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Revised 5/2012 EN
To provide a variety of services to the community that foster personal growth and cultural enrichment or recreation, including non-credit courses, workshops, and extension classes

To develop customized training I retraining courses in response to the needs of business and industry, agencies, and not for the profit sector

Goals and Objectives

To provide associate degree and certificate programs which enable students to gain the skills and knowledge necessary to accomplish their goals whether they be for entry into the job market, or transfer to other educational institutions

To provide courses which enable students to gain knowledge and skills needed for career advancement, personal growth, cultural enrichment or recreation

To provide open admission to all adults in the college service district

To provide a variety of services to the community, including non-credit courses, workshops, and extension classes

To offer ethnic studies, including African American and Muslim.

To offer courses in women’s studies, as well as seminars and symposia for its substantial female student body

To provide leadership in the development of courses for employee training and retraining for business, industry and agencies

To provide maximum opportunities for students to achieve their fullest potential through varied teaching strategies and instructional tools

To provide career and personal counseling, academic advising, placement and other support services to enhance the students’ social, academic and economic development

To provide a variety of suitable activities which will enhance the quality of student life

To provide cultural events on its campuses for community wide enrichment.

Both the Mission Statement and Goals and Objectives of Wane County Community College are framed and on display at each of the five campuses and stated in the following documents:

The College Catalog

The Faculty Handbook
STUDENT SERVICES

Counseling and Guidance Services
Each Campus is staffed with professionally trained counselors and paraprofessionals to provide specialized services as an integral part of the instructional program and to assist students in achieving their greatest potential. The counseling and guidance staff is committed to an effective entry-exit college experience for all students. Counselors provide academic advising and give students opportunity to gain competencies in success identification, study skills, test-taking skills, interpersonal skills, values clarification, behavior modification, decision making and problem solving.

Learning Resource Centers
Learning Resource centers are located on all campuses. They provide students and faculty with a collection of materials selected to support the College curricula and to provide for study, research and recreational reading. The college is also a member of the Detroit Area Library Network (DALNET), an automated database system linking many of the libraries in southeast Michigan. Students have generous borrowing privileges from most of the public and academic libraries in the Tn-County area using the INFOPASS system.

Academic Support Centers
Academic Support Centers are located on each campus and provide Academic skill building for individuals and groups. Students can receive individualized tutoring in a wide range of subjects. Each center is equipped with a wide range of resources to address various levels and types of learning styles.

Career Planning and Placement
The Career Planning and Placement Offices on each campus offer a variety of career information/exploration resources. (See Wayne County Community College Handbook for further information.)

Academic Support Programs
The Multi-Learning Labs provide tutoring, assessment, counseling, and academic monitoring. (Additional Services may be offered by the college, refer to your Wayne County Community College Student handbook, for additional information.)
Philosophy

Section I
Overview of the Department

The Surgical Technology Department is committed to the belief that the high degree of responsibility expected of the Certified Sterile Processing Department Technician, Certified Surgical Technician and Certified Surgical First Assistant requires that he or she possess the knowledge, skills, and abilities to provide appropriate services in the peri-operative environment and to the patient. This basic philosophy includes:

1. Meeting the manpower needs of the Detroit Metropolitan area by producing the most qualified individuals to function as surgical technologists at entry-level.

2. Fostering the desires of the individual quest for additional knowledge, both in the surgical technology field and in their own personal lives.

3. Develop their ego in self-concept to function with accuracy, speed and emotional stability of a “job well done.”

Our aim is to graduate individuals who will function as Certified Surgical Technologists. They will not only know WHAT should be done, but WHY it should be done for the surgical patient.

The purpose of the Surgical Technology Department is to develop and maintain a college level curriculum efficiently flexible to reflect the evolving educational needs of the community which it serves. To fulfill these needs the Surgical Technology Department plans and implements a program that prepares students for beginning staff Surgical Technologists’ positions. The program qualifies the graduate to take the National Certifying Examination offered by the Liaison Council for certification for surgical technologists.

Definition of Surgical Technology

1. To provide an environment where persons regardless of age, sex, income, race, creed or national origin can pursue their educational goals for preparation of beginning level surgical technologists/surgical assistant.

2. To provide an environment that assists students to acquire knowledge and skills necessary to facilitate and increase self-motivation, to always seek additional information to maintain employment in evolving technology.

3. To provide surgical technology/surgical assistant theory and clinical practice which incorporates general education concepts and an awareness of the important rule as one of the OR team.
4. To provide an academic basis of surgical technology and surgical assisting which prepares graduates to meet the needs of assisting surgeons in the community.

5. To provide the student with sufficient knowledge in anatomy, physiology, bacteriology and pharmacology to function capably within the limits of their job description.

6. To provide the knowledge and understanding of medical terminology so they may skillfully participate as a member of the surgical team.

7. To instill understanding of the principles and practices of surgical asepsis as related to the patient’s care, operating room, related areas, and oneself.

8. To provide an understanding of the relationship of the operating room and other departments of the hospital responsible for the patient’s welfare.

9. To develop a basis of understanding the need for strict enforcement of the hospital codes in regard to medical, moral and legal ethics.

10. To provide background in specific surgical procedures so as to be able to perform tasks assigned as a valuable part of the surgical team.

11. To acquaint individuals with specific equipment used in the operating room so they can operate and maintain same safely and efficiently.

12. To develop the knowledge and appreciation of the cost, preparation, use and care of instruments and supplies and their importance to the safe and expeditious performance of various surgical procedures.

13. To become familiar with the responsibilities of the Surgical Technologist/Surgical Assistant working as part of the surgical team so they realize that each person is legally responsible or his own act, hence will seek adequate supervision at all times.

14. To develop their confidence to function with accuracy, speed and emotional stability in the surgical environment as a valuable member of the surgical team.

15. To acquaint the individuals with the importance of each team member’s role, and the need to maintain proper professional respect at all times for the ultimate benefit of the patient.

16. To recognize the needs of the patient as related to physical, psychological, and spiritual needs.

17. To provide clinical areas where students will be able to demonstrate skills learned in College laboratory by actively participating as the Surgical Technologist and/or
Surgical Assistant of the surgical team under the direct supervision of other professionals.

18. Develop student skills in the formulation of the surgical technology/ surgical assistant case study:
   A. Select and review written and graphical data from the patient’s clinical chart.
   B. Accompany the patient to the recovery room.
   C. Record the patient’s advents to surgery, surgical procedure, and, post-op, and prognosis.

19. To develop awareness of an obligation to patients.

20. To develop a sense of responsibility to the surgeon.

21. To develop a sense of loyalty and service to the employer.

22. To develop self-confidence and pride in their work.

23. To develop skills in critical thinking to enable the individuals to deal effectively with situations and problems arising in the clinical setting.

24. To instill in each individual a positive self-image.

25. To develop and maintain effective inter-personal relationships.

26. To maintain a LOG of surgical procedures and activities encountered during the clinical phase.

27. Develop an appreciation for life-long learning.
SECTION II
Curriculum
Central Service Technician Program Curriculum

The Central Service Technician Program is highly recommended for Surgical Technology students. Priority will be given to those Students completing the Central Service Technician course for admission to the Surgical Technology program. Students who complete this program will be awarded a certificate from WCCCD.

Central Service Technician (CST) or Central Service Department Professional (CSDP)

Central Service Department (CSD) is the department within a health care facility in which medical/surgical supplies and equipment, both sterile and non-sterile are cleaned, prepared, processed, stored and issued for patients care.

Role and Qualifications:
Qualified individuals with specialized expertise maintain direct responsibility for providing clean and sterile medical/surgical supplies and equipment to patient care areas.

Opportunities:
Desk Coordinator
Materials Coordinator
Operating Room Clinician
CSDP Manager

Course Requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUR 100 Orientation to Surgical Technology</td>
<td>3cr.</td>
</tr>
<tr>
<td>SUR 101 Central Service</td>
<td>3cr.</td>
</tr>
<tr>
<td>SUR 102 Central Service Lab/Clinical</td>
<td>4cr.</td>
</tr>
</tbody>
</table>

Program Total - 10cr.

A mandatory clinical training at a local healthcare facility is required upon completion.

CO-REQUISITE

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUR 100 Orientation to Surgical Technology</td>
<td>3cr.</td>
</tr>
</tbody>
</table>

Program Total……………..10cr.

Students who complete this program are eligible to sit for the American Society for Health Care Central Service Personal (ASHCSP) National Certifying Examination.
Surgical Technology Program Curriculum

The surgical technologist program has an allied health multi-skilled core competencies requirement. The total curriculum requires 69 credit hours to graduate with the Associate of Applied Science Degree in Surgical Technology.

This allied health program consists of a series of prerequisites that must be completed before entrance into the surgical technology program:

**PREREQUISITES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALH 110</td>
<td>Medical Terminology</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>BIO 240</td>
<td>Human Anatomy &amp; Physiology I &amp; Lab</td>
<td>4 Cr.</td>
</tr>
<tr>
<td>BIO 250</td>
<td>Human Anatomy &amp; Physiology II &amp; Lab</td>
<td>4 Cr.</td>
</tr>
<tr>
<td>BIO 295</td>
<td>Microbiology &amp; Lab</td>
<td>4 Cr.</td>
</tr>
<tr>
<td>ENG 110</td>
<td>English I</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>ENG 270</td>
<td>English II</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>PSY 101</td>
<td>Intro. to Psychology</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>SUR 100</td>
<td>Intro. to Surgical Tech.</td>
<td>3 Cr.</td>
</tr>
</tbody>
</table>

Pre-Requisite Coursework Total – 27 Cr.

**PROGRAM CURRICULUM:**

**FALL SEMESTER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS 101</td>
<td>Intro. to Political Science</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>ALH 230</td>
<td>Ethics for Allied Health</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>SUR 110</td>
<td>Surgical Tech. Principals</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>SUR 125</td>
<td>Surgical Tech. Clinical I</td>
<td>4 Cr.</td>
</tr>
<tr>
<td>SUR 120</td>
<td>Surgical Specialties Techniques I</td>
<td>4 Cr.</td>
</tr>
</tbody>
</table>

Total – 17 Cr.

**WINTER SEMESTER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALH 115</td>
<td>Medical Computer Systems</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>SUR 130</td>
<td>Surgical Specialties Techniques II</td>
<td>4 Cr.</td>
</tr>
<tr>
<td>SUR 140</td>
<td>Surgical Pharmacology</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>SUR 145</td>
<td>Surgical Tech. Clinical II</td>
<td>4/16 Cr.</td>
</tr>
</tbody>
</table>

Total – 14 Cr.

**SUMMER SEMESTER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUR 155</td>
<td>Surgical Tech. Clinical III</td>
<td>6/24 Cr.</td>
</tr>
<tr>
<td>SUR 160</td>
<td>Surgical Seminar/Certification Preparatory</td>
<td>4 Cr.</td>
</tr>
</tbody>
</table>

Total – 10 Cr.

Total Program Requirements ………… 68 Cr.
The Surgical Assistant Program is a program designed to develop operating room professionals skills to perform in the role of the first assistant. The Surgical Assistant’s primary function is to provide aid in exposure, hemostasis, suture techniques, and other technical assistance that will help the surgeon carry out a safe operation with optimal perioperative results for the patient. The role will vary with each specialty area and type of facility.

Surgical First Assistant Program is accredited by Commission on Accreditation of Allied Health Education Programs, 1361Park Street Clearwater, FL 33756; Phone: 727.210.2350, Fax: 727.210.2354. Information regarding the status of the SFA Program is available on www.caahep.org

Graduates are awarded a Certificate in Surgical Assistant program and are eligible to apply for the National First Assistant Certifying Examination.

**Program requirements – each of the following must be met prior to acceptance into the program:**

1. Certified surgical technologist (CST), or certified nurse-operating room (CNOR), or physician assistant – certified (PA-C), with certification currency.
2. Proof of liability insurance covering health care activities.
4. Proof of immunization against Hepatitis B or waiver.
5. Proof of proficiency in Anatomy and Physiology.
6. Proof of computer literacy.
7. Letter(s) of reference from two surgeons and one from one other professional.
8. Prepared for additional program expenses.

**SEMESTER 1**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFA 200</td>
<td>Fundamentals of Surgical First Assistant</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>SFA 210</td>
<td>Surgical Pharmacology</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>BIO 252</td>
<td>Pathophysiology</td>
<td>4 Cr.</td>
</tr>
</tbody>
</table>

**Total…………….10 Cr**

**SEMESTER 2**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFA 253</td>
<td>Surgical Anatomy II</td>
<td>4 Cr.</td>
</tr>
<tr>
<td>SFA 220</td>
<td>Management of a Patient</td>
<td>3 Cr.</td>
</tr>
<tr>
<td>SFA 230</td>
<td>Surgical First Assistant Techniques</td>
<td>3 Cr.</td>
</tr>
</tbody>
</table>

**Total………………10 Cr.**

**SEMESTER 3**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFA 235</td>
<td>Clinical Preceptorship</td>
<td>8/24 Cr.</td>
</tr>
</tbody>
</table>

**SEMESTER 4**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFA 245</td>
<td>Clinical Preceptorship</td>
<td>8/24 Cr.</td>
</tr>
</tbody>
</table>

**Total………………16 Cr.**

**Program Total………………36 Cr.**
“MUST” FOR A SURGICAL TECHNOLOGY STUDENT

1. Work rapidly under supervision
2. Follow directions accurately to the smallest detail.
3. Carelessness and ignorance may cause a patient’s life
4. Be able to quickly make changes sometimes without notice.
5. Anticipate the surgeon’s needs. Be one step ahead.
6. Learn to organize work.
7. Do not assume that equipment is sterile. You must know.
8. Be patient to the impatient.
9. Be quiet, yet responsive, and have a pleasing personality.
10. Be willing to work toward becoming the best possible surgical technologist.

JOB DESCRIPTION CERTIFIED SURGICAL TECHNOLOGIST

DEFINITION

A primary function of the surgical technologist practitioner is as the “scrub technologist” in the surgical suite and other clinical areas. The surgical technologist practitioner may be assigned other functions as permitted by the hospital and/or employer policy. The performance of these individual surgical technologist and applicable legal guidelines.

JOB KNOWLEDGE

1. Principles of asepsis and sterile technique
2. Anatomy and physiology
3. Medical terminology
4. Microbiology
5. Pathology: care and handling of specimen/body fluids
6. Procedures in OR; special positioning of patients
7. Environmental safety (e.g., electrical hazards, radiation and laser precautions)
8. Manual dexterity
9. Professional ethics
10. Cost containment
11. Complications of surgical procedures
12. Pharmacology: anesthetics, drugs, and solutions used in surgery
13. Wound healing and wound complications
14. Preoperative preparation of patients: consents, appropriate attire, transportation, identification, etc.
15. Preoperative skin preparation
16. Preparation and care of surgical supplies and equipment
17. Establishment and maintenance of a sterile field
18. Appropriate instrumentation, suturing materials, needles, prosthetic devices and other supplies
19. Appropriate counts of sponges, needles instruments, etc.
20. Drainage mechanisms and wound dressings
21. Emergency procedures, including cardiopulmonary resuscitation
22. Legal, moral, and ethical responsibilities

SURGERY KNOWLEDGE

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

EQUIPMENT KNOWLEDGE

1. Sterilizers
2. Operating room tables
3. Surgical lights
4. Electro-surgical units
5. Suction apparatus
6. Electrically powered equipment
7. Air – powered equipment
8. Endoscopes
9. Fiberoptic equipment
10. Operating microscopes
11. Pneumatic tourniquets
12. Pacemaker equipment
13. Laser equipment
14. Monitoring and emergency equipment, such as EKG monitors, portable oxygen tanks, and defibrillators

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

**DUTIES**

1. Checks supplies and equipment needed for the surgical procedure.
2. Scrubs, gowns, and gloves.
3. Sets up sterile table with instruments, supplies, equipment, and medications and solutions needed for procedure.
4. Performs appropriate counts with circulator prior to the operation and before incision is closed.
5. Gowns and gloves surgeon and assistants.
6. Helps in draping sterile field.
7. Passes instruments, etc., to surgeon during procedure.
8. Maintains highest standard of sterile technique during procedure.
10. Cleans and prepares instruments for terminal sterilization.
11. Assists other members of the team with terminal cleaning of the room.
12. Assists in preparing room for the next patient.

**CIRCULATING TECHNOLOGIST**

The CST acting as a circulator obtains additional instruments, supplies, and equipment necessary while the surgical procedure is in progress. He/she monitors conditions in the operating room and constantly assesses the needs of the patient and surgical team.

**DUTIES**

1. Obtains appropriate sterile and unsterile items needed for procedure.
2. Opens sterile supplies.
3. Checks patient’s chart, identifies patient, verifies surgery to be performed with consent forms, and brings patient to assigned operating room.
4. Transfers patient to operating room table.
5. Assesses comfort and safety measures and provides verbal and tactile reassurance to the patient.
6. Assists anesthesia personnel.
7. Positions patient, using proper equipment.
8. Applies electro-surgical grounding pads, tourniquets, monitors, etc., before procedure begins.
9. Prepares the patient’s skin prior to draping by surgical team.
10. Performs appropriate counts with scrub person prior to the operation and before incision is closed.
11. Anticipates additional supplies needed during the procedure.
12. Keeps accurate records throughout the procedure.
13. Properly cares for specimens.
15. Helps transport patient to recovery room.
16. Assists in cleaning of room and preparing for next patient.

SURGICAL ASSISTANT

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

As defined by the American College of Surgeons, the first assistant provides aid in exposure, hemostasis, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. First assistants must be educated in the use of surgical instruments on tissues versus the handling of instruments. This role is not performed at the same time as the scrub role.

CAREER OPPORTUNITIES FOR CERTIFIED SURGICAL TECHNOLOGISTS

Many Surgical Technologists because of their broad educational background may work in other areas other than the operating room. Such as:

a. delivery rooms
b. cast rooms
c. emergency departments
d. Ambulatory department
e. Laser department
f. cardiac catheterization laboratories
g. surgeon’s offices private scrub
h. ophthalmologists’ office
i. physicians’ offices
j. dentists’ offices
k. clinics
l. surgical centers
m. veterinary and zoological hospitals
n. medical sales
o. material managers
p. purchasing agents
q. surgery schedulers

Many Surgical Technologists/Surgical Assistants with additional training or education may work in the following areas:

a. education, peri-operative and collegiate
b. supervisory
c. product development
d. research
e. biomedical engineering
f. technical writing
g. photography
h. illustration
i. medical – legal auditing
j. infection control/quality assurance
k. surgical assistant

**NATIONAL CERTIFYING EXAMINATION:**

The national certifying examination is administered nationwide. The examination is administered and coordinated by the Liaison Council for Certification for Surgical Technologists (LCC – ST). The Surgical First Assistant examination is also administered through the LCC – ST.

The Central Service Technician examination is administered through the American Society for Health Care Central Service Personnel (ASHCSP) National Certifying Examination
Section III.
CLINICAL POLICIES

Clinical Experience Selection

Hospital sites will be assigned by the Program Director or Clinical Coordinator. A reasonable accommodation will be made around the students schedule, however, this cannot be guaranteed. Any rescheduling of clinical time will be at the discretion and approval of the Program Director, Clinical Coordinator and the clinical location.

Health Requirements

All students must complete a physical exam by a licensed physician, which verifies the following:

A. Immunizations
   1. Measles
   2. Mumps
   3. Rubella
   4. Tetanus/Diphtheria
   5. Hepatitis B

B. TB test (Mantoux) must be within one year from when the clinic experience ends.

C. General health, including allergies and current medications

ALL ABOVE PAPERWORK MUST BE SUBMITTED 30 DAYS PRIOR TO BEGINNING OF CLINICAL ROTATIONS. ALL STUDENTS MUST ATTEND A CLINICAL ORIENTATION.

Communicable Disease Policy in the Clinical Setting

During clinical experience, students may encounter patients in their care who have communicable diseases. Provision of the health care carries with it an inherent risk to the provider that can be rationalized when proper infection control measures are observed. This risk should be accepted as an unalterable aspect of the health professions, and as such, can never be justifiably used as a basis for refusing to treat a patient. The Surgical Technology Program policy is that no student will be excused from administering therapy to an assigned patient basis that the patient has a communicable disease, except when exposure to disease presents risk to an unborn fetus. Proper observance of infection control policies and procedures will always be enforced, thus minimizing the possibility of any student acquiring a communicable disease from a patient. These guidelines may include, but are not limited to; protective tight fitting mask, latex gloves, gowns, and protective eyewear. Students who refuse to treat assigned patients may be subject to dismissal from the program and will be advised to consider other careers.
Clinical Incidents

1. In the clinical setting, if a student makes an error or a patient has possibly been injured, the clinical instructor should be notified immediately, and an incident report filled out. The same is true if the student is injured.

2. The Program Director and the Clinical Coordinator must be contacted within 24 hours if the student is involved in one of the following incidents:
   a. A needle stick
   b. Blood to blood exposure
   c. Percutaneous and/or mucosal exposure to hepatitis B
   d. Parental or mucus membrane exposure to HIV

   The Program Director and Clinical Coordinator will adhere to the College’s protocol for such incidents.

Attendance and Grading Policies:

Successful clinical education is dependent upon students being exposed to and experiencing various situations and patients. This requires dependable, consistent attendance. To assure that students maximize their time, the following policies are in effect:

1. Student must arrive 10 minutes before the scheduled start time.

2. Students must contact their assigned clinical affiliate if they are going to be late.

3. Students must plan to attend clinic for the entire period schedule. Any situation that requires a student to leave prior to the end of assigned time the same protocol identified in #4 is to be followed.

4. Students must contact their assigned clinical affiliate clinical instructor/ program director, at least ½ hour before the scheduled starting time, if they are going to be absent for the day.

5. **There are no excused absences in clinical.** All absences will be made up at the discretion of the clinical instructor and the clinical facility. Missed clinical time will be handled individually between faculty and student.

   a. Students may not be allowed to make up absences if absences exceed more than two in the semester.
b. Making up of the clinical time is based upon the discretion of the clinical instructor.

c. Students must contact their clinical instructor if they are going to be absent.

d. **Students will be given an E grade if the above attendance requirement is not fulfilled.**

6. Three tardies are equal to one absence. Failure to call in to clinical late, two incidents equal one absence.

7. You are required to:
   a. Complete 100% of the proficiency evaluations check offs.
   b. Achieve a passing score of 80% on all written exams.
   c. Achieve a passing grade on the Summary Rating Evaluation for each section.

Knowledge

All students must pass all quizzes, midterm exam and final exam with an 80% or higher.

**Practical skills (lab and clinical check offs)**

All students must complete all practical skills and pass the final practical exam. It will be the responsibility of the student to make arrangements with the instructor to complete practical skills prior to the final exam.

8. An instructor may ask a student to leave clinical if for any reason he/she does not feel confident of the student's ability to tender care safely. Reasons may include, but are not limited to, illness, excessive fatigue, emotional instability behavior suggestive of intoxication or drug use.

9. During the clinical experience the student will remain in the hospital for breaks.

10. Students may be dismissed, at the discretion of their instructor, if they pose an infectious risk to patients.

11. In the case of illness, students should contact the clinical instructor/coordinator or provide an excuse from their physician.

12. **During clinical, no phones in the department may be used for personal calls. Use a public phone if a call is necessary. (Cellular phones are Not allowed)**
Clinical Preceptorship for Surgical First Assistant
The purpose of the clinical preceptorship is to provide training in basic surgical skills of assisting, under the direct supervision of the qualified preceptor, to be accomplished within an appropriate time frame. The student shall demonstrate a safe level of practice and knowledge in each of the areas listed below. A statement of proficiency from the clinical preceptor is required upon completion of each rotation.
(1) General surgery
(2) Orthopedic surgery
(3) Peripheral vascular surgery
(4) Endoscopic procedures
(5) Electives in two other surgical specialties

It is anticipated that demonstration of proficiency in general and orthopedic surgery will require a minimum of 20-25 major open cases and 10-15 minor cases in each area, a minimum of 10-15 cases in peripheral vascular surgery, 20 cases in endoscopy, and 20 cases from the two specialty surgery electives. Although not mandatory, it is recommended that the graduate be clinically proficient in the more complicated surgical procedures, such as cardiovascular and neurosurgery.

Dismissal from Clinical
Dismissal from clinic may result for any of the following reasons at the discretion of the clinical instructor. (The Clinical Coordinator must be notified of action taken within 24 hours)

1. Failure to comply with any college, program or hospital polices.
2. Insubordination toward any faculty or other professional in the clinical setting.
3. Inappropriate action towards a patient or their family.

Clinical Schedule
Clinical assignments are made in advance of clinical rotation. Clinical rotation assignments are made prior to the semester of the clinical course.Copies of the schedule(10,5),(990,988) are distributed before the semester begins. Every attempt will be made to accommodate student’s needs respective clinical site location & scheduling. We must match the needs of the clinical site students program. Therefore there are no guaranteed assignments.

Clinical Attire
Suitable dress is important in the hospital environment for the following reasons:

1. To protect the patient, insofar as possible, from microorganisms that can be brought into the hospital from home, school or outside environment.
2. To provide for your safety in a variety of clinical settings.

Uniform Policies

CLINICAL ASPECTS

1. Scrub suits/dresses will be furnished by the agency along with masks, caps and booties also.
2. Students must purchase a full length lab coat, safety glasses, which may be purchased from either the college bookstore or uniform shop.

FORBIDDEN;

High heeled shoes (greater than 1.5 inches), boots, tee-shirts, dirty blue jeans, faded, worn out, ill-fitting or dirty clothes excessive jewelry (only one chain allowed and small earrings), loud perfumes, shorts, halter tops, see through blouses, hot pants, long nails and chipped nail-polish.
Nails must be kept at a length which is conducive to donning gloves without puncturing the gloves. Nails may be painted with clear polish. It will be up to the Director or instructor’s discretion to amend this list. Students improperly attired and with long nails will be dismissed from clinic and marked with an unexcused absence. If in doubt, DON’T WEAR IT.

3. White duty shoes or walking shoes are appropriate. None of the following are permitted:
   a. Sneakers, canvas
   b. Sandals
   c. High platforms
   d. Clogs

4. All students must wear socks or stockings.

5. Minimal jewelry (we advise none) is recommended for two reasons:
   a. Loss is common
   b. Rings and other jewelry are common sources of bacteria causing cross contamination.

6. Hair must be cleaned and well groomed.
   a. Males – beards, mustaches, goatees, sideburns/mutton chops must be neatly trimmed.
   b. Females – extreme or exotic styles are not appropriate.
8. Fingernails must be short and clean (they are a common source of bacteria and cross contamination).

9. Makeup should be worn in moderation; excessive makeup is inappropriate. Colors should be subdued.

10. Students must be free of disagreeable odors. These include overpowering perfumes as well as body odor and bad breath.

11. **Students may be requested to leave the clinical facility if attire is not according to the Uniform Code.**

12. Students must also abide by any appropriate dress codes imposed by a clinical facility.

13. Eating, drinking or gum chewing is not permitted in the clinical area.

14. Smoking is not allowed in the clinical facility.

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**Section IV**

**Regulations**

**ATTENDANCE:**

Attendance is mandatory in all components of the program. In the classroom setting, students are allowed three (3) absences. Any absence beyond three will result in a failing course grade. Tardiness will result in lowering of the course grade by ½ point per late arrival.

**LATE OR MISSING WORK:**

Make-up test are given at the discretion of the instructor. All class assignments are due as specified by the instructor.

Absences from an examination must be cleared with the instructor in advance by contacting the instructor ahead of time. If you are unable to attend school on a day an exam is scheduled call your instructor or Program Director prior to the scheduled time of the exam if you are ill or otherwise unable to attend. Authorization of exam absences is entirely at the discretion of the instructor/Director. **NO MAKE-UP EXAMINATIONS WILL BE GIVEN TO STUDENTS FAILING TO CLEAR AN ABSENCE FROM AN EXAMINATION IN ADVANCE.**

**WITHDRAWAL AND INCOMPLETE WORK:**

The Surgical Technology Program adheres to the college policy regarding withdrawal and incomplete work.

**AMERICANS WITH DISABIUTY. ACT (ADA STATEMENT)**
Physically and/or mentally challenged students requiring special accommodations for this class should contact the campus ACCESS office, and see the instructor after class or call for an appointment. All information will remain confidential.

**ACADEMIC DISHONESTY:**
Cheating, plagiarism, violating copyright laws and other acts of academic dishonesty are held as serious offenses. Instructors have the responsibility to report any such incident in writing to the Department Head and Dean. Additionally, students have the responsibility to report such incidents to their Instructor.

**CHEATING POLICY**
Any student who cheats in any Surgical Technology course may be denied the privilege and right to attend such classes and to graduate from the program. Cheating is defined as using notes or markings, signals or wandering eyes to obtain answers from a private source or from another person in the class. This is not permitted during examination time. Submitting papers which are not the student’s original work also constitutes cheating.

The stringency of this policy is understandable when read in the context of an educational program preparing individuals for a career where the safety and well being of the public are largely dependent upon the knowledge and ethical responsibility of the surgical technologist. Evidence of unethical behavior, such as cheating, precludes the faculty’s ability to declare prospective graduates to be reliable and ethical, since both the level of knowledge and the degree of ethics are both unknown values in such a situation.

**CLASSROOM/LABORATORY BEHAVIOR:**
Instructors have the responsibility to set and maintain standards of classroom behavior appropriate to the discipline and method of instruction. Students may not engage in any activity which the instructor deems disruptive or counter productive to the goals of the class. Cellular telephones in the classroom, laboratory or clinical sites are unacceptable, beepers should be kept on a NON-AUDIBLE MODE. Instructors have the right to remove offending students from the class, OR clinical. Repetition of the offense may result in expulsion from the course and program.

Each student is expected to participate fully in the learning process with the instructor. This requires periodic self evaluation of progress and development of an action plan that fosters improvement and success. Students are to prepare for each class session by reading the assigned materials prior to class. A strong emphasis is placed on inquiry.

**SURGICAL LABORATORY RULES:**
1. No smoking at any time.
2. No food or beverages are allowed.
3. All instruments and equipment must be returned to their proper place at the end of your laboratory class.
4. Instruments and equipment must be handled carefully.
5. No instruments or equipment are to be “borrowed” or removed from the lab.
6. All drapes, trash, etc. must be disposed in proper container.
7. Each student is responsible for cleaning his/her own area.
8. OR furniture should be returned to its proper place.
9. Negligent use of needles, sharps, and etc. may result in an injury.
10. Negligent use of equipment may result in dismissal from the program and/or payment for said equipment.

ETHICAL BEHAVIOR:

Students are expected to operate within the ethical boundaries of the Surgical Technology profession. The philosophy of “Do no harm” is expected when dealing with those entrusted into your care.

TUTORIALS:

Tutorials are available throughout the semester for students who desire additional work in a subject matter. Students are also encouraged to utilize the laboratory for skills practice. In addition students may make an appointment for additional assistance in the laboratory.

GRADING POLICY:

Grading is on an absolute percentage and NOT on a curve. Keep in mind that “The bonus of learning is the responsibility of the student” Maintain an open channel of communication with your instructor about your progress and areas which may need improvement.

**GRADING SCALE:**

- A = 94% to 100%
- B = 87% to 93%
- C = 80% to 86%

FAILURE OR DISMISSAL FROM THE SURGICAL TECHNOLOGY and SURGICAL FIRST ASSISTANT PROGRAMS

1. Students will be dismissed from the Surgical Technology Program for the following academic reasons:

   A. Failure to maintain minimum attendance standards in clinical courses (see attendance policy).
B. Incompetence or failure to perform critical procedures at minimum standards as stated in the syllabus and performance objectives.
C. Failure to achieve a minimum grade as described previously.
D. After dismissal from the Surgical Technology Program the first time or voluntarily withdrawing from the student may apply for re-entry by writing a letter to the Admissions Committee requesting re-entrance into the program.) This letter should be submitted at least two (2) weeks prior to the semester you are applying for.

2. Students from the Surgical Technology Program, regardless of scholastic or clinical standing may be immediately dismissed for any of the following reasons, and may or may not be granted re-admission according to the decision of the Program Coordinator.

A. Cheating
B. Leaving the clinical and lab area without permission of the clinical instructor or the OR designate.
C. Reporting for duty or class with the odor of alcohol on breath and/or bringing alcoholic beverages to the College or hospital premises; or under the influence of other chemical substances.
D. Bringing guns, knives or other weapons to the College or hospital premises.
E. Falsifying or misrepresenting records in any manner.
F. Behaving in a disrespectful manner towards supervisors and instructors.
G. Fighting on the College or hospital premises.
H. Neglecting to follow hospital or Surgical Technology policies after a written warning
I. Poor attendance or constantly late for clinical.
J. Sub-standard classroom or clinical performance.
K. Disregard for personal appearance, hygiene, or dress code.
L. Stealing of any hospital property, and/or personal property of others.
M. Calling a Clinical Site and not following the Grievance Procedures.
Section V
Student Rights and Responsibilities

Policies and Procedures

The enumeration of the following rights and responsibilities shall in no way be interpreted as denying the existence of other rights and responsibilities which a student holds as a student or citizen.

1. Purpose

This policy statement sets forth for all students of Wayne County Community College, both part-time and full-time, the students’ rights and responsibilities, the college guidelines for conduct, and its disciplinary procedures. All students are expected to be aware of the substance.

2. Definitions

2.1 “College Community” means any full or part-time students, faculty members, members of the staff, or any others doing business with the college under contract or on a regular basis.

2.2 “Notice” or “summons” means correspondence (1) deposited with the U.S. Postal Service by certified mail addressed to the last known address of the addressee as shown on college records, or (2) personally delivered to the addressee, in which case the execution of a written receipt of delivery by the person delivering the correspondence showing the date, time, and place of delivery is considered sufficient proof of notice.

2.3 “Committee” means Student Discipline Committee.

2.4 “Disciplinary Action” means proceedings under Section 3.4 through 3.10 of this policy.

2.5 “Hazing” means those activities in Section 3.2.2.10.

2.6 “Published College Policy” means any provision of a Board of Trustee policy or regulation, a published administrative, directive, rule, regulation or procedure.

2.7 “Record” means all written documents, forms, copies, reports, statements, tape recordings, or tangible evidence in a disciplinary action.

2.8 “College” means Wayne County Community College.

2.9 “Campus” means one of the Campuses of Wayne Community College.

2.10 “College officials” means those in authority who have responsibility for the safety, welfare, and orderly conduct of the college and campus community, or who have had such authority and responsibility delegated to them including trustees, officers, faculty and administrative staff.

3. Policy/Procedures

3.1 Rights of Students

3.1.1 Access to Higher Education
Admission to the college is open to anyone qualified according to established admissions standards and resource limitations. The college must make available to all students the academic and behavioral standards required of all who register at the college campuses.

3.1.2 Freedom from Discrimination
No student or applicant for admission to the college may be discriminated against on the bases of race, color, religion, sex, age, physical handicap, or national origin by the college or any member of the college community. The college fully supports equal opportunity and affirmative act.

3.1.3 Freedom of Speech, Expression and Association
The rights of free speech, expression, and association as defined by the Constitution of the United States and developed by statutory laws and judicial decisions, are guaranteed to every member of the college community.

3.1.4 Rights of Privacy
Students have the right to be secure in their person, papers and effects against unreasonable searches and seizures. The college reserves the right to conduct inspection for the reasons of health and safety.

3.1.5 Rights to Due Process
In administering this code, the college guarantees each student accused of violating a published (college or campus policy those principles of due process and fundamental fairness established by the Constitution of the United States and developed by statutory law and judicial interpretation.

3.1.6 Confidentiality of Records
Each student shall have access to all educational records pertaining to their application for enrollment in the college, and the college shall protect student educational records from unauthorized dissemination. It is college policy to comply fully with the provisions and regulations of the Federal Family Education Right and Privacy Act of 1974.

3.1.7 Participation in College Shared Governance
The college guarantees the right of any member of the college to express opinions or to initiate or participate in the development of administrative policy/procedures as described in the Constitution of the College Senate.

3.1.8 Student Government
The college has authorized and encouraged the establishment of a representative student government with the stipulation that it has no existence separate and apart from the college, and the ultimate authority rests with the Board of Trustees.

3.1.9 Student Organizations
The college recognizes the right of students to form organization not forbidden by federal or state laws or college policy. Student organizations must be registered and approved through the procedures established by the college administrative procedure.

3.10 Student Publications
Student publications may deal with issues of interest and importance to the college community, provided they avoid use of libel, undocumented allegations, obscenity, attacks on personal integrity, deliberate deceptions, and harassment.

3.2 Responsibilities of Students
3.2.1 Conduct Required
The conduct of every student should reflect well on the institution and in no case should include conduct prohibited in 3.2.2 below.

3.2.2 Conduct Prohibited
No student may engage in any of the following actions:

3.2.2.1 Commit an offense under any federal, state or municipal criminal statute.
3.2.2.2 Violate any published college policy or administrative procedure.
3.2.2.3 Fail to comply with the directive of any college I campus official (defined in 2.0 above) in the legitimate performance of their duties.
3.2.2.4 Intentionally furnish false information to the college I campus.
3.2.2.5 Fail to meet financial obligations to the college/campus.
3.2.2.6 Misuse or use without authorization, fire extinguishers or other safety equipment on college I campus property.
3.2.2.7 Interfere with or disrupt any college teaching, research, administrative, disciplinary, public service, or other authorized activity.
3.2.2.8 Engage in conduct that endangers the health or safety of member(s) of the college/campus community.
3.2.2.9 Use or possess college/campus keys for any purpose not authorized by college/campus officials.
3.2.2.10 Haze or acquiesce to hazing; violate any college/campus policy I procedure.
3.2.2.11 The possession and use of alcoholic beverages on college/campus property owned and/or leased by the college.
3.2.2.12 Gamble in any form, as defined by the state of Michigan Penal Code, on college/campus property.
3.2.2.13 Possess, use, sell or distribute any quantity, whether usable or not, of any drug, narcotic or controlled substance as defined in the Michigan Controlled Substance Act.
3.2.2.14 Possess or use firearm, ammunition, drug paraphernalia, or illegal weapon on college/campus property except as a duly authorized law enforcement officer or for legitimate classroom instruction.
3.2.2.15 Possess, ignite, or detonate, except for instructional use, any explosive device, fireworks, liquid, or object which is flammable or which could cause damage by fire or explosion to persons or property while on college/campus property.
3.2.2.16 Steal, destroy, damage, or maliciously misuse property belonging to the college/campus or to any member of the college/campus community.
3.2.2.17 Forge, alter, or misuse college/campus documents, forms, records or identification cards.
3.2.2.18 Advocate either orally or in writing the conscious and deliberate violation of any federal, state or local law. “To advocate” means to address an individual or group for imminent action and steer it to such action, as opposed to the abstract espousal of the moral propriety of a course of action.
3.2.2.20 Enter or use any college/campus buildings, facilities, equipment, or resource without the proper authorization. Fail to maintain a current official mailing address in the Office of Records and Registration or give a false address.
3.2.2.21 Knowingly (1) initiate, communicate, or circulate a report of a present, past, or future bombing, fire, offense, or other emergency that is false or baseless and that would ordinarily cause action by an official or volunteer agency organized to deal with emergencies; (2) place any member(s) of the college/campus community in fear of imminent serious bodily injury; or (3) forcibly prevent or interrupt the occupation of building, room or aircraft, automobile or other mode of conveyance.
3.2.2.22 Intentionally, knowingly, or recklessly harass or threaten to take unlawful act against any member(s) of the college/campus community, thereby causing or intending to cause harm or alarm.

3.2.2.23 Access individual student or college personnel records unless so directed by a supervisor in an employment setting.

3.3 Disciplinary Procedures

3.3.1 The Dean on each campus is the principal administrator for student discipline at Wayne County Community College.

3.3.2 The following penalties may be imposed when a student engages in prohibited conduct and may be imposed separately or in addition to other penalties.

3.3.2.1 “Warning” is a verbal or written notice to a student who has violated a published college/campus policy/procedure and whose continuation of such conduct may result in further disciplinary action.

3.3.2.2 “Restricted privileges” is denial or restriction of one or more privileges granted to students on college/campus property. These may be, but are not limited to, the use of an automobile on campus, dining on campus, visiting the campus, or participation in athletics or other extracurricular activities. The restriction may be imposed only for a definite period of time.

3.3.2.3 “Restitution” is paying, either with money or the performance of specific duties, for damage to or loss! misappropriation of property.

3.3.2.4 “Withholding transcripts” is a penalty which prohibits a student from receiving, or the office of Records I Registration from issuing, official transcripts.

3.3.2.5 “Non-readmission” is a prohibition against a student’s readmission to the college.

3.3.2.6 “Disciplinary probation” is a warning that a student’s continued enrollment is conditioned upon adherence to published college/campus procedures. Probation may be imposed only for a definite period of time, but automatically restricts the following privileges:

A student on a disciplinary probation is ineligible to hold or be elected to an office of any student organization recognized by the college and campus.

A student in disciplinary probation may not represent the college I campus on any athletic teams or in any special honorary role.

3.3.2.7 “Suspension” is separation from the college I campus for a definite time during which the student will not be permitted to attend classes or participate in any college I campus activity.

3.3.2.8 “Expulsion” is a permanent separation from the college I campus for a definite time during which the student will not be permitted to attend classes or participate in any college I campus activity.
3.3.3 Any penalties assigned under this policy statement (Section 3.3.2. above) must be noted in the student’s disciplinary action file in the office of the Dean.

3.3.4 No penalty may take effect until a decision for disciplinary action becomes final.

Disciplinary action final in the following ways:

3.3-4.1 After a hearing, the student upon notification of the decision of the Student Discipline Committee, may let the time in which to file a notice of appeal to the Dean expire.

3.3-4.2 After a review by the Dean, the decision of the Dean is final and binding and the student is notified of the decision.

3.4 Initiation of Disciplinary Action and Administrative Disposition

3.4.1 Investigation and Summons
When the Dean receives an allegation that a student has violated a published college/campus policy/procedure, the Dean investigates the allegation and meets with the initiator of the complaint. The Dean will provide in writing a copy of the allegations and / or complaint along with a copy of the policy on Student Rights and Responsibilities. If the Dean determines that disciplinary action is warranted, they will summon the student to appear. Failure to appear in answer to a summons constitutes a separate violation and may result in suspension until response to the summons.

3.4.2 Administrative Review
The student’s appearance before the Dean is formal, and the Dean must give the student an opportunity to relate or explain any facts bearing on the alleged violation. After a fair and impartial assessment, the Dean must determine whether a published college/campus policy/procedure was violated, and if so, the appropriate disciplinary sanction. The Dean must indicate a decision in writing and submit it to the student within fifteen (15) school days of the meeting with the student. At the time the written decision is submitted to the student, the Director must advise the student of his/her appeal rights and right to a hearing as set forth below in 3.4.3.

3.4.3 Appeal of Administrative Disposition
The decision of the Dean shall become final unless the student files a written request for a hearing with the Chairperson of the Student Discipline Committee within five (5) school days of the date of the decision.

3.4.4 Non-acceptance of Administrative Disposition and Request for Hearing
If the student chooses not to accept the decision of the Dean, the student so indicates in writing, and the Dean advises the student of the right to a hearing. The student then, in writing to the Chairperson to the Student Discipline Committee, must request a hearing by that Committee. If the student does not request such a hearing, the Dean’s decision becomes final, and the student will be deemed to have accepted the decision.

3.5.1 Temporary Suspension
In the event the Dean has reasonable cause to believe that a student’s continued presence on college/campus property poses an immediate threat to the safety of the student, other
students, college employees, or college/campus property, the Dean may suspend the student and exclude the student from college/campus property pending a hearing.

3.5.2 Upon deciding to suspend a student from college/campus property pending a hearing by the most expeditious means available.

3.5.3 Immediately proceed to organize a hearing as in disciplinary actions generally, to be held as soon as possible and in accordance with sections 3.7, 3.8, and 3.9 of this policy procedure statement.

3.6.1 Hearing/Student Discipline Committee

Each student who requests a hearing, or who is temporarily suspended, is entitled to the following rights:

3.6.1.1 Written notification of the published college/campus policy/procedure alleged to have been violated;

3.6.1.2 Written notification of the date, time, and location of the hearing;

3.6.1.3 The names of all known witnesses;

3.6.1.4 An advisor who may be an attorney, but who sits in an advisory capacity only and who may address the committee only if the Chairperson grants permission;

3.6.1.5 The presence of parents or legal guardians

3.6.1.6 The cross-examination of witnesses for the college/campus;

3.6.1.7 The presentation of witnesses and other evidence;

3.6.1.8 The Student Discipline Committee shall consist of a Chairperson, two faculty, and four students. The Dean shall appoint the committee by the second week of the Fall Semester with term of appointment to be September 1 to August 30 of each year.

3.6.3 The Chairperson of the Student Discipline Committee initiates the hearing upon notification by the Dean of a request for a hearing or of a temporary suspension. A minimum of three committee members is required to conduct a hearing.

3.6.4 When requested or required, a hearing must be conducted no earlier than six (6) nor later than twelve (12) class days after the request is filed or notice of temporary suspension is given.

3.6.5 As soon as the time of the hearing is set, the Dean must provide the student with a written notice containing the following information:

3.6.5.1 A statement of the charges and a factual description of the alleged conduct upon which the charges are based;

3.6.5.2 The date, time, and location of the hearing;

3.6.5.3 A reference to this document;

3.6.5.4 A list of witnesses expected by the Dean, time of the notice to testify, together with their expected testimony, and a description of any other evidence expected and known at the time of the notice; and,

3.7 General Rules or a Hearing-Student Discipline Committee

3.7.1 The Chairperson of the Student Discipline Committee may postpone a hearing upon receiving a written request for postponement no later than twenty-four (24) hours before the hearing, and showing good cause from
the student, the complainant, or the Dean.

3.7.2 The committee chairperson describes the procedures to be followed, rules on the admissibility of evidence, and controls decorum in the hearing. Members of the committee may freely question any witness.

3.7.3 Upon the request of the student or any committee member, or upon their own initiative, the Dean may summon a witness to appear to testify or produce documents at a hearing. A summons must be personally delivered or sent by certified mail.

3.7.4 The hearing must be recorded in writing and the student may be allowed one copy at the student’s expense.

3.7.5 During the hearing, only the committee members, the Dean, the student and their Advisor, the student’s parents or legal guardians, and the witness currently testifying will be allowed in the hearing room. Everyone present must treat the matters discussed as completely confidential. All copies documents provided to the committee must be returned to the Dean at the conclusion of the hearing and destroyed.

3.7.6 Legal rules of evidence do not apply to hearings. Any relevant evidence must be admitted if it is credible and is the sort that reasonable people would rely upon in the conduct of their affairs. An indictment, information, or complaint filed in a court of law will not be considered conclusive evidence.

3.7.7 The student may not be compelled to testify against himself/herself, and the committee must presume the student innocent of the charges unless it is convinced of their culpability by a preponderance of the evidence as presented during the hearing.

3.8 Procedural Rules for a Hearing-Student Discipline Committee

3.8.1 The Chairperson of the Student Discipline Committee asks all parties to be present to enter the room.

3.8.2 The Chairperson reads a statement which reminds all participants that the proceedings of the hearing must remain confidential.

3.8.3 The Chairperson reads the complaint.

3.8.4 The Dean presents evidence and witnesses in support of the allegations against the student.

3.8.5 The student may present evidence and witnesses in their defense.

3.8.6 The Dean and student may present rebuttal evidence.

3.8.7 The Dean and student may present brief summation arguments.

3.8.8 The committee must deliberate in private and determine, by majority vote, whether the student is guilty of violating a published college/campus policy/procedure. It must state in writing each finding of the violation of a published college/campus policy/procedure. The committee must then state in writing the sanction to be imposed. Only the chairperson signs the decision. Concurring or dissenting opinions may be filed with the record in the case by any member of the committee, including the chairperson.

3.8.9 The committee must inform the student and the complainant of its decision, and if disciplinary sanction has been imposed, of the right of
either party to appeal.

3.9 Appeal and Review

3.9.1 All disciplinary decisions of the Dean, except those in which the penalty is warning, may be appealed to the Student Discipline Committee.

Wayne County Community College
Allied Health Department Protocol
For Airborne Pathogens

Programs:

Emergency Medical Technology
Dental Hygiene
Occupational Therapy Assistant

A. Purpose:

1. Early Detection:

   A. Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lung coughs, sneezes, laughs, or sings. TB can also affect other parts of the body, such as the brain, the kidneys, or the spine.

   B. Signs and Symptoms: General symptoms may include feeling weak or sick weight loss, fever, and/or night sweats. Symptoms of TB of the lungs may include cough, chest pain, and/or coughing up blood. Other symptoms depend on the particular part of the body that is affected.

   C. Any one can get TB, but some people are at higher risk. Those at higher risk include:

      - people who share the same breathing space with someone who has TB disease.
      - poor people.
      - homeless people.
      - foreign-born people for countries where a lot of people have TB.
      - nursing home residents.
      - alcoholics and intravenous drug users.
      - people with medical conditions such as diabetes, certain types of cancers and being underweight.
• people with HIV infection.

B. Incubation Period:

1. Two to ten weeks after initial human infection with M. tuberculosis.

C. Communicable Period:

1. Patients are communicable only when an active lesion develops in the lung. From the period the person is communicable as long as the M. tuberculosis is being discharged in the sputum.

D. Screening:

1. Students will be required to have annual Mantoux tuberculin skin test. Signed results must be presented to the program director 30 days prior to the start of clinical rotations.

2. Students with false positive Mantoux tuberculin skin test must have an annual chest radiograph (x-ray) done. Signed results must be presented to the program director 30 days prior to the start of clinical rotations.

3. Students with positive Mantoux or chest radiograph (x-ray) must have physician medical clearance listing condition, lab results and treatment. Screening procedure must be done every six months. Signed results must be presented to the program director in order to remain in clinical rotation.

E. Student Training:

1. Student training will be on an annual basis.

2. Student training will include the following:

   a. Methods of TB transmission.

   b. TB signs and symptoms.

   c. Screening.

   d. Therapy required.

   e. Guidelines for preventing the transmission of Tuberculosis in the health-care setting, with special focus on HIV-related issues. (Copy provided)
f. Respirator mask application and fit testing.

F. Respirator Training:

1. Students must complete a medical screening form prior to respirator training. The medical screening form will be reviewed by a college representative with medical background in the respiratory system, ie: RRT or RN

2. Students with an questionable medical screening form will be required to have a Peak Force Expiratory Flow test performed. Those students with a 70% or less of predicate value must have physician medical clearance before respirator mask will be fitted.

3. Students will be fit tested for proper size respirator mask. Results of size and testing will be recorded on respirator mask form.

G. Respirator Fit Testing:

1. All students will be fit tested annually or anytime students facial condition changes.

2. Irritant smoke qualitative fit test will be conducted on all students.

3. Mask size and results of qualitative fit test will be recorded and placed in student file.

4. Students who are unable to wear respirator mask will be required to have physician medical clearance before fit testing procedure is repeated. If student is unable to wear a mask according to manufacture guidelines, the student will be referred to appropriate program director. The clinical site must be notified to determine if the student will be allowed to participate.

H. Record Keeping:

1. All training records will be kept for a period of 5 years.

2. All medical screening information, testing results and respirator fit test results and exposures will be kept for length of clinical rotation plus thirty years.

3. All records will be labeled and keep confidential.
4. All exposures must be recorded on a OSHA 200 form.

I. Student Exposures:

1. Students who have been exposed will need to notify the instructor, cooperating agency, and the program clinical coordinator or the program director immediately. Students will be required to follow up with their own physician and provide a medical clearance before returning to clinical rotation. Failure to report any exposure will result in immediate failing grade and withdrawal from clinical and program. Students will be responsible for any cost accrued for medical care due to the exposure with the cooperating agency or their own physician.

J. Student Responsibilities:

1. All medical evaluations, testing and treatment will be at students expense.

2. Students must contact program director or instructor immediately if possible exposure has occurred.

3. Students must use universal precautions when in contact with patients

4. Students will be responsible for all arrangements, transportation and time off for training and screening procedures

TB protocol 06-23-1998
Revised 09-30-2006
Wayne County Community College
Allied Health Department Protocol
For Bloodborne Pathogens

Programs: Emergency Medical Technology
          Dental Hygiene
          Occupational Therapy Assistant
          Surgical Technology
          Surgical First Assistant

A. Purpose:

1. Prevention of Occupational Exposure:

   a. Bloodborne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

   b. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

   c. Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, Hepatitis B and C and other bloodborne pathogens. Universal Precautions is a method to reduce or prevent occupational exposures.

   d. Students may experience various types of occupational exposure depending on which program they are enrolled. Exposures may be, but not limited to: blood, saliva, urine, sputum, feces and other fluids.

B. Student Work Practice

1. Students will wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. When hand
washing is not feasible, students will use either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic toilettes. When antiseptic hand cleaners or toilettes are used, hands shall be washed with soap and running water as soon as feasible.

2. Contaminated needles and other sharps shall not be recapped or removed unless the student can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one handed technique.

3. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

4. Students are required to use the appropriate personal protective equipment and universal precaution with all patients.

C. Personal Protective Equipment:

1. Students will be provided the proper personal protective equipment for the type of exposure. Program directors will be responsible to determine exposure level and make arrangements for personal protective equipment accessibility.

2. Personal protective equipment will include the following:

a. **Disposable Gloves.** Disposable gloves shall be worn when it can be reasonably anticipated that the student may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. When gloving for surgical procedures we strongly urge the practice of double gloving. 90% of debris is removed by the first glove. Only 10% of debris would potentially be present if the second glove was punctured.

b. **Masks, Eye Protection and Face Shields.** Mask in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

c. **Gowns, Aprons, and Other Protective Body Clothing.** Appropriate protective clothing such as, but not limited to gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task
and degree of exposure anticipated.

d. **Puncture Resistant Containers.** Appropriate puncture resistant containers will be available for all programs which use sharps or needles.

D. **Hepatitis B Vaccination:**

1. All students must read, sign and return a Hepatitis B Vaccine (Recombinant) form when applying for program admission.

2. It will be the students responsible for the cost and arrangements for the Hepatitis B vaccination series.

3. Students must provide written and signed proof for each set of the Hepatitis B vaccination to the program director.

4. Students who decline or miss their scheduled Hepatitis B vaccination will need to contact the program director. The clinical site must be notified to determine if the student will be allowed to participate. Declining the hepatitis B vaccination will not necessarily preclude a student from participating in the CS/ST Program, but clinical placement may be affected.

E. **Student Exposures:**

1. Students who have been exposed will need to notify the instructor, cooperating agency, and the program clinical coordinator or the program director immediately. Students will be required to follow up with their own physician and provide a medical clearance before returning to clinical rotation. Failure to report any exposure will result in immediate failing grade and withdrawal from clinical and program. Students will be responsible for any cost incurred for medical care due to the exposure with the cooperating agency or their own physician.

H. **Student Training:**

1. Student training will be on an annual basis.

2. Student training will include the following:

   a. Copy of Department of Labor, “Occupational Exposure to Bloodborne Pathogens; Final Rule”.

   b. A general explanation of epidemiology and symptoms of bloodborne diseases and the mode of transmission.

   c. An explanation of the use, methods for recognizing tasks, and other activities that may involve exposure to blood and other potentially infectious
d. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate practices and personal protective equipment.

e. Information of the types, proper use, location, removal, handling decontamination and disposal of personal protective equipment.

f. An explanation of the basis for selection of personal protective equipment.

g. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated.

h. Information on the appropriate actions to be taken and persons to contact in an emergency involving blood or other potentially infectious materials.

i. What is required for post-exposure to return to clinical rotation.

I. Record Keeping:

1. All training records will be kept for a period of 5 years.

2. All medical screening, immunizations, and medical clearance will be kept for the length of clinical rotation plus thirty years.

3. All records will be labeled and keep confidential.

4. All exposures must be recorded on an OSHA 200 form.

J. Students Responsibilities:

1. All medical evaluations, testing and treatment will be at students expense.

2. Students must contact program director or instructor immediately if possible exposure has occurred.

3. Students must comply with all universal precautions when in contact with patients.

4. Students will be responsible for all arrangements, transportation, and time off for training.

BBprotoc 06-23-2012
Revised 09-30-2012
Students Name: ___________________________________________________________

Airborne Pathogen Training Program Outline

The following subjects were covered in the training program.

A. Methods of TB transmission.
B. TB signs and symptoms.
C. Screening.
D. Therapy required.
E. Guidelines for preventing the transmission of tuberculosis in the health-care setting, with special focus on HIV-related issues. **Copy provided.**
F. Respirator mask application and fit testing.
G. Allied Health department airborne pathogens protocol.

Students signature: ________________________ Date: ______________

Bloodborne Pathogen Training Program Outline

The following subjects were covered in the training program.

A. Occupational Exposure to Bloodborne Pathogens; Final Rule. **Copy provided.**
B. A general explanation of epidemiology and symptoms of bloodborne diseases and the mode of transmission.
C. An explanation of the use, methods for recognizing tasks, other activities that may involve exposure to blood and other potentially infectious materials.
D. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate practices and personal protective equipment.
E. Information of the types, proper use, location, removal, handling decontamination and disposal of personal protective equipment.
F. An explanation of the basis for selection of personal protective equipment.
G. Information on the hepatitis B vaccine, including information on the efficacy, safety, method of administration, the benefits of being vaccinated.
H. Information on the appropriate actions to be taken and persons to contact in an emergency involving blood or other potentially infectious materials.
I. What is required for post-exposure to return to clinical rotation.
I have received and read the student handbook and agree to abide by the policies set forth in the handbook. I will also turn in the necessary immunization and physical examination documentation required by the Surgical Technology Program prior to clinical placement.

SIGNATURE________________________________________
DATE___________________________________________

TBBBOUT  09-30-200