODE OF ETHICS

The Association of Surgical Technologists has established a Code of Ethics that shall guide them.

ASSOCIATION OF SURGICAL TECHNOLOGISTS CODE OF ETHICS

1. To maintain the highest standards of professional conduct and patient care.
2. To hold confidence, with respect to the patient's beliefs, all personal matters.
3. To respect and protect the patient's legal and moral rights to quality patient care.
4. To not knowingly cause injury or any injustice to those entrusted to our care.
5. To 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 always adhere to the Code of Ethics in relationship to all members of the healthcare team.
11. team.

Program Course Completion Requirements

Pre requisite classes:

General Education Core Courses

Area I - Language Arts/Communication
ENGL 1101

Area II - Social/Behavioral Sciences

Area III - Natural Sciences/Mathematics
MATH 1111 College Algebra OR MATH 1101 Mathematical Modeling OR MATH 1103
Quantitative Skills and Reasoning

Area IV - Humanities/Fine Arts

Additional General Education Elective (from Areas I-IV)

Occupational Core Course

ALHS 1090 Medical Terminology for Allied Health Sciences
BIOL 2113 Anatomy and Physiology I
BIOL 2113L Anatomy and Physiology Lab I
BIOL 2114 Anatomy and Physiology II
BIOL 2114L Anatomy and Physiology Lab II
BIOL 2117 Introductory Microbiology
BIOL 2117L Introductory Microbiology Lab

After you have completed your ALL prerequisite classes and taken the TEAS TEST , you will become eligible for competitive selection. <https://www.centralgatech.edu/wp-content/uploads/pdfs/admissions/CompetitiveSelectionBooklet.pdf>

Surgical Technology Program classes

First Semester

SURG 1010
SURG 1020 (clinical part 4-5 weeks of the first semester)

Second Semester

SURG 2030 (Surgical Procedures)
SURG 1100 (Pharmacology, online)
SURG 2110 (S1/clinical)
SURG 2120 (S2/clinical)

Third Semester

SURG 2040 (Surgical Procedures)
SURG 2240 (seminar class, online)
SURG 2130 (S1/clinical)

SURG 2140 (S2/clinical)

National Exam Boot camp

Upon completion of the program, graduates are designated as Surgical Technologists and are eligible to sit for the national certification examination. Compliance with ARC/STSA accreditation requires a 100% graduate participation rate in the certification exam, which must be taken on the date set by the Program Director.

Admission/Academic/Clinical Standards

Length of Program: 3 Semesters (after completion of core curriculum)

Time: Day classes **ONLY**/ Day clinicals **ONLY**

Entrance Date: Fall/Spring Semester

Program Description: The Surgical Technology program prepares students for employment in a variety of positions in today's surgical technology profession. The program provides learning opportunities which introduce, develop, and reinforce academic and occupational knowledge, skills, and attitudes required for job acquisition, retention, and advancement. It is designed for graduates to achieve certification after successful completion of the program.

Academic Standards: Progression, Dismissal, and Readmission

1. A grade of "70%" or above is required for successful completion of any course. A grade of 70% must be maintained during the didactic courses (SURG 1010,1020, 2030, 2040) to be able to participate in the clinical courses (SURG 2110,2120, 2130, 2140). **Please also note that SURG 1020 has a 4–5-week clinical component during the first semester.**
2. **All courses must be completed each semester before progressing to the following semester**
3. Students who withdraw with the intent to return will be allowed to do so within a time span of one year with demonstrate competency
4. Any student with a course grade below **70%** will not be permitted to participate in clinical rotations until the grade is raised to a minimum of **70%**. All grades are calculated based on earned points only. Rounding of grades is not permitted under any circumstance.

ACADEMIC/CLINICAL PROGRESS

Students are required to achieve a grade of "C" in all courses assigned to the Surgical Technology curriculum. **If a final grade lower than a "C" is made in any course, the student will be dismissed from the program.** The student may re-apply to the program and enter when the

sequence of courses needed is offered. This is usually during the same semester the following year. Testing may be required, and space limitations must be considered. Re-entry into the program is limited to one time.

PROGRAM WITHDRAWAL PROCEDURE

If withdrawal from the Surgical Technology program becomes necessary, the student is advised to consider the circumstances carefully. Thought should be given to the time frame for withdrawal without penalty, as well as possible to re-entry into the program the following year. The Program Director will counsel and advise the student on the best possible course of action.

If you choose to withdraw, you must meet with course faculty and Program Director for advisement. Students who withdraw from class on or before the published deadline are issued a grade of "W".

<https://www.centralgatech.edu/financialaid/things-that-may-affect-your-aid/dropping-and-withdrawing-from-classes>

<https://www.centralgatech.edu/wp-content/uploads/pdfs/catalog/catalog.pdf> page 64

DISMISSAL FROM SURGICAL TECHNOLOGY PROGRAM

Students are expected to follow all guidelines as printed in the student handbook and in the CGTC catalog. Noncompliance may result in activation of the Surgical Technology program of dismissal policy.

Failure to comply with the written program guidelines will result in one of two results:

1. An anecdotal note placed in the student's file -OR-
2. A meeting with the program chair and/or Health Sciences Department Chairperson for dismissal from the program.

Program Readmission Requirements

1. Students requesting to return to the program after a leave of absence must request readmission, in writing, to the Dean of Health Sciences.
2. A student who is dropped from the program due to academic reasons, attendance, or having a grade lower than "C" in any Surgical Technology course will be limited to a one-time re-entry into the program.
3. A student wishing to re-enter the program must understand that readmission is granted on a competitive and space available basis, based on the program's readmission criteria, the accreditation agency and the clinical capacity. Readmission will be considered only if there are seats available.
4. Students seeking readmission to repeat a course(s) must be readmitted to the program within 12 months from the date of their last completed semester. (or at Program Director's discretion)
5. A student desiring to re-enroll in Surgical Technology after a leave of absence must adhere

to the following policies and procedures: Students must demonstrate competencies learned in previously taken coursework, including lab and/or clinical courses. Based on competency testing, students may be required to repeat coursework.

SYSTEMATIC STUDENT EVALUATION

Each student's progress in the program is measured by a variety of methods, including written and oral tests, practical exams (check off's), evaluation of practical demonstrations, and evaluations and observation of the student's skill in the clinical area.

Check off #1- Sterile Techniques written test

Check off #2- Scrubbing, self-gowning & gloving

Check off #3- Handling sharps, medication handling, and labeling

Check off #4- Entire surgical case set up

For Check-Off #1 - Students must earn a score of **75% or higher on their first attempt** to pass.

If a student earns **below 75%** on the first attempt, they will be allowed **one second attempt** within **one week** of the initial test. On the second attempt, the student must earn a score of **75% or higher** to be eligible to participate in **clinical rotations**. Students will test weekly until a 75% score or higher has been achieved; for each missed clinical rotation an evaluation grade of zero will be recorded in the gradebook.

Only the first and second test scores will be counted and **averaged together for the final recorded** grade in the **SURG 1020 grade book**, regardless of grades achieved on subsequent attempts.

For check off #2 - Students are given **two attempts to pass** the competency. Failure to be successful within two attempts will result in the **student's dismissal from the program on the date of failure**.

Check off #3 and #4. Students must be able to complete all required tasks safely and within an appropriate time frame, in accordance with established safety guidelines. Students are allowed two attempts to successfully pass each competency check-off.

If a student is unsuccessful after two attempts, the student will not attend clinical for that week and will be scheduled for remediation with an instructor on campus. In this circumstance, the student will receive a grade of 70% for that week's clinical evaluation. Subsequent clinical weeks may also be used for remediation as needed.

Additional individual progress reports, performance check offs, and performance evaluation standards are used to monitor the student's progress in the program. Performance standards have been defined for each area of clinical practice. The clinical instructor will complete a weekly clinical evaluation report, including a daily performance grade.

During the first semester, if any student is determined by an instructor or preceptor as not progressing as prescribed in critical lab skills, the student will be assigned **mandatory lab time after class** until the skill or competence is successfully mastered. This includes any failure to execute critical skills in the clinical setting that might present a danger to the surgical patient if

not remediated. If a student cannot master the competency after mandatory lab skills practice, a meeting with instructor and Program Director will be scheduled to determine the student's progress and its impact on continued program status.

Grading Policy:

See individual syllabi for course grading policies.

Grading is in accordance with current college policy. Students should refer to each course syllabus for grading methods.

Individual course grading policies are the responsibility of the course instructor. Grades will be discussed at midterm and at the end of the semester. A student may be asked to meet with the instructor about didactic and clinical progress.

A grade of "I" (incomplete) may be given if a student has not completed course requirements during the prescribed time. The incomplete is assigned only after the student has planned with the instructor to fulfill the course requirements. All work must be completed within ten days of the prescribed time, or the grade automatically becomes "F," and the student will be dropped from the program.

Academic Counseling for Didactic Performance

Students who are not meeting minimum passing standards in didactic coursework will receive academic counseling throughout the duration of the course. In addition, all students failing didactic grades at midterm will be formally counseled and provided with a documented plan for improvement. Ongoing monitoring and follow-up will occur to support student progress and ensure accountability. In addition, we will follow up with the Bart system and the Teams alerts.

All classroom and clinical courses are graded as follows:

Classroom courses include classroom instruction, laboratory instruction, independent study and collaborative learning (small group) activities, and compliance with program policies and student responsibilities as listed in each course syllabus.

Clinical courses will include clinical competencies, observation checkoffs, attendance requirements, and may include other instructional activities and compliance with program policies and student responsibilities as listed in each course syllabus.

The course grade will be assigned a letter grade based on the school scale below.

GRADING SYSTEM

The following grading system is used:

| | | |
|----------|----------------------|---|
| A | (90-100) Excellent | GPA 4.0 |
| B | (80-89) Good | GPA 3.0 |
| C | (70-79) Satisfactory | GPA 2.0 |
| D | (60-69) Poor | GPA 1.0 |
| F | (below 60) Failing | GPA 0.0 |
| I | Incomplete | GPA not computed/ counts toward % completed |

| | | |
|----|--|--|
| IP | In Progress | GPA not computed |
| W | Withdrew (no grade) | GPA not computed/counts toward % completed |
| AU | Audit | |
| EX | Credit by Competency Exemption Examination | |
| TR | Transfer Credit | MINIMUM GRADE POLICY FOR A COURSE |

Students withdrawing from class on or before the published deadline are issued a grade of "W".

Students have the right to appeal a final academic grade that they do not agree with. The process for doing this is in the on-line CGTC catalog at

<https://www.centralgatech.edu/wp-content/uploads/pdfs/catalog/catalog.pdf#page=31>

APPEALS/GRIEVANCE PROCEDURES

Students and faculty will follow the normal CGTC chain of command in addressing issues of concern and problems that may arise. **The first point of contact is the instructor.** If the instructor does not resolve the issue, the student should meet with the Surgical Technology Program Chairperson. If the issue is not taken care of at this level, grievance procedures are outlined in the CGTC Catalog.

In the event a complaint is raised the following steps will be taken:

1. The Program Director documents the complaint.
2. The Program Director attempts to resolve complaints and responds to complainant in writing within five business days.
3. If the students are not in agreement with the Program Director's response, they may follow the CGTC process
- 4.

<https://www.centralgatech.edu/about-cgtc/grievance-procedure>

<https://www.centralgatech.edu/wp-content/uploads/pdfs/catalog/catalog.pdf#page=61>

5. All documentation regarding complaints will be maintained in the locked file cabinet in the Program Director's office.

Plagiarism Policy

Failure to use proper citation procedures is considered plagiarism. Students are expected to do their own work and acknowledge someone else's work when using other sources. Deliberate failure to cite source will result in a failing grade for an assignment. Repeated plagiarism will be grounds for a referral to the Executive Director of Student Conduct, Appeals and Compliance, and further discipline based on college policy.

STUDENT SUCCESS

A Message to Our Surgical Technology Students

The courses you are about to begin will be challenging and, at times, you may find yourself questioning what you have gotten into. However, the level of difficulty you perceive will depend on the time, dedication, and commitment you devote to your chosen profession.

You will be required to absorb and retain a significant amount of information and to apply that knowledge in both the laboratory and clinical settings. Throughout this process, you will cultivate critical thinking skills, empathy, and a deep understanding of the surgical technology field. Remember, in the clinical environment, every situation is unique—therefore, **a substantial amount of time must be dedicated to reading and preparation.**

You will also be educated and held accountable for demonstrating professional attributes. This includes showing respect for others, communicating effectively, cooperating with colleagues, and exhibiting the reliability expected of a professional. Treat your classmates, instructors, patients, and co-workers with the same respect and consideration you wish to receive.

If anyone suggests that the behaviors, you display in school are unrelated to those expected in the workplace—disregard that notion entirely. Imagine a potential employer inquiring about a graduate known for habitual tardiness, an inability to work well with others, and constant complaining. That individual would not be a desirable team member—nor would you want that person to care for you or your loved ones in the operating room.

Those who truly succeed in this program recognize early on that instructors, clinical personnel, tutors, counselors, and other college staff work tirelessly to build a bridge that leads you toward successful graduation and the realization of your professional dreams.

Ultimately, **your success rests in your hands.** We are here to support you, guide you, and help you achieve your goals—but it is up to **you** to put in the effort that transforms ambition into achievement.

ETHICS

Central Georgia Technical College agrees with industry that a key area of student development should be work ethics. Faculty will be evaluating the student in the classroom as well as the clinical sites in the traits and characteristics determined acceptable by Technical College System of Georgia. These evaluations are available to employers as a reference for job hiring. It is important that the student put forth their best effort into their professional expression.

CGTC will provide classroom instruction on all traits each semester, and students will be provided with a list of work ethic performance standards. Work ethics pertains to those personal characteristics often referred to as decent work habits – punctuality, dependability **WORK**, initiative, integrity, attitude and attendance. Written counseling in areas of excellence as well as problem areas needing improvement will be provided, and all forms are filed with the students' permanent record.

We have designed a system for evaluating work ethics in which a student is assigned a grade reflecting it. A Work Ethics grade (0,1,2,3) will be given each semester for each course completed. The grades will be determined by evaluating such factors as attendance, character, teamwork, appearance, attitude, productivity, organization, communication, cooperation, and respect. The Work Ethics grade will not affect the academic grade point average (GPA) of a student; it will remain separate from academic grades. Work Ethics grades will be printed on each semester of Student Grade Reports and transcripts. The academic grade for the course will appear as the first grade, and the Work Ethics grade is the number that follows the final grade.

As an integral part of the community's work force, the medical professionals' character and work ethics play a major part in the well-being and healing of each patient requiring medical care. As a member of the surgical team, employers place value in good attendance and team-oriented cooperation. Only YOU are responsible for the first impression you give others.

PROFESSIONAL BEHAVIORS

Appropriate professional behaviors are expected by all members of the learning community. Experience shows that behaviors demonstrated in the classroom do carry over into the clinical setting. Professional behaviors, grades, and skill performance are all integral parts of a resume'. When you meet with your instructor, these professional behaviors will be reviewed and assessed.

PROFESSIONAL BEHAVIORS IDENTIFIED (READ CAREFULLY)

Four professional behaviors are identified. These are expectations of you that apply equally in the classroom and clinical setting. Each is clarified with a list of supporting behaviors. This list is not intended to be all-inclusive.

1. Demonstrate dependability and punctuality.

1. Attend all classes, labs, and scheduled appointments with instructors.
2. Arrive for class, lab, and clinical with ample time to be prepared to participate at the designated starting time.
3. Leave class, lab, and clinical at the stated time or when dismissed.
4. Contact instructor by phone or message prior to absence from clinical.
5. Complete and turn in assignments on time.
6. Accept responsibility for actions and outcomes.
7. Do not abandon lab partners without completing tasks.
8. Take full advantage of the time available in labs by staying on task and involved.
9. Use time effectively.

2. Work effectively and respectfully in the clinical setting.

1. Stay in assigned areas unless permission is granted by college staff or RT.
2. Do not leave for lunch or break in the middle of an exam.
3. Accept assignments from clinical supervisors to commensurate with capabilities.
4. Attend to the comfort and safety of all patients.
5. Continually maintain patient confidentiality.
6. Minimize personal business in the clinical setting.
7. Demonstrate a positive attitude toward feedback.
8. Develop a plan of action in response to feedback.
9. Critique your own performance and share that self-assessment.
10. Always maintain professional demeanor.

3. Work effectively and respectfully with peers and instructors demonstrating mature communication skills.

1. Avoid interrupting others.
2. Respond during interactions using appropriate verbal and nonverbal styles.
3. Communicate in a respectful manner.
4. Respect the personal differences of others.
5. Share fully with lab or project partner in accomplishing assigned tasks.

6. Use correct grammar and expressions in verbal and written communication.
 7. Avoid the use of offensive statements.
 8. Write legibly and complete assignments with acceptable quality.
 9. Listen actively.
 10. Accept limits to own knowledge in a subject manner.
 11. Consult with instructor when a student's behavior endangers another member of the class or in the event of an ethical breach of conduct
- 4. Assume responsibility for personal and professional growth.**
1. Recognize problems or needs.
 2. Assume responsibility for your own actions.
 3. Demonstrate a positive attitude toward feedback.
 4. Maintain an open line of communication with individual offering critiques.
 5. Develop a plan of action in response to feedback.
 6. Assume responsibility for all learning.

CERTIFICATION PROCEDURES

The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (**ARC/STSA**) **requires a 100% exam participation rate for students who complete the program.** ARC/STSA is the body of accreditation council for the Surgical Technology program at CGTC.

Students of the CGTC Surgical Technology program in the final semester students **MUST** apply for certification through the **National Board of Surgical Technology and Surgical Assisting (NBSTSA)** <https://www.nbstsa.org/> which is accepted by the **Association of Surgical Technologists (AST)** <https://www.ast.org/>.

The Program Director will submit student application, written evidence that the applicant has successfully completed the course of training for Surgical Technologists at a Commission on Accreditation of Allied Health Educational Programs (CAAHEP) institution, and the requested institutional payment (AST Gold Student Bundle \$257) for application and test. The Gold Bundle affords each student a substantial discount on the exam as well as membership in the Association of Surgical Technologists. **Students should be prepared to pay this fee at the beginning of the second semester.** Fees are paid in the Business Office and student **MUST** get a receipt with the student's name on it showing fee is paid.

The graduate will know within one week of testing whether she/he passed; however, a record of performance in each area will be emailed to them, along with a certificate. Re-testing information in the event a student does not pass can be found at <https://www.ast.org> <https://www.nbstsa.org/>

The student is responsible for scheduling the retest.

STUDENT CODE OF CONDUCT

Students enrolled in the Surgical Technology Program at Central Georgia Technical College will be responsible for

- Abiding by program policies and guidelines applicable to your clinical education.
- Acquiring expertise and proficiency in a wide variety of surgical procedures and other ancillary duties.
- Developing and practicing professional work habits and appropriate interpersonal

relationships with patients, surgery department staff and other members of the health care team.

- Observing rules and regulations as stated in the campus Student Handbook, Surgical Technology and Clinical Handbook.
1. Students enrolled in the Surgical Technology Program must conduct themselves in a professional manner.
 2. Any conduct unbecoming that of a health care professional or detrimental to Central Georgia Technical College and the Surgical Technology Program will be subject to disciplinary action.
 3. If disciplinary action is required during a clinical rotation, the student will be asked to leave the clinical area and report to the Program Director. The offense will then be reported to the Health Sciences Dean.
 4. The first offense will result in a written reprimand to be placed in the student's permanent file. **EXCEPTION:** the offense is serious enough to be a terminating offense under the terms of the clinical contracts with the affiliating health agencies. If this is the case, dismissal from the course or program may occur immediately. (See the Critical Incident section of this handbook).
 5. A second offense could result in immediate dismissal from the course or program depending on the severity of the misconduct. Disciplinary actions of any kind are **evaluated on a case-by-case basis** without bias.
 6. No student shall receive or give assistance not authorized by the instructor in the preparation of any essay, laboratory report, examination or other assignment included in an academic course.
 7. No student shall take or attempt to take, steal, or otherwise obtain any material pertaining to the conduction of a class. This includes tests, examinations, laboratory equipment, and roll books.
 8. No student shall sell, give, lend or otherwise furnish to any unauthorized person, material which can be shown to contain the questions and answers to any examination scheduled to be given at any subsequent date in any course of study offered by Central Georgia Technical College without authorization by the instructor.
 9. Plagiarism is prohibited. Themes, essays, term papers, tests, and other similar requirements must be the work of the student submitting them. When direct quotations are used, they must be indicated and when the ideas of another are incorporated in the paper, they must be appropriately acknowledged.
 10. **Students are to adhere to the attendance policy (see clinical handbook and course syllabus).**
 11. Students will be responsible for all class and lab material presented on the day of an absence and are to plan for make-up tests with the instructor upon returning after absence.

SPECIFIC PROGRAM CODE OF CONDUCT

A **critical incident** of misconduct is defined as any action or failure to take action that may result in or has the potential to result in harmful effects to the well-being of the client/individual. Such incidents should be recorded and reported following the normal chain of command as soon as possible. Each misconduct incident is taken seriously and will be evaluated individually.

CHEATING WILL NOT BE TOLERATED; This includes any of the following:

- a. Use and/or possession of unauthorized material or technology during an examination, or any other written or oral work submitted for evaluation and/or a grade, such as tape cassettes, notes, tests, calculators, computer programs, cell phones and/or smart phones, or other electronic devices.
- b. Obtaining assistance with or answers to an examination or any other written or oral work submitted for evaluation and/or a grade from another person with or without that person's knowledge.
- c. Furnishing assistance with or answers to an examination or any other written or oral work submitted for evaluation and/or a grade to another person.
- d. Possessing, using, distributing or selling unauthorized copies of an examination, computer program, or any other written oral work submitted for evaluation and/or a grade.
- e. Representing as one has owned an examination or any other written or oral work submitted for evaluation and/or a grade created by another person.
- f. Taking an examination or any other written or oral work submitted for evaluation and/or a grade in place of another person.
- g. Obtaining unauthorized access to the computer files of another person or agency and/or altering or destroying those files.
- h. Obtaining teacher edition textbooks, test banks, or other instructional materials that are only intended to be accessed by technical college officials, college administrator, or faculty member

DIACTIC/CLASSROOM/CLINICAL ATTENDANCE POLICY

Students are **expected** to attend all scheduled classes and lab sessions as well as clinicals.

While we acknowledge that it is the student's right to decide whether to attend classes, the student **must** understand the following:

1. Course material may contain subject matter that may be difficult to understand if the student elects not to be present for the lecture or lab. The instructor will not repeat the missed material.
2. When asked to make recommendations for scholarships and employment, the instructors take absences into consideration.
3. When students' work ethics are evaluated for the course, instructors will look closely at attendance.
4. Individual course syllabi will outline the attendance policy for each course. Instructors reserve the right to make changes in any course policy at their discretion, which can supersede information included in this handbook.
5. Students not in uniform without express permission from the Program Director will be sent home for the day, student will receive an unexcused absence and a zero for the day.

*** Note: Tardiness is not a professional behavior and is not acceptable.**

Attendance Policy

1. Instructor Authority and Responsibility -

Instructors hold both the right and the responsibility to establish reasonable attendance policies suited to the nature, level, delivery method, and frequency of their courses. These policies will be clearly communicated to students and applied fairly and

consistently to all enrolled individuals. Specific attendance requirements are determined by each program area and outlined in the course syllabus.

2. **Attendance Requirements -**
Each Surgical Technology didactic and clinical course enforces a strict attendance policy. Students may not miss more than **10% of the total class time**.
 - **Fall and Spring Semesters:** Maximum of **3 days**
 - **Summer Semester:** Maximum of **1.5 days**
3. **If a student exceeds three (3) absences during the Spring or Fall semester, or 1.5 absences during the summer semester, a 30-point deduction will be applied to the final course grade.** Should a student be hospitalized and exceed the allowable absences, it will be excused on a case by case basis.
4. **Reporting Absences -**
If you will be absent, you must notify your instructor **at least one hour prior** to the scheduled class meeting time.
 - *Failure to report an absence is considered unprofessional and unacceptable behavior.*
5. **Method of Notification -**
Students are required to **personally speak with the instructor by phone** to report an absence and provide the reason.

No other form of notification—including text messages, emails, or messages relayed through others—will be accepted.

6. **Missed Lectures and Assignments**
It is the student's responsibility to contact the instructor upon returning to class to obtain any missed material or assignments.
7. **Assignment Deadlines**
All assignments must be submitted by the stated due date. **Late assignments will not be accepted.**
8. **Responsibility for Missed Materials**
Students are responsible for ensuring all assignments are submitted on time and for obtaining any handouts or materials distributed during their absence.
9. **Make-Up Examinations**
If a make-up exam is permitted as outlined in the course syllabus, it will be scheduled at the **discretion of the instructor**. The student must contact the instructor to arrange a time for the make-up exam, which will be an **alternate version** of the original test.
10. **Quizzes -**
Quizzes **cannot be made up** except in cases of **documented jury duty, military leave, or the death of an immediate family member**.
11. **Excused Absences**
The only excused absences recognized by the program are for **court appearances, military duty, or the death of an immediate family member (Spouse, Mother, Father, child, or grandparent)**. Please refer to the **CGTC Attendance Policy** in the college catalog for additional details. All absences are reviewed on a case-by-case basis without bias.
12. **Anticipated Absences**
If an absence is anticipated for personal reasons, it must be discussed with the instructor **before** the absence occurs.

13. Documentation Requirement

All absences in didactic and clinical courses must be supported by **appropriate documentation**, which must be submitted to the instructor upon return and placed in the student's file. All documentation must be submitted on the exact date of return, or it will not be accepted, and the absence/s will be counted as unexcused.

- Students will **not** be permitted to attend class without documentation.
- If medical documentation is unavailable, the student must provide a **signed and dated written statement** to summarize the reason for the absence.

Instructor Communication Policy:

- Students may **not** contact instructors before **07:30 a.m.** or after **17:00 p.m. Monday-Thursday, and 07:30 - 15:30 on Fridays on class days and 05:00 -15:30 on clinical days**, including but not limited to phone calls, text messages, and messaging platforms. Emails will be answered in a timely manner according to CGTC policy.
- Messages sent outside of approved hours will be addressed during the next business day and will not be considered urgent.
- Students should plan ahead for questions related to assignments, examinations, clinicals, or deadlines to ensure communication occurs within approved office hours.
- Instructors are not required to respond to messages sent outside of designated communication hours.

Exceptions:

- Exceptions may be made at the instructor's discretion for **approved emergencies** or **previously arranged communication**.

Failure to adhere to this policy may result in delayed responses and may be considered a professionalism concern.

Examination Punctuality Policy

Punctual attendance on examination days is mandatory. A **10-point deduction** will be applied if a student arrives **after 8:30 a.m.**, regardless of the reason.

If a student arrives after the examination has begun, the student will not be permitted to take the scheduled exam. The examination must be rescheduled with the instructor and will be administered as an alternate make-up version. A 10-point penalty will be applied to the make-up examination score.

Adherence to this policy is expected of all students to maintain fairness and professionalism within the Surgical Technology Program.

ONLINE CLASSES

At the end of each online class, students will have the opportunity to go back in to the previously submitted assignments, pretests, and tests to review for the final exam. If any of the mentioned tasks were not attempted and/or completed, students cannot review them.

EMERGENCY CLOSING

1. If CGTC CAMPUS has canceled classes, the student is not required to attend clinical education or classes. Program course material will be covered later.
2. If classes have returned to their regular schedule and the student believes he/she cannot make it to the clinical setting due to inclement weather, road conditions, or other difficulties, it will be treated as an absence and the student should notify the Program Director/Clinical Coordinator and the Clinical Instructor at the assigned clinical setting.

<https://www.centralgatech.edu/wp-content/uploads/pdfs/catalog/catalog.pdf>

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Laboratory

1. Laboratory experience is necessary, and you are required to attend.
2. **Laboratory experiences cannot be “made-up”.**
3. If you are absent, you will be behind in your course work.
4. Missed time will be reflected in your lab participation grade.
5. Labs are not conducted on a drop-in basis.
6. Because labs are a critical part of gaining the necessary skills to progress to clinical, you will be expected to use all allotted lab time accordingly.

Lab Equipment Utilization

Because the replacement of lab equipment is very costly for the institution, students and faculty members are expected to handle all lab equipment carefully. Lab equipment and the lab itself should be left in an orderly manner. Students may not lend or borrow department equipment to include textbooks and video materials without the written consent of the Surgical Technology Program Director or clinical coordinator. Established safety guidelines for utilizing the lab are posted and expected to be followed.

Fraternization

Students and faculty members are strongly encouraged to adhere to the established policy concerning fraternization between students and faculty as set forth by CGTC. To discourage fraternization, the surgical department strongly urges the use of **proper titles for faculty and**

staff. Students may choose to be called by their first name or by their surname. Faculty and Physicians should always be addressed by their surnames.

Supplemental Study Materials/Tutorial Services

Supplemental study materials in various forms are available to the students. These include supplemental reading materials from professional texts and journals, and specialized computer program access. The student should decide with the program faculty to utilize materials in the resource/lab and classroom. Many clinical facilities have medical libraries that may be used by students. The student should consult with the faculty about the use of these facilities. All students are encouraged to make use of these valuable resources. Tutorial services are also available to the students. Individual tutoring is provided by the faculty and is scheduled by appointment only.

BLS

All students are required to have a valid American Heart Association BLS card before participating in the clinical rotation. No other form of CPR/BLS card will be accepted. For students who do not have a current BLS card, you will be given the opportunity to attend a BLS class during Surg Tech 1020 to get a valid card. Students that have a valid card for the American Heart Association are still required to attend Surg Tech 1020 class on that day.

All students must keep the required immunizations and BLS card up to date. If this is not done promptly, the student will not be allowed to attend the clinical rotation.

Students will need to do the following prior to attending the class:

- Purchase BLS Instructor led BLS book <https://ebooks.heart.org/> or at CGTC bookstore
- Cost of the BLS/CPR card (eCard) is \$10.00 (to be paid at the cashier's office prior to the day of training)
- After the initial card is provided to the student, **it will then become the student's responsibility to maintain certification.**
- A valid BLS card is required to participate in the clinical educational portion of the program.

A copy of the student's BLS card will be required by the Surg Tech faculty to keep a file in the Program Director's office.

If a student card **expires** while in the Surgical Technology program, the student will not be permitted to attend the clinical portion of the program until re-certification of BLS is obtained. **Student must notify the instructor of the BLS card expiration date and arrange to attend a re-certification class at least thirty days before expiration date.**

Any time missed by the student under these circumstances will be evaluated according to the Surg Tech program attendance policy.

Georgia State Assembly:

All students are encouraged to attend the GEORGIA STATE ASSEMBLY of AST bi-annual meeting. Students can get information and meeting details at <http://www.ast-gasa.org>. This is a great networking opportunity.

Faculty Offices

Faculty Office hours are established each semester and provided in the course syllabi.

Physical and Mental Performance Requirements- Technical Standards

Because of the nature of the work required in the Surgical Technology Program offered at Central Georgia Technical College, students should be able to perform the following:

1. Able to reach, manipulate, and operate equipment necessary for Surgical procedures.
2. Able to move, manipulate, and position a patient or client as necessary for the Surgical Technology profession. **Be able to stand, bend, and stoop, and/or sit within a confined area for prolonged periods of time, up to 6 to 8 hours.**
3. Able to visually assess patients, surgical instruments and the working environment to correctly decide the appropriate action/instrumentation needed for the next step in the surgical case. Must have 20/20 vision or better with correction.
4. Able to clearly communicate, both verbally and in writing, with the patient, surgical team members, and others.
5. Able to disseminate information relevant to patient care and work duties and hear clearly enough to gather information relevant to patient care, the surgical procedure, and work duties. **Hear and understand muffled communication without visualization of the communicator's mouth/lips within 20 feet.**
6. Hear activation/warning signals on equipment.
7. Able to make appropriate judgment decisions in an emergency or where a situation is not clearly governed by specific guidelines.
8. Able to demonstrate emotional stability and psychological health in day-to-day interactions with patients, staff, family members, and others in routine and non-routine decision-making processes, and on the daily execution of didactic and clinical assignments.
9. Able to lift at least **50 pounds**.
10. **Be able to function without nourishment or medication for a period extending to 6 to 8 hours.**

Please contact your instructor if you have any questions or express any concerns you may have ASAP.

CGTC WARNER ROBINS CLINICAL POLICIES AND PROCEDURES

CLINICAL EDUCATION PURPOSE

The major purpose of a program in Surgical Technology is to enable the student to develop skills that will allow him/her to successfully perform the duties of a surgical technologist. The preliminary step in this process is the acquisition of knowledge through classroom and laboratory and clinical learning experiences. A student must then practice and perform these skills until they are mastered.

Clinical education is a vital part of your education in surgery. Most of the time spent on this program is in the surgical department area. For the student surgical technologist to obtain the greatest benefit in this program, it is important that he/she participate to the fullest.

The clinical rotation begins with a brief tour through some clinical sites and the surgical departments. After completing the tour, the student begins regular rotation assignments in some clinical sites. This is done under supervision of a clinical instructor who is a (CST) certified surgical technologist. Through various clinical rotations, students are given the opportunity to work with a variety of patient types and explore other components of the profession, such as Central Sterile Processing. These various rotations will help you gain valuable experience in surgery and other types of patient situations that are not encountered during the normal workday.

At least once each semester, the clinical coordinator and/or program director will meet with each student to discuss the student’s progress in clinical practice. The conference will include a discussion of evaluations and competencies completed during the interval.

Meetings will be held at any time during the semester if the need or concerns arise.

CONFIDENTIAL INFORMATION

While attending your clinical assignment, you may have access to information regarding a patient’s medical information. Students are expected to maintain confidentiality professionally. Breach of patient confidentiality will result in dismissal from the Surgical Technology Program.

CLINICAL STANDARDS

This program prepares students by providing clinical experiences at the “standard” level defined by the Association of Surgical Technologists Core curriculum in Surgical Technology, 6th edition.

The terms for this level include:

Students must complete a minimum of **120 cases** as delineated below.

| Surgical Specialty | Total # of Cases Required | Minimum # of First Scrub Cases | Minimum # of Second Scrub Cases That Can be Applied Towards 120 Cases Required |
|----------------------|---------------------------|--------------------------------|--|
| General Surgery | 30 | 20 | 10 |
| Surgical Specialties | 90 | 60 | 30 |
| Totals | 120 | 80 | 40 |

1. A minimum of 60 surgical specialty cases must be performed in the First Scrub Role and distributed amongst a minimum of four surgical specialties.
2. A minimum of 10 cases in the First Scrub Role must be completed in each of the required minimum of four surgical specialties (40 cases total required).
3. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. However, up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role cases.

4. Diagnostic endoscopy cases must be documented in the category of "Diagnostic Endoscopy", rather than by specialty.
5. Vaginal delivery cases must be documented in the category of "Labor & Delivery" rather than in the OB/GYN specialty.

https://www.ast.org/uploadedFiles/Main_Site/Content/Educators/AST_Core_Curriculum_7ed.pdf page 243

Case experience in the Second Scrub Role is not mandatory. Observation cases must be documented, but do not count towards the 120 required cases. Observation cases are ONLY allowed in first semester on the first clinical day, unless prior approval by the instructor is granted.

Counting cases

Cases will be counted and documented according to surgical specialty (exception being diagnostic endoscopic cases; refer to above).

Examples of counting cases

1. Trauma patient requires a splenectomy and repair of a LeFort I fracture. Two cases can be counted and documented since the splenectomy is general surgery specialty and repair of LeFort I is an oral-maxillofacial surgical specialty.
2. Patient requires a breast biopsy followed by mastectomy. It is one pathology, breast cancer, and the specialty are general surgery; therefore, it is counted and documented as one procedure - one case.
3. Endoscopic cases that convert to an open case (e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy) are counted and documented as one (1) procedure—one case.

Clinical Rotation Logbook Policy

All students participating in clinical rotations are required to maintain an accurate **Clinical Rotation Logbook**. This log serves as official documentation of all surgical cases in which you have either **scrubbed in** or **observed**.

The information recorded will be used to verify your **eligibility for the national certification examination** and will become a **permanent part of your student record**, maintained by the Program Director.

Students are responsible for documenting daily procedures and ensuring that each entry is verified and signed by the **preceptor** or **circulating nurse** on the Clinical Log Sheet.

The Clinical Logbook is a **legal document** and must be maintained with the highest level of accuracy and professionalism.

General Guidelines

1. **Organization and Neatness**
 - All log sheets must be kept **neat, legible, and well-organized**.
 - You may take only the current sheet into the OR; however, always carry **extra sheets** as backups.
2. **Protection of Records**
 - Treat your logbook with great care.
 - **Lost log sheets cannot be recreated**, and any lost documentation will result in the **loss of credit** for those cases.
3. **Permanent Record**
 - The Clinical Logbook is a **permanent legal record** maintained in your student file.
 - It must be **clean, readable, and free of damage or alteration**.
4. **Submission of Completed Sheets**
 - Once a sheet is complete, turn it in to your instructor for review.
 - It is strongly recommended that you make a copy or take a photo of each sheet before submission.
 - Original documents will be filed in your permanent record.
5. **Ink Requirements**
 - All entries must be written in standard **black or dark blue ink** only.
 - **No other colors** will be accepted.
6. **Corrections**
 - **Whiteout or correction tape is prohibited, as well as scribbles**.
 - If an error occurs, draw a **single line through the mistake, initial it**, and continue the next line.
7. **Identification**
 - Your **name must appear at the top of every sheet**.
8. **Daily Documentation**
 - Every case, including **observation cases**, must be recorded **each day**.
9. **Case Numbering**
 - Number each scrubbed case sequentially, beginning with **#1** and continuing throughout the rotation.
 - **Observation cases are not numbered**, but must still be recorded, signed, and dated.
10. **Front- and Back-Page Consistency**
 - Case numbers and case types on the front must correspond with the information on the back.
 - For example, if a case is recorded as “observation” on the front, it must also be labeled “observation” on the back.
11. **Entries per Page**
 - Each sheet should contain **10 entries**.
12. **Preceptor Verification**
 - Each case must be **signed** by the preceptor or circulator nurse.
13. **Student Responsibility**
 - It is the student’s responsibility to **keep case numbers accurate and up to date**.

Important Reminders

- **Read all fine print** on the front and back of each log sheet carefully. This will help you understand how cases are counted. (See the sample sheets provided.)
- **Maintain and correct** your logbook regularly—it is your legal documentation of hands-on experience and required proof for certification eligibility.

Before turning in Log Sheets

Before turning in your log sheets, you must:

1. **Number all scrubbed cases** accurately.
2. **Identify “FS” or “SS”** as appropriate.
3. **Verify that signatures are** present for each case. Missing verification means the case **will not be counted.**
4. **Ensure the preceptor has granted credit** by checking the appropriate boxes.
5. **Record any observations or errors** from the front page on the back page.
6. **List the case category** (e.g., General, Plastic, Orthopedic, etc.).

Consequences of Incomplete Documentation

If log sheets are not properly maintained or submitted with complete information, they will be filed **“as is”** in your permanent record. Incomplete or inaccurate log sheets may result in:

- Loss of credit for recorded cases
- **Ineligibility** to sit for the certification exam
- **Delay or denial** of degree issuance

It is your responsibility to correct and resubmit any incomplete log sheets **before the end of the term** for review and credit.

CLINICAL EDUCATION AFFILIATES

1. The Affiliate for clinical education for student training is an approved facility by its accrediting agencies operating under the direction of a qualified person.
2. The affiliate meets the essentials for student training by providing:
 - a. A variety of radiological procedures providing learning experience.
 - b. Qualified personnel in the department are responsible for department activities.
3. The clinical personnel agree to directives set forth by the sponsoring institution of the student program including:
 - a. Professional atmosphere
 - b. Methodology for the evaluation process of students
 - c. Periodic meetings for program orientation and updating
 - d. Abide by student scheduling and assignments made by academic faculty.
 - e. Encourage in-service programs to keep in tune with recent procedures and trends within the profession.

4. **Students shall abide by clinical policy** during assignments to the facility about:
 - a. **Parking** facilities.
 - b. Assigned area for **changing clothes**.
 - c. Provision for **eating meals** (cafeteria or lunchroom where meals can be purchased and eaten).
 - d. **Ethical conduct** always.
5. At no time should the student be a substitute for salaried technologists who are responsible for the department activities and responsibilities.
6. The faculty of CGTC is responsible for the classroom and clinical education for students. The students may avail themselves of in-service programs sponsored by the surgical department or other service departments of the hospital as it relates to patient care and improved articulation

CLINICAL AFFILIATES

Atrium Navicent Health Medical Center / ASC – Instructor required, 13 slots

Piedmont Main – Instructor required, 4 slots

Emory Warner Robins / ASC – Instructor required, 6 slots

Atrium Navicent Health Baldwin – 2 slots (2nd & 3rd semester students)

Emory Perry, (2nd and 3rd semester students)- 2 slots

Renaissance Surgery Center, 1 slot, (3rd semester students) PA

Piedmont Northside, 2 slots (2nd and 3rd semester students)

Ortho Georgia Orthopedic Center, 2 slots, (3rd semester students) PA

CLINICAL AFFILIATION RELATIONSHIP

The students and faculty of the Surgical Technology Program are invited by guests within the clinical sites. Relationships between the Program and the clinical institutions have been established and nurtured with considerable painstaking effort. Any breach of contract that would potentially jeopardize this relationship is considered extremely serious. Upon review, if the student is found to be at fault in such a breach, expulsion from the Program is likely.

Breaches of contract include:

1. **Failure to show up** for any portion of assigned clinical time without following proper procedure for notifying clinical site and Clinical Coordinator.
2. **Arriving late or leaving early** from the clinical site.
3. **Jeopardizing the safety** of patients, staff, or self.
4. Use of abusive or **inappropriate language**.
5. **Inappropriate or unethical behaviors**.
6. Breach of **patient confidentiality**.

Clinical Schedules

The **Clinical Coordinator** is responsible for assigning students to clinical rotations. Throughout the Surgical Technology Program, each student will be assigned to various clinical sites to ensure comprehensive exposure to a wide range of facilities and surgical specialties.

Clinical assignments are based on program needs and prior rotations to provide a balanced learning experience. Students will receive their clinical schedules in a timely manner; however, **all schedules are subject to change at any time** based on facility availability, case variety, or program requirements.

Clinical Rotation Days

- **Fall Cohort (August Entry):**
Clinical rotations will take place on **Mondays, Tuesdays, and Wednesdays.**
- **Spring Cohort (January Entry):**
Clinical rotations will take place on **Wednesdays, Thursdays, and Fridays.**

The **Medical Center Atrium Navicent Health** will serve as the primary clinical facility, providing students with the greatest variety of surgical experiences. Additional clinical sites include hospitals and surgery centers within the **CGTC service area**, located within a **60-mile radius** of the campus.

Clinical assignments are not made based on a student's place of residence.

Transportation and Attendance

Students are responsible for arranging their **own transportation** to and from assigned clinical sites and for arriving **on time and preparing** for the scheduled hours listed on the clinical schedule.

If a student anticipates being **late or absent**, the **Clinical Instructor or Clinical Coordinator** must be notified in accordance with the reporting procedures outlined in the attendance policy.

Students may be required to travel to extended clinical sites, and they are fully responsible for all associated travel arrangements.

Students employed full-time or part-time must adjust their work schedules so as not to interfere with clinical hours or assignments. Any appointments made during clinical hours will be counted as an unexcused absence.

Daily Clinical Routine

Medical Center Atrium Navicent Health, Coliseum, Atrium Navicent Baldwin

- **Arrival Time:** No later than **6:00 A.M.**

- **Changing and Reporting:** Change into hospital-issued or designated scrub attire in the assigned dressing area and ready to receive assignment for the day **no later than 6:15 A.M.**
- **Tardiness/Early Departure** Defined as arriving **after 6:00 A.M.** or leaving early **between 12:00 P.M. and dismissal.**
 - Any student who arrives **after 6:00 A.M.** will be **sent home** and will receive a **grade of zero (0)** for that clinical day
 - Leaving before **12:00 P.M.** constitutes a full-day absence (grade 0)
 - Leaving after 12:00 PM, but before dismissal constitutes as a half-day absence (grade 50).
 -

Emory Warner Robins and Perry

- **Arrival Time:** No later than **6:00 A.M.**
- **Changing and Reporting:** Change into designated scrub attire and report for instructor briefing. Be in your assigned room **no later than 6:20 A.M.**
 - **Tardiness:** Defined as arriving **after 6:00 A.M.** or leaving early **between 12:00 P.M. and dismissal.** Any student who arrives **after 6:00 A.M.** will be **sent home** and will receive a **grade of zero (0)** for that clinical day
 - Leaving before **12:00 P.M.** constitutes a full-day absence (grade 0)
 - Leaving after 12:00 PM, but before dismissal constitutes as a half-day absence (grade 50)
 - All students are required to clock-in/clock-out with Emory healthcare's clock-in procedures. Each student will be given an individual code to use upon scanning the QR code at each facility (Perry and Warner Robins) upon arrival and departure.

Piedmont Main

- **Arrival Time:** No later than **6:00 A.M.**
- **Changing and Reporting:** Change into designated scrub attire and report for instructor briefing. Be in your assigned room **no later than 6:20 A.M.**
 - **Tardiness:** Defined as arriving **after 6:00 A.M.** or leaving early **between 12:00 P.M. and dismissal.** Any student who arrives **after 6:00 A.M.** will be **sent home** and will receive a **grade of zero (0)** for that clinical day
 - Leaving before **12:00 P.M.** constitutes a full-day absence (grade 0)
 - Leaving after 12:00 PM, but before dismissal constitutes as a half-day absence (grade 50)

Piedmont Northside

- **Arrival Time:** No later than **6:30 A.M.**

- **Changing and Reporting:** Change into designated scrub attire and report for instructor briefing. Be in your assigned room **no later than 6:45 A.M.**
 - **Tardiness:** Defined as arriving **after 6:30 A.M.** or leaving early **between 12:00 P.M. and dismissal.** Any student who arrives **after 6:00 A.M.** will be **sent home** and will receive a **grade of zero (0)** for that clinical day
 - Leaving before **12:00 P.M.** constitutes a full-day absence (grade 0)
 - Leaving after 12:00 PM, but before dismissal constitutes as a half-day absence (grade 50)

Ortho Georgia

- **Arrival Time:** No later than **6:30 A.M.**
- **Changing and Reporting:** Change into designated scrub attire and report for instructor briefing. Be in your assigned room **no later than 6:45 A.M.**
 - **Tardiness:** Defined as arriving **after 6:30 A.M.** or leaving early **between 12:00 P.M. and dismissal.** Any student who arrives **after 6:00 A.M.** will be **sent home** and will receive a **grade of zero (0)** for that clinical day
 - Leaving before **12:00 P.M.** constitutes a full-day absence (grade 0)
 - Leaving after 12:00 PM, but before dismissal constitutes as a half-day absence (grade 50)

Breaks and Lunch:

- Breaks are limited to **15 minutes** and must be taken with the preceptor and only if permitted by the surgery schedule.
- Lunch is **30 minutes**, case dependent.
- A **warm-up jacket or cover gown** and **ID badge** are required if leaving the Surgical Department.
- Students are **not permitted to leave the hospital premises for lunch.**
- Students are **not permitted to order delivery foods while at clinical sites.**

Surgery Centers and Varying Start Times

Some outpatient surgery centers have different start times. When assigned to one of these sites, students will receive **facility contact information** on the clinical schedule.

Important Note

Students must stay in their assigned operating room until all cases for the day are complete or until the end of the scheduled shift, whichever comes first and notify the clinical instructor or clinical coordinator.

Students may follow their assigned preceptor to another location **only with permission** from that preceptor and notify the clinical instructor.

Leaving the assigned room or clinical site **without preceptor or instructor approval** is not permitted.

Things you need to know about clinical sites

All our sites have rules and regulations that we must adhere to according to CGTC's contract with these sites. Violation of these rules and regulations by a student can lead to disciplinary action by your instructor and will also be putting these contracts in jeopardy. Please adhere to all rules and regulations. Listed below are just a few of the things you need to know. Being an employee **DOES NOT EXEMPT** student from these policies. Student parking tag in the windshield of your vehicle while on the property. You must park on gravel or pavement, and do not park on grassy areas. Do not back into parking space. The required student parking tag **MUST** in the windshield of your vehicle while on the property.

Parking at Atrium Navicent, Health, Piedmont, Piedmont Northside and Emory Hospitals

- **Atrium Navicent:** (see Atrium Navicent Parking Map). All student parking for all visiting schools is in Lot 7 (corner of Arch/Orange and Second). Absolutely no other area is acceptable. Students are not allowed to park in the paid parking decks. You must display the hospital-issued student parking tag in the windshield of your vehicle while on the property. You must park on gravel or pavement, and do not park on grassy areas. Do not back into parking space.
- **Piedmont Main: CGTC student hang tag required**, all student parking for all visiting schools is in the Centerplex lot that joins the Coliseum lot: turn left on road by the "D" building, drive all the way back, go through the chain link fence gate, to the right you will see the student parking area. There is a shuttle that will take you to the front of the building, but you must allow for that time.
- **Northside: CGTC student hang tag required**; no designated area other than park in the farthest row from the hospital.
- **Emory:** Students are required to park in employee parking in spaces that have a blue dot painted on them. (Warner Robins and Perry)

No Smoking Areas

Note that all clinical sites are non-smoking facilities. This means that smoking is NOT allowed in or on any facility property. This rule is strictly enforced and applies to all students, faculty, and staff while on facility property. Leaving the property to smoke constitutes **abandonment**.

HEALTH AND SAFETY

ACCIDENTS/INJURIES TO CLINICAL STUDENTS

Students should report accidents or injuries that occur to them or to others to their clinical

instructor /clinical supervisor and the program chair/clinical coordinator **immediately**. The student is expected to adhere to the clinical agency's policy and CGTC policy regarding completion of an incident report and receiving appropriate medical care and should complete the proper CGTC paperwork if student accident insurance is to be utilized as soon as possible at the day of the incident. **Students** are responsible for any personal medical expenses incurred.

Declaration of Pregnancy

As a member of the surgical work force, you will be exposed to many items that may or may not be harmful to an unborn fetus. If you are, or suspect, you may be pregnant, inform your clinical instructor, and seek out a doctor's confirmation. The disinfectant and cleaning agents, sterilizing agents, waste anesthetic gases, bone cement fumes and exposure to radiation have all been determined hazardous to the unborn fetus. Upon confirmation of pregnancy, you will be afforded the opportunity to limit your clinical exposure to radiation, and the other agents, as well as the use of all available personal protective equipment. A pregnancy clinical rotation status form will need to be signed. Should you choose to withdraw from the course or clinical aspect of the program, you should present your request in writing to your instructor as soon as possible.

INSURANCE

Liability Insurance- Central Georgia Technical College contracts with clinical sites require students to show proof of current student liability insurance coverage during all phases of clinical experience. Arrangements have been made for you to receive this coverage for a nominal fee per year. It is your responsibility to have payment for this insurance available during registration for SURG 1010. Fees for liability insurance are not covered by Hope or Pell and will be your responsibility. **NO ONE will be allowed to affiliate with the clinical facilities without proof of current liability insurance.**

Medical Insurance- Students must have the school liability insurance to register for clinical courses and are encouraged to have additional medical insurance to ensure adequate coverage. **The affiliating clinical agencies do not assume liability for any disease or any injury in any manner and to any extent that a student may receive during his/her clinical experiences.**

Communicable Disease Policy

The Surgical Technology Program enforces current CGTC policies on communicable diseases. Any student suffering from a contagious infection will be asked to provide medical documentation that the contagious phase has passed prior to continuing in class or clinical. This is to ensure minimum risk for others. The following medical information is of vital importance to you. Please read the information carefully. If you have any questions, please contact your instructor.

Hepatitis B

Health care workers who meet blood and body fluids are at risk for acquiring Hepatitis B. This includes physicians, nurses, lab technicians, emergency medical technicians, and others (medical students) involved in health care occupations.

1. What is Hepatitis B?

It is an inflammation of the liver caused by the Hepatitis B virus. A case of Hepatitis B can be asymptomatic, like a mild case of the flu, or may be more severe, requiring extended bed rest or hospitalization. The long-term consequences can include chronic active hepatitis, cirrhosis, and liver cancer.

2. What is the relative risk of health care workers contracting Hepatitis B?

Health care workers are at 20 times greater risk of contracting the virus than is the public. Every year, in fact, approximately 18,000 health care professionals contract Hepatitis B. It is 100 times more contagious than AIDS.

3. Who, specifically, is at risk for contracting Hepatitis B?

Everyone who encounters potentially infected blood or body fluids is at risk; physicians, nurses, technicians as well as maintenance personnel who handle needles and infectious waste. The Hepatitis B surface antigen is found in blood, saliva, urine, semen, vaginal secretions, and other body fluids. Moreover, the virus can survive for days on environmental surfaces, and every contact with the virus can cause infection.

4. What are the consequences of Hepatitis B?

Short-term consequences of Hepatitis B include an average of seven weeks lost from work, and the risk of permanent liver damage. Long-term consequences include chronic active hepatitis and cirrhosis of the liver. Every year approximately 5,000 Americans, including 300 health care workers, die of Hepatitis B or its complications.

While this disease is harmful and can be deadly, it can also be prevented. For most individuals, the Hepatitis B vaccine has proven to be highly effective. Vaccination is strongly recommended for health care workers, allied health faculty, and students as well as any others whose job or profession involves an inherent potential for skin or mucous membrane contact with blood, body fluids, body tissues or a potential for spills or splashes of these items. The vaccination is given in three (3) doses, 1st dose, 2nd dose one month later, 3rd dose six months after first dose and is available at cost at local health departments.

Human Immunodeficiency Virus (HIV)

What is HIV?

1. HIV usually results in AIDS (Acquired Immune Deficiency Syndrome), a disease that is incurable and has a high mortality rate. HIV is a blood-borne infection that may be transmitted through sexual contact, transfusion of contaminated blood, the use of contaminated needles, by exposure to infected body fluids on mucous membranes or in open lesions, from mother to child in utero at delivery or through breastfeeding.
2. What are the symptoms of HIV infection:
During the early phase of infection, the infected individual may experience flu-like symptoms. This is followed by a phase with no external symptoms which may last from 1 to 10 years. During this time, however, the immune function of the body is declining. During the later stages, the infected individual develops enlarged lymph nodes, low-grade fevers, night sweats; as the disease progresses, the individual meets the criteria for the diagnosis of AIDS. Of persons with this diagnosis, 80% to 90% die within 3 years. He/she suffers from multiple opportunistic viral, protozoal, and bacterial infections and cancer.
3. What is the potential risk for health workers?

The incidence of AIDS among health workers contracted in the workplace is extremely low; however, it has occurred and must be considered. Most frequently, the cause has been hypo-needle stick accidents. To prevent infection, health care workers must follow universal blood and body fluid precautions.

4. How do surgical technology students protect themselves?

Surgical Technology students will be instructed in using universal precautions before entering the clinical setting in SURG 1010 and SURG 1020. Protective apparel is readily available at clinical sites. Since many health care facilities do not identify HIV patients, it is critical to use these precautions with every patient on every procedure.

IMMUNIZATIONS

Surgical Technology students while in the clinical setting are considered guest employees of the facility and are subject to the same requirements as employees of the facility, and as such are expected to abide by established facility policies. Any student in whom drug or alcohol abuse is suspected by employees of the host facility (including physicians, employees, and administrative staff) or CGTC faculty will be subject to drug testing. A positive drug or alcohol test will result in dismissal from the course and barring from all Health Sciences Programs. The student may submit a request for consideration of an exception through the VP of Academic Affairs.

Patient safety is the priority, so the clinical student should be in good health and present no physical or health danger to the patient under their care. It is therefore essential that before participation in the clinical experience, it is the student's responsibility to submit evidence of the following: (prices may vary)

1. Current AHA BLS CPR certification (class provided in SURG 1020)
2. Completed physical examination form to include:
 - a. Negative TB test (skin test or Chest x-ray) x 2 (1st semester) (\$15 each)
 - b. Documentation of 2 MMR vaccinations or immune titer for MMR (\$90)
 - c. Tetanus immunization (within 10 years) (\$38)
 - d. Hepatitis B Vaccine (series began prior to clinical and completed on CDC schedule) must receive first 2 doses prior to clinical (\$70 per injection)
 - e. Any additional immunizations requested by the clinical facilities (i.e., flu, varicella, etc.) Flu- (\$25) Varicella Titer- (\$55)
 - f.
3. Documented "Negative Drug Screen."
4. Background Check (Must be completed by deadline given by instructor) Student will not be allowed to attend clinical until completed and approved by clinical site.)
5. **ALL SURGICAL TECHNOLOGY STUDENTS ARE REQUIRED TO RECEIVE THE HEPATITIS B VACCINE AND THE INFLUENZA VACCINE UNLESS CONTRAINDICATED. THIS IS A REQUIREMENT OF THE HOSPITALS USED FOR ALL CLINICAL SITES.** Contact your personal physician about receiving the vaccines. This vaccine is also available at Macon Occupational Medicine in Macon as well as Warner Robins and Perry AppleCare or Health

Departments. Please have documentation of the first two injections of the Hep B series and the influenza vaccine by the first week of clinical. ***YOU CAN NOT ATTEND CLINICAL ROTATION WITHOUT HAVING RECEIVED THE HEP B VACCINE AND INFLUENZA VACCINE.***

SAFETY GUIDELINES

Safety in health care is an absolute must. It involves not only students and faculty members on campus, but also those in the clinical setting—patients, visitors, and employees. Safety is integrated into the Surgical Technology program throughout the entire curriculum. In some instances, these teachings are labeled safety precautions, but in many instances, they may be called hazards, contraindications, adverse effects, special precautions, etc.

General safety rules listed below are strongly emphasized in the operating laboratory and at the clinical site. This is not an all-inclusive listing, and students are expected to use good judgment.

1. Report immediately any unsafe conditions.
2. Anyone seeing foreign matter on the floor should be sure it is removed immediately.
3. Be alert for faulty equipment and electrical outlets.
4. Report any lights that are out.
5. Walk—do not run! Keep to the right in corridors and when opening doors.
6. Observe all warning signs.
7. Know the fire plan and tornado warning plan and participate in drills.
8. Report all injuries regardless of how slight and secure immediately first aid, if necessary.
9. Avoid horseplay and practical jokes.
10. Do not be a “litter bug.”
11. Correct use of body mechanics is necessary in giving patient care and carrying or moving operating room equipment/supplies.
12. Be alert to the clinical environment; keep it clean and free of debris.
13. Secure brakes on stretchers, wheelchairs, and beds when not in use or before assisting patients in or out of them.
14. Use side rails or safety belts on beds/stretchers/OR tables.
15. Keep chairs, stools out of pathways, and keep drawers and closet doors closed.
16. Become familiar with location and use of alarm systems in the operating laboratory and at clinical sites.
17. Always identify the patient by checking the identification bracelet before executing any procedure.
18. Report all errors immediately.
19. Dispose of used equipment and supplies in proper receptacles, especially glass items, sharp instruments, knife blades, and needles. (sharps container)
20. Always use proper hand washing techniques.
21. Follow proper isolation techniques.
22. Follow CDC’s Standard Precautions.

In 1996, the Center for Disease Control developed Standard Precautions to be followed by all health care workers in all health care settings. Because many carriers of the HIV and/or Hepatitis B virus are asymptomatic, you should treat **ALL** blood and body fluids, secretions, and excretions (except sweat) as potentially infectious.

1. Wear gloves when touching blood and body fluid, mucous membranes, and non-intact skin and when handling items or surfaces soiled with blood or body fluids. Change gloves after

- contacting each patient.
2. Wash your hands and other skin surfaces immediately and thoroughly if contaminated with blood or other body fluids. Wash your hands immediately after you remove your gloves.
 3. Wear a mask and protective eyewear or face shield during procedures that are likely to generate droplets of blood or other body fluids during ALL surgical cases.
 4. Wear a gown or apron during procedures that are likely to generate splashes of blood or other body fluids.
 5. To prevent needlestick injuries, do not recap, bend, or break needles. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture resistant containers for disposal.
 6. Although saliva has not been implicated in HIV transmission, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable. Minimize emergency mouth-to-mouth resuscitation.
 7. Health care workers with non-intact skin, open lesions or weeping dermatitis should refrain from scrubbing in on any surgical case, all direct patient care and handling patient-care equipment. Student will be sent home until wound is completely healed.
 8. Pregnant health care workers are not known to be at greater risk of contracting HIV infection; however, if a health care worker develops HIV infection during pregnancy, the Infants are at risk of infection. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV Transmission.

Link: [OSHA guidelines](#)

Maintain a proper sterile field during surgical procedures.

Related occupations

Count sponges, needles, and instruments before and after operation.

Related occupations

Scrub arms and hands and assist the surgical team to scrub and put on gloves, masks, and surgical clothing.

Related occupations

Provide technical assistance to surgeons, surgical nurses, or anesthesiologists.

Related occupations

Prepare patients for surgery, including positioning patients on the operating table and covering them with sterile surgical drapes to prevent exposure.

Related occupations

Hand instruments and supplies to surgeons and surgeons' assistants, hold retractors and cut sutures, and perform other tasks as directed by surgeon during operation.

Related occupations

Prepare, care for, and dispose of tissue specimens taken for laboratory analysis.

Related occupations

Wash and sterilize equipment, using germicides and sterilizers.

Related occupations

Monitor and continually assess operating room conditions, including patient and surgical team needs.

Related occupations

Operate, assemble, adjust, or monitor sterilizers, lights, suction machines, or diagnostic equipment to ensure proper operation.

Related occupations

Prepare dressings or bandages and apply or assist with their application following surgery.

Related occupations

Clean and restock operating room, gathering and placing equipment and supplies and arranging instruments according to instructions, such as a preference card.

Related occupations

Order surgical supplies.

Related occupations

Observe patients' vital signs to assess physical condition.

Related occupations

Maintain the supply of fluids, such as plasma, saline, blood, or glucose, for use during operations.

Related occupations

Maintain files and records of surgical procedures.

Related occupations

Schedule surgical procedures for patients.

Related occupations

Transport patients to and from the operating room.

Instructor availability

During clinical hours, a designated instructor will be available at most sites and may be reached by cell phone. In the event you are assigned to a facility with no instructor, you will be assigned a preceptor at that facility, and you must communicate with that person during the clinical day.

You must contact your instructor when you have arrived at your assigned clinical site and before leaving a clinical site for the day.

Instructors use personal cell phones in some cases, so respectfulness of their time is expected before and after clinical hours, also, to include weekends. Do not call instructors outside clinical hours unless there is an **emergency or an absence** that you need to report to them and cannot wait until the following day.

CLINICAL SITE LOCKERS

1. Facilities **DO NOT** offer individual lockers for students. All students at that site will share a locker. Locks for these lockers are not permitted.
2. Some facilities only offer a **location** to store bags that would be in plain view in the locker room, such as a table or shelf.
3. Therefore, it is especially important that students understand **CGTC or the affiliating clinical agencies do not assume liability for any personal property or valuables that a student may bring into the clinical site during his/her clinical rotation.**
4. Leave all personal property at home or in your vehicle; this includes your wallet. There are 2 pockets on the designated OR scrubs. These pockets will hold a couple sheets of paper, a pen, cell phone, car keys, and any money you may bring with you (maybe). Any other

personal items will not be locked up and will be accessible or in view of everyone in the locker room.

5. These are the **ONLY** approved items allowed into the locker room. A **small, closed bag** to hold your ceil blue uniform after changing. If you bring study material, **only bring paper material and documents** that you may need throughout the day and keep these items in the closed bag.

UNIFORMS

All students should purchase scrub clothes at the beginning of their first semester.

1. The designated ST uniform is **top, bottom and jacket**; uniform color is **ceil blue**. Must be worn into and out of the clinical facility and on lecture days on campus.
2. Scrubs may be purchased at the students' vendor of choice.
3. **Solid white** leather (like) athletic **shoes** are the appropriate footwear and should always be clean. Refrain from neon-colored shoelaces as these are not professional in the healthcare setting. Occasionally, policies regarding shoe wear may change. You will be notified when a change is adopted by the facility. **No clogs or slide on, backless type shoes are allowed!** Shoe brand names are not as important as good support, so shop around for what works for YOU.
4. On lecture days, students are permitted to wear **tennis shoes**. However, for safety and professionalism, the following footwear is **not permitted: sandals, Crocs, slides, clogs, or any backless shoes**.
5. Students are expected to comply with this policy at all times while attending lectures.
6. **Socks or hose** must be worn. It is strongly recommended that you wear support socks or hose during clinicals.

If you have questions regarding uniform and footwear standards, please speak with your instructor **prior** to purchasing. **Make sure that you understand that you may not wear a designated OR scrub, or cloth hair covers into or out of the clinical facility. This is an infection control policy.**

Students are required to be in full program uniform at all times. Any student who is not in proper uniform, whether on campus or at a clinical site, will be sent home, receive an unexcused absence, and be assigned a grade of zero for all graded activities for that day.

DRESS CODE FOR CLINICAL ROTATION:

General Appearance: The Surgical Technology student must be clean, well-groomed, dignified, and courteous. (See CGTC Catalog for on-campus dress code. Dress code that is program specific is attached.

1. While at the clinical sites, students must adhere to clinical facility dress codes.

2. Students are to wear the **ceil blue CGTC scrub uniform and solid white leather shoes to and from the clinical site**. Most clinical affiliates provide OR scrubs that you will change upon arrival.
3. Name tags should be worn on the **left side, at/above chest level** always. **NO LANYARDS ALLOWED**.
4. **If you misplace your badge or arrive at your clinical assignment without your badge, you are not allowed at the clinical site, and you will be sent home and receive grade "zero" grade for the day.**
5. If a facility does not issue student badges, you are to wear your **CGTC** badge. Do not wear an Atrium Navicent badge to Piedmont Hospital! **You will not be allowed to remain at the site with improper/no ID badge**. You will be sent home and receive a grade "zero" for the day.
6. Surgical Technology students must wear designated OR scrub attire, disposable hats over cloth scrub hats and shoe covers while in the Surgical Department.
7. All attire must be well-fitted. The bottom of the scrub pants **MUST NEVER touch the ground**.
8. **NO T-SHIRTS**, are allowed under the scrub top.
9. A cover gown or scrub jacket must be worn over scrub attire when leaving the Surgical Department area per facility policy.
10. Simple, neatly trimmed hair, clean, and **off the collar of the uniform**, is the correct hair style. Ribbons, hair ornaments, scarves, or head bands are not allowed. Hair must be clean and dry and secured in such a way as to keep it from falling in front of the face or extending outside the cover cap. **long hair must be secured** in a ponytail or bun to keep hair in place while wearing scrub caps.
11. **All** hair is covered and contained when wearing scrub caps in the operating room.
12. Males should be aware that **beards are not recommended** in the surgical setting. If worn, they must be neatly trimmed and must be **completely** covered by scrub cap/hood and masks when in the operating room. **This is AORN standard and is not negotiable. A mask is not sufficient to cover beard hair.**
13. **Fingernails should be kept short, rounded, and clean.**
14. **Acrylic nails and nail polish (not even clear) are not allowed in the operating room. This is not negotiable!** This is a requirement from the time you begin the program. **This will be enforced after the first week of class.** Long nails are not conducive to lab activities that you will be required to participate in prior to and inclusive of clinical rotation.
15. **NO JEWELRY** is allowed. **DO NOT BRING ANY TYPE OF JEWELRY** (wedding rings, watches etc.) **TO THE CLINICAL SITE** or to campus during **LABS!**
16. Neither CGTC nor the clinical site will be responsible for lost jewelry or personal articles.
17. **Tattoos (new or recently retouched) are not permitted during the Surgical Technology program. Tattoo procedures create a break in skin integrity, which increases the risk of infection for both the student and patients in the clinical environment.**
18. **No perfumes, colognes, or lotions** are allowed in the clinical setting.
19. Good personal hygiene is essential; bathe daily and refrain from smoking/using body sprays prior to arriving for clinical rotation. **Students may be removed from clinical if an odor is offensive to clinical site staff or patients/clients. This includes tobacco smoke odor.**
20. **No false eyelashes or heavy mascara** as these may flake off and get on the sterile field or in the wound. Make-up should be worn conservatively.
21. **Students must wear eye protection at all times while participating in a case.**

If any of the above is not present or acceptable, you may be dismissed from the clinical site or lab to correct the deficiency and attendance policies will be applied.

Your conduct while in or out of uniform is a reflection on you, your school, and your profession. Wear your uniform with dignity. Always conduct yourself professionally. Uphold the ethical and legal responsibilities you assume as a member of the health care profession.

No chewing gum or candy while on duty!

While in the clinical area, students must use the **proper address for all personnel**. Your speech and conduct ALWAYS reflect not only on yourself, but your school, and the entire health care profession.

CLINICAL POLICIES VIOLATIONS

CONDUCT THAT COULD CAUSE IMMEDIATE DISMISSAL.

Any policy violations are considered critical incidents. The critical incidents listed below could cause immediate dismissal from the clinical/classroom setting for the rest of the semester.

IMMEDIATE DISMISSAL – CRITICAL INCIDENT VIOLATIONS

The following policies outline actions and behaviors that may result in **immediate dismissal** from the Surgical Technology Program. Expectations for professional conduct apply, and students are responsible for adhering to all program, college, and clinical facility guidelines.

General Procedures

1. Any **Immediate Dismissal Critical Incident** listed below will be addressed according to program and institutional policy.
2. This list is **not all inclusive**. Students are expected to exercise sound professional judgment and uphold the highest ethical and clinical standards.
3. The instructor will issue a **written counseling statement**, which will be placed in the student's program file.
4. The instructor will notify the Program Director and dismiss the student from the class or clinical setting for the remainder of the day. Missed hours will be documented in accordance with the course attendance policy.
5. The instructor will evaluate, document, and submit a detailed incident report to the Program Director.
6. All disciplinary actions are evaluated **case-by-case**, ensuring fairness, consistency, and lack of bias.
7. If an incident qualifies as a terminating offense under the contractual terms of any affiliating clinical facility, **immediate dismissal from that clinical site may occur**.
8. When a critical incident violation is confirmed, the primary instructor will schedule a **formal counseling session** with the student. The meeting must include the Program Director (or next supervisory authority if the Program Director is the primary instructor).
 - The instructor will explain the severity of the incident.
 - The student will sign the counseling form and receive a copy.
 - The student will be dismissed from the setting for the **remainder of the semester**, with possible additional disciplinary action as determined by program leadership.

IMMEDIATE DISMISSAL – Critical Incident Violations

Any of the following actions may result in immediate dismissal from the program:

1. Theft, intentional destruction, or damage of property belonging to the facility, patients, visitors, staff, instructors, or classmates.
2. Reporting to or attempting to report to clinical while under the influence of alcohol, narcotics, prescription medications taken inappropriately, or any condition that renders the student clinically unsafe.
3. Two **consecutive** clinical absences without proper notification in accordance with the Student Handbook.
4. A **second No Call/No Show (NCNS)** in the same semester.
5. Altering, falsifying, or knowingly misrepresenting information on patient records, clinical documents, or student records.
6. Sleeping during a clinical assignment.
7. Removing items from another student's locker or belongings without permission.
8. Violating patient rights or confidentiality laws, including **HIPAA**.
9. Any form of patient abuse—physical, emotional, verbal, or psychological.
10. Abandonment: leaving the assigned clinical area without instructor permission.
11. Disobedience, insubordination, or refusal to follow instructions from a clinical instructor, preceptor, or classroom instructor.
12. Disorderly, unethical, unprofessional, or indecent conduct—verbal, physical, or nonverbal—in the classroom or clinical environment.
13. Fraternization with clinical facility personnel beyond professional teamwork expectations.
14. Any **omission or commission** of an act considered clinically unsafe, unethical, or unprofessional by the clinical instructor.

CODE OF CONDUCT – CRITICAL INCIDENT VIOLATIONS

General Procedures

1. A **Code of Conduct Critical Incident** results in written **counseling** and documentation in the student's file.
2. This list is not exhaustive; professional conduct is expected.
3. No verbal warnings will be issued. Orientation and issuance of the Handbook are the first verbal warnings for all students.
4. Accumulation of **three (3) Code of Conduct Critical Incidents** of any type will result in **dismissal from the program**.
5. All disciplinary actions are evaluated **objectively and case-by-case**.
6. For each violation, the primary instructor will schedule a counseling session with the student and the Program Director (or appropriate supervisor). The student will sign the counseling form, receive a copy, and the original will be filed in the permanent program record.
7. Students may appeal program or course dismissal following procedures outlined in the **CGTC Catalog**. <https://www.centralgatech.edu/wp-content/uploads/pdfs/catalog/catalog.pdf>

Code of Conduct – Critical Incident Listing

5. Discussing inappropriate topics (e.g., sexual, political, religious) relating to clinical facilities, staff, faculty, or classmates in verbal, written, or electronic form.
6. Participating in inappropriate conversations in patient areas, locker rooms, break rooms, or within patient hearing.
7. Posting on social media or taking photos during scheduled clinical time.
8. Excessive tardiness: arriving after **6:15 a.m.** or leaving early without authorization. Three occurrences = excessive.
9. Failure to notify the clinical instructor at least **60 minutes prior to shift start (NCNS)**. **A 10-point deduction from the final semester grade for each occurrence will apply.**
10. Smoking in unauthorized areas.
11. Parking in unassigned locations.
12. Bringing or storing unauthorized items in lockers (e.g., valuables, textbooks, jewelry).
13. Failure to follow clinical facility policies, such as name badges, break procedures, or dress code standards.
14. Arriving to clinical unprepared (missing name badge, logbook, writing instrument, required documents, etc.).
15. Having another student clock in or out for you.
16. Uniform violations, including:
 - Unauthorized jewelry
 - Improper footwear
 - Unauthorized undershirts
 - Wrinkled or dirty uniforms
 - Perfume, scented lotions
17. Nail polish, enhancements, or acrylics
18. Hair not secured away from the face
19. Unkempt or unprofessional appearance
20. Failure to report any activity that compromises patient safety or violates clinical or school standards.
21. Participating in clinical procedures without competency validation or without authorized supervision.
22. Cell phone use in unauthorized areas:
23. Phones must remain on silent/vibrate.
24. Use is allowed **only** in the locker room, break room, or cafeteria during breaks or when contacting your clinical instructor.
25. Emergency callers should contact the clinical instructor directly.
26. Failure to notify the instructor before moving to another area within the OR suite.
27. Failure to report on time to assigned areas (OR, classroom, meeting location, etc.).
28. Eating or drinking outside of designated areas or times.
29. Extending lunch or break periods without instructor permission.

IMPORTANT NOTE

Switching clinical rotation days or sites is **prohibited** unless approved by the instructor. Students must attend clinical according to their assigned schedule.

CLINICAL ATTENDANCE POLICIES

This policy will be strictly enforced.

Clinical experiences are essential to meet the required number of scrubbed cases necessary to complete the Surgical Technology Program. NBSTSA requires **a minimum of 120 documented surgical cases in several specialties** to qualify for the national certification exam.

At the program's end, a certified letter must be submitted to NBSTSA verifying that the student has completed all requirements. **If a student exceeds the attendance policy and all required hours for the courses are not made before this letter is given, the student will not be eligible to sit for the certification exam.**

Attendance directly decides eligibility for graduation and certification.

Extenuating Circumstances

Life events may occasionally impact attendance. The following circumstances may be considered with appropriate documentation:

- Jury duty
- Military duty
- Prolonged illness (not to exceed two consecutive clinical weeks)
- Death or serious illness of an immediate family member
(*Immediate family includes child, spouse, grandchild, grandparent, parent, or any dependent listed on the student's most recent tax return.*)
- Additional circumstances may be considered at the discretion of the Program Director and faculty.

Clinical Attendance Requirements

1. **Every absence will result in a grade of "0" for that clinical day**, regardless of the reason.
2. No more than **10%** of clinical time may be missed per semester:
 - 1st Semester: SURG 1020 (3 days)
 - 2nd Semester:3rd Semester: SURG 2130 and SURG 2140 (1.5 for 2130 and 1.5 for 2140)
3. Leaving prior to 12:00 pm results in a **50-point deduction of the daily clinical grade.**
4. A **tardy** is defined as:
 - Arriving after the scheduled start time.
 - Any student not arriving at the appointed arrival time will be dismissed for the day and will receive an unexcused absence for the day as well as a zero for that clinical day.
5. Leaving clinical **before 12:00 p.m.** will result in an **absence for the entire day.**
6. All absences **must** have supported documentation.
7. Documentation must be submitted to the instructor **immediately upon return.**
8. In the event a student needs to leave early for an excusable reason, the instructor must be notified at the immediate start of the clinical day.
9. If medical documentation is not available, the student must submit a **signed and dated written summary** explaining the absence.
10. Once all absences have been exhausted, **any additional missed time may result in dismissal** from the program for violation of the attendance policy.
11. Students must notify the clinical instructor **at least 60 minutes before** the scheduled start time for any absence or tardiness.

12. Failure to contact **both** the instructor and Program Director regarding an absence is considered abandonment of duties and will result in disciplinary action.
13. Students **must speak directly** with the clinical instructor to report an absence.
14. Another person may not call in for the student unless a verified medical emergency prevents the student from speaking.
15. **Text messages and emails are not acceptable** methods for reporting clinical absences.
16. Students are responsible for knowing their assigned rotation location and reporting to the correct site.

CLOSING STATEMENT

The Surgical Technology Program at Central Georgia Technical College is committed to preparing competent, ethical, and highly skilled entry-level surgical technologists who are ready to meet the demands of today's healthcare environment. This handbook serves as a guide to support your academic, clinical, and professional journey throughout the program.

Students are expected to uphold the highest standards of professionalism, accountability, and patient care at all times. Success in this program requires dedication, integrity, and a commitment to lifelong learning. The faculty and staff are here to provide guidance, support, and resources; however, each student is ultimately responsible for their own growth and achievement.

By adhering to the policies, procedures, and expectations outlined in this handbook, you are taking an important step toward a rewarding career in surgical technology. We encourage you to approach this experience with determination, resilience, and pride in the vital role you will play as a member of the surgical team.

We wish you success in your educational journey and future career.