

Pennsylvania College of Technology  
Surgical Technology Program  
Preceptor Handbook

January 2025

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## Welcome

Pennsylvania College of Technology Surgical Technology (SG) Program wishes to thank you for your commitment to the clinical education of our students. The clinical education experience is an integral portion of the SG program, enabling students to "put into practice" the concepts, skills, problem-solving techniques, and ideas that they have learned in the classroom and lab environments. As preceptors, you have the privilege of directly influencing the knowledge and confidence of future surgical technologists. Your guidance helps shape competent and capable graduates who will ultimately impact countless lives. Precepting is not just about teaching skills: it is about nurturing students by providing support, encouragement, and mentorship to help students grow professionally. A positive preceptor experience can be a defining moment in a student's career. You can instill in them a love for the profession and ignite passion for learning.

Preceptors not only have a profound effect on students, but on the profession of surgical technology. Through precepting, you ensure quality care for the future by contributing to the development of well-trained graduates. You set examples for learners when you demonstrate professionalism, empathy, and ethical decision making. It is important that future surgical technologists uphold high standards and values. Effective preceptorship can address workforce shortages by attracting and retaining talented individuals to the field of surgical technology.

We recognize the time and effort required to supervise a student and that is not just about checking a box. You directly help students to achieve their educational and career goals. We hope you find a sense of accomplishment and take pride knowing the positive role you had in shaping someone's career. Preceptorship is a two-way street in that you can learn about new advancements in the field and refine your own teaching and communication skills.

For your ease, we have provided the following manual to assist with guidance in the preceptor role and to help you gain an understanding of what is required from you, the program, and the student during their clinical education experience.

Thank you for your efforts and contributions to our program,

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## Accreditations

### College Accreditation

Pennsylvania College of Technology, a special affiliate campus of Pennsylvania State University, is a fully accredited college by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104-2680, (267)-284-5000. Middle States Commission on Higher Education is recognized by the Secretary of Education, Commonwealth of Pennsylvania. PCT last reaffirmed its status in 2017.

### Program Accreditation

The Pennsylvania College of Technology, Surgical Technology major is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (<https://arcstsa.org/>);

Commission on Accreditation of Allied Health Education Program  
9355 - 113th St. N, #7709  
Seminole, FL 33775  
Phone: 727-210-2350

## Program Description

At Penn College, futures are made by hand. Thinking critically and solving problems, our students learn by doing. Our surgical technologists in training gain valuable real-world experience beyond anything one can find in a textbook. Students gain 200+ hours of hands-on practice in state-of-the-art labs, with access to a wide array of specialty instrumentation and 500+ hours in O.R. clinical placements.

### SG Program Goals

The following goals operate within the parameters of the requirements of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting, and the College core. The program's overarching goal is to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. A graduate of this major should be able to:

- function safely, efficiently, and professionally in the role of surgical technologist within the various healthcare settings and situations.
- demonstrate the interpersonal and communication skills necessary to effectively work with a diverse healthcare team, patients, and their families.
- apply critical-thinking and problem-solving skills as appropriate to the surgical technologist role.
- embrace lifelong learning and continued growth of knowledge and skills through gathering, interpreting, and analyzing published education and new technology related to the field of surgical technology.
- perform the role of the surgical technologist ethically and within the scope of practice as defined by the Association of Surgical Technologists.
- demonstrate and apply appropriate surgical technology techniques and protocols as they apply to specific surgical procedures, instrumentation, and equipment throughout the preoperative, intraoperative, and postoperative phases of surgery.

## Course Sequence

### Curriculum

First Semester		Credits
FYE101	First Year Experience	1
BIO115	Human Anatomy and Physiology I	4
ENL111	English Composition I	3
MTR104	Medical Terminology Survey	3
MNA	MTH 123 or higher	3
FIT	Fitness & Wellness Elective	1
<b>TOTAL CREDITS</b>		<b>15</b>

Second Semester		Credits
BIO125	Human Anatomy and Physiology II	4
HTH127	Pathology & Disease Mechanisms	3
SGT107	Surgical Technology Practice I	4
SGT110	Clinical Kinesiology	1
SGT112	Introduction to Surgical Technology & Patient Care Concepts	2
<b>TOTAL CREDITS</b>		<b>14</b>

Summer Session		Credits
SGT116	General Surgical Procedures	4
SGT120	Surgical Technology Practice II	1.5
SGT130	Pharmacology for the Surgical Technologist	1
CSC124	Information, Technology & Society	3
<b>TOTAL CREDITS</b>		<b>9.5</b>

Third Semester		Credits
BIO201	Microbiology	4
HTH126	Pathology & Mental Health	3
SGT206	Specialty Procedures I	4
SGT211	Surgical Technology Practice III	3.5
<b>TOTAL CREDITS</b>		<b>14.5</b>

Fourth Semester		Credits
SPC	Speech Elective	3
PSY111	General Psychology	3
or		
SOC111	Introduction to Sociology	3
SGT210	Specialty Procedures II	4
SGT221	Surgical Technology Practice IV	3.5
SGT222	Interprofessional Relationships & Professional Obligations	2
<b>TOTAL CREDITS</b>		<b>15.5</b>

Summer Session		Credits
SGT204	Functional Survey & Review	2
SGT230	Surgical Technology Practice V	4
<b>TOTAL CREDITS</b>		<b>6</b>
<b>TOTAL PROGRAM CREDITS</b>		<b>74.5</b>

## SG Course Descriptions

### **Application/Techniques of Surgical Asepsis & Instrumentation (SGT107)**

Application of microbiology as it relates to sterilization and asepsis. Emphasis on identification (type, function, and name) and proper handling, including assembly and sterilization, of instruments, equipment, and supplies. Techniques and procedures also include surgical scrubbing prior to surgical procedures; gowning, gloving, and assisting surgical team members; counting instruments, sponges, needles, and other items on the sterile field; performing initial steps of surgical procedures; and handling sterile equipment and supplies during an operation. Discussion to include the roles of unsterile and sterile surgical technologists.

### **Surgical Technology Practice I (SGT110)**

Introductory clinical experience. Topics include the roles of all members within the surgical support service departments, including sterile supply, sterile processing, and instrument room. Clinical requirements: 45 clock-hours (minimum); perform all duties as assigned within each support service department.

### **Introduction to Surgical Technology & Patient Care Concepts (SGT112)**

Introductory surgical technology theory related to healthcare facilities, hospital organizations, management, job responsibilities, and the physical environment. Emphasis on ethical, moral, and legal responsibilities; patient-care concepts; and critical elements of surgical procedures. Study and discussion of perioperative patient care concepts, including assessment of the patient's response to illness and hospitalization; assessment of the patient's physical, spiritual, and psychological needs; issues surrounding quality care, informed consent, and legal/ethical concerns; basic patient chart components; assessment and response to special population patients; the physical design and needs of the surgery department; identification of potential hazards; review of basic operating room safety; preoperative routines; documentation; and post anesthesia care. Additionally, the basic definitions of electricity and robotics along with their applications in the operating room are discussed. Theory and application of the CARE approach are utilized.

### **General Surgical Procedures (SGT116)**

Study of general surgical procedures, including devices, techniques, and wound characteristics. Topics relating to wounds include types of wounds, inflammation, and the phases of healing. Other topics include sutures, accessory devices, surgical staplers, and suture needles; techniques used in preoperative diagnoses and opening and closing of surgical wounds; relevant anatomy of, and indications for, surgery; patient preparation; special equipment and supplies; and purpose and expected outcomes of the surgery, as well as possible complications. Expectations include the ability to apply these topical areas in clinical practice situations. Knowledge of anatomy and physiology is reinforced from the surgical technology perspective. The elements of general surgery as they pertain to the surgical technologist are presented. Coursework integrates and reinforces prior content in medical terminology, pathology, specific anatomical structures, surgical instruments, supplies, and drugs.

### **Surgical Technology Practice II (SGT120)**

Continued study of operating room principles and procedures, including the application of basic skills learned in the laboratory setting. Applied skills include understanding the roles of all members on the operating room team and the basic "flow" of the operating room; the procedure to scrub, gown, and glove without contamination; back table and mayo stand set up; proper opening of sterile supplies; and



the basics of instrument handling. Clinical requirements: 70 clock-hours minimum, functioning in the scrub-observe and second scrub roles as often as possible.

### **Pharmacology for the Surgical Technologist (SGT130)**

General principles of pharmacology related to the surgical technologist in the perioperative environment. Topics include drug sources, classifications, regulatory issues, indications for use, complications, adverse reactions, routes of administration, calculation, and medication handling. Emphasis on the relationship of drugs to the surgical patient. Anesthesia and emergency situations are stressed.

### **Specialty Procedures I (SGT206)**

Study of specialized surgeries as they pertain to the surgical technologist. Emphasis on medical terminology, pathology, specific anatomical structures, basic and specialized surgical instruments, supplies, and drugs. Specialized instruments, room setup, draping needs, and positioning are presented. Study includes obstetric and gynecologic procedures, including fertility-related surgeries; the surgical technologist's role in the stages of labor and delivery; genitourinary, plastic and reconstructive; and otorhinolaryngologic and ophthalmic surgeries. Standard precautions are continually emphasized.

### **Surgical Technology Practice III (SGT211)**

Continued practice in operating room procedures, including application of laboratory skills in an operating room setting. Applied skills include scrubbing, gowning, gloving, and set ups with increased organization and speed as well as instrument handling and increased manual dexterity. Clinical requirements: 205 clock-hours minimum. The first scrub role will be entered every day and as often as possible.

### **Specialty Procedures II (SGT210)**

Study of specialty areas as they pertain to the surgical technologist. Emphasis on the use of appropriate medical terminology, pathosis, relative anatomic structures, basic and specialized surgical instruments, supplies and drugs. Specialized instruments, room setup, draping needs, positioning, and the role of and the expectations of services from the surgical technologist are studied. Oral and maxillofacial, orthopedic, peripheral vascular, cardiothoracic and neurosurgery are the main topical areas. Standard precautions are continually emphasized.

### **Surgical Technology Practice IV (SGT221)**

Continued practice in operating room procedures, with skills performed with little to no assistance. Expectations include independent scrubbing for a variety of surgical cases, duties performed with increased speed and accuracy, increased awareness and anticipation of needs for the procedures and the needs of team members, and increased instrument handling skills. Clinical requirements: 195 clock-hours (minimum).

### **Interprofessional Relationships & Professional Obligations (SGT222)**

Examination of the healthcare practitioner's professional obligations, including responsibilities to the self, responsibilities to the profession/occupation, and responsibilities to the community. Designed to provide the final building blocks that enable graduates to apply these principles and meet these expectations. Discussions include development and maintenance of interpersonal relationships, risk management, healthcare structure and hierarchy, healthcare delivery and payment, resume writing and employment, and all hazard preparedness.

**Functional Survey & Review (SGT204)**

Cumulative review and synthesis of specialty surgical areas. Didactic content is reviewed in the context of clinical application and the functional role of the surgical technologist. Special focus on preparation for the Certified Surgical Technologist examination. Test-taking strategies are discussed and applied via practice examinations.

**Surgical Technology Practice V (SGT230)**

Final clinical experience, focusing on the finer details of operating room procedures and instrument handling, including the ability to anticipate the surgeon's needs. Independent performance of skills with speed and accuracy during a surgical procedure and process is expected. Clinical requirements: 225 clock-hours (minimum).

## Phases of Clinical Development

### Surgical Technology Practice I

Students are assigned to a sterile processing department where they gain experience in decontamination, assembly, preparation and packaging, and selecting surgical cases using preference cards. Understanding what goes on behind the scenes of the operating room is important to better understand the role of a surgical technologist in the field.

### Surgical Technology Practice II

This is the first scrub experience. Students spend their first week or two orienting to the facility and surgical department. During this orientation period, the student should be observing the surgical technologist at work to help gain a better understanding of the role and the general flow of the operating room. After the observation period ends, students are expected to scrub in for procedures to observe. The goal of this experience is to get students comfortable in their environment in preparation for practicing their basic skills in the field.

### Surgical Technology Practice III

For this rotation, students spend two days per week in clinic. Students should be moving from the observation role into the second scrub role. They should be scrubbing for all procedures to which they are assigned. At this point, students should have an awareness as to what is going on in their environment and their responsibilities in the student role.

### Surgical Technology Practice IV

During this rotation, students have a good understanding of their role and are comfortable second and first scrubbing a variety of cases. They are well on their way to completing their graduation scrub requirements and are beginning to gravitate towards their specialty of choice. This student should not require as much supervision from the preceptor, who will primarily be present to answer questions and provide subtle guidance.

### Surgical Technology Practice V

This is the externship phase of the program, five days per week for six weeks. Students should be functioning as independently as possible per the individual facility student policy. During this time, students should focus on increasing their speed and accuracy during procedures and honing their fine skills. Students typically complete their externship where they are seeking employment.

## Learning Styles

Hands-on learning is a broad term that encompasses various learning styles where individuals learn best by actively engaging with materials, experiences, and activities. Our students employ multiple learning styles while engaging in the clinical experience.

*Kinesthetic Learners* thrive on physical movement and involvement. They enjoy experimenting and learn best by doing and experiencing things firsthand. This learner would likely ask the “how” and “why” behind procedures and ask you to demonstrate a skill and then have you watch them perform the skill.

*Visual-Kinesthetic Learners* learn best by seeing and learning. Their learning is enhanced through the use of models and flowcharts. This learner might ask to see images of instrumentation or anatomical structures prior to a procedure. They may carry a notebook and often make notes or sketch drawings. They will likely search for videos related to their assigned procedures.

*Auditory-Kinesthetic Learners* learn best through discussion and demonstration. They utilize interactive lectures with demonstrations and following verbal instructions when learning new skills. This learner needs clear instructions. When demonstrating a skill, talk through the details while performing the skill. If able, add detailed explanations during procedures. This learner will likely ask clarifying questions and actively engage in discussions about the procedure or techniques.

*Multimodal Learners* benefit from a mix of all activities. They may combine elements of visual, auditory, and kinesthetic activities, which allows the learner to personalize their learning activities.

## Clinical Experience Education Standards and Requirements

### Scheduling of Clinical Experiences

Student placement for all clinical experiences is the responsibility of the Penn College SG program clinical director. The clinical director meets with the student collectively to discuss clinical experience expectations, process, and procedures. Clinical experience placement is determined based on surgical case need. Students are made aware that they may be expected to travel outside of their geographic locale for clinical experiences and that driving distances of up to one hour may be necessary. TRANSPORTATION IS THE RESPONSIBILITY OF THE STUDENT.

### Surgical Rotation Case Requirements

All Penn College surgical technology students are required to meet the "Standard" proficiency (as outlined in Core Curriculum for Surgical Technology, 6th ed.), which means each student must scrub for 120 surgical cases spanning four case areas. These areas include:

- General Surgery
- Surgical Specialty
  - *Cardiothoracic*
  - *Otorhinolaryngologic*
  - *Genitourinary*
  - *Neurosurgical*

- *Oral & Maxillofacial*
- *Orthopedics*
- *Plastic & Reconstructive*
- *Peripheral Vascular*
- *Organ Procurement & Transplant*
- **Labor & Delivery**
- **Diagnostic & Endoscopic**
  - *Bronchoscopy*
  - *Colonoscopy*
  - *Cystoscopy*
  - *EGD*
  - *ERCP*
  - *Esophagoscopy*
  - *Laryngoscopy*
  - *Panendoscopy*
  - *Sinoscopy*
  - *Ureteroscopy*

### **Performance Points**

*First Scrub Role:* The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. These items must be completed in order to document a case in the first scrub role. A student not meeting the five criteria below cannot count the case in the first scrub role, and the case must be documented in the second scrub role or observation role.

- Verify supplies and equipment needed for the surgical procedure.
- Set up the sterile field with instruments, supplies, equipment, medications(s), and solutions needed for the procedure.
- Perform counts with the circulator prior to the procedure and before the incision is closed.
- Pass instruments and supplies to the sterile surgical team members during the procedure.
- Maintain sterile technique as measured by recognizing breaks in technique and demonstrate knowledge of how to correct with appropriate technique.

*Second Scrub Role:* A student is considered in the second scrub role when present at the sterile field but not meeting all criteria for the first scrub role. The student must actively participate in the surgical procedure in its entirety by completing any of the following.

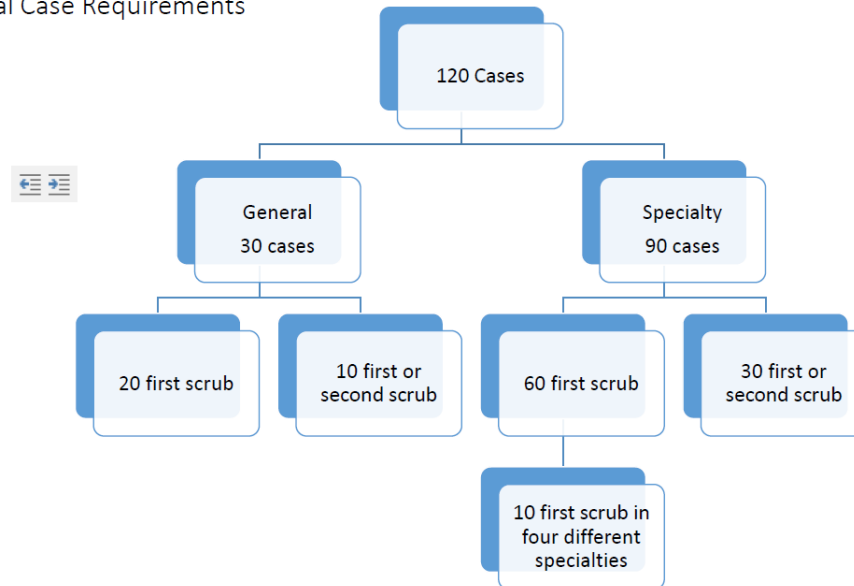
- Sponging
- Suctioning
- Cutting Suture
- Holding Retractors
- Manipulating endoscopic camera

### **Graduation Requirement (Surgical Rotation Case Requirements)**

- The total number of cases each student must complete is 120.
- Students are required to complete 30 cases in general surgery, 20 of which must be in the First Scrub Role.
- Students are required to complete 90 cases in various surgical specialties, 60 of which must be in the First Scrub Role and evenly distributed between a minimum of 4 surgical specialties. A student may count no more than 10 cases in any one surgical specialty.

- Diagnostic and endoscopy cases and vaginal delivery cases are not mandatory, but up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role Cases.

#### Surgical Case Requirements



#### Responsibilities in Clinical Experience Education

##### Memorandum of Understanding/Clinical Education Agreement

The SG program maintains a file on all sites with which the College has current Memorandums of Understanding (clinical education agreements). Students are permitted to participate in clinical experiences only at sites in which the college and site have a current, signed Memorandum of Understanding.

##### Responsibilities of the Clinical Director

The clinical director will be responsible for:

1. contacting, developing positive relationships, securing new clinical education sites, and completing all appropriate paperwork;
2. assessing/determining student preparedness for clinical experience in collaboration with program faculty;
3. meeting with students collectively to discuss requirements and expectations of the clinical education experience;
4. meeting with students individually to discuss clinical site selection and goals related to clinical experience;
5. arranging and coordinating all clinical assignments for students;
6. ensuring that students are exposed to a variety of clinical experiences to best prepare them for entry-level practice;
7. maintaining and updating clinical site database;

8. maintaining and updating memorandum of understanding (clinical contract) database;
9. maintaining and updating Clinical Education Manual;
10. ensuring that all student forms and information are provided to the clinical site upon request;
11. performing a site visit during each clinical experience for every student, and schedule additional site visits as needed or when requested by the student or the facility staff;
12. serving as a resource to the student and the preceptor;
13. conferring with students and preceptors regarding student learning needs and progress toward meeting objectives;
14. facilitating conflict resolution and problem-solving strategies;
15. assessing students' overall clinical performance utilizing a summative skills evaluation to measure and document skill advancement as the students' progress through each clinical experience;
16. ensuring that clinical education sites receive a copy of Penn College's liability insurance on an annual basis if requested; and
17. maintaining compliance with ARC/STSA standards for clinical education.

### Responsibilities of the Student

In preparation for full-time clinical education experiences, the student must:

1. complete all didactic coursework, including practical examinations, with a grade of C or higher;
2. complete and submit all SG paperwork to the program office by the deadline determined by the clinical director in compliance with the clinical site affiliation agreements, including:
  - Annual Health History/Questionnaire, inoculation records, and blood work results
  - Annual PA State Police Criminal Background Check
  - Annual Child Abuse Clearance
  - Annual FBI (IdentoGO) fingerprinting
  - Documented evidence of current personal health insurance
  - Documented evidence of current personal malpractice insurance (information can be obtained in the SG department office)
  - Documentation of Hepatitis B series (immunizations)
  - Results of an annual 2-Step PPD test results (yearly updates are offered at PCT Health Services for a fee)
  - Documented evidence of a current flu shot (Due October annually)
  - Documented evidence of current Cardiopulmonary Resuscitation (CPR) certification from the American Heart Association
  - Completed drug screening in compliance with the Penn College School of Nursing and Health Sciences Drug and Alcohol Policy. Contact the clinical director for further information regarding this policy
  - Any additional requirements that are specific to the clinical site. The clinical director will forward any additional information about a clinical site's requirements, as they are made known. **Students are not permitted to participate in clinical education unless all college and site-specific mandates are met.**
3. secure College name tags from the College for use during clinical education;

4. arrange for transportation as needed.

The students must comply with the following expectations during the clinical education experience:

- Report to clinical assignment on time and in alert condition.
- Refrain from using electronic devices unless on break or with prior permission to do so. With prior permission, examples of appropriate use include accessing course material, researching surgical cases, photographing instrumentation for study purposes, photographing surgical set-up PRIOR to the patient's arrival to the suite, for recall purposes. At no time should an electronic device be in use when in the presence of a patient.
- Avoid any conduct that could be considered immoral, illegal, or unprofessional. Entering into personal relationships with facility staff is highly discouraged.
- Do not accept gratuity of any type.
- Take breaks at the beginning and end of cases and not exceed the allotted time.
- Do not sleep during assigned clinical hours.
- Working with a clinical staff member or patient who is the student's family member or significant other is prohibited in the clinical environment; the clinical director should be made aware of any such relationships.
- Tobacco (vaping included), in any form, is prohibited during any clinical experience.
- Contact the assigned clinical facility prior to each scheduled clinical experience to gain essential information regarding the procedure(s) in which the student will participate. A student may be excused from a surgical procedure if not prepared. At times, a clinical facility may change a student's operating room assignment to accommodate orientees or patients with unusual circumstances. Should a student arrive at clinical to find their surgical assignment has been changed, the student is still expected to be prepared for that case and should incorporate extra time in the morning to read and research. A student who is not prepared to participate may be excused for unprofessional behavior. All incidents will be reviewed by the clinical director using the Nursing & Health Sciences Investigative Algorithm. A copy of this algorithm is included in the appendix.
- Clinical assignments are not optional and may not be refused by the student.
- Participate in any learning opportunities, when able, including professional association meetings, department in-services, staff meetings, etc.
- Complete all weekly assignments and submit all clinical documentation within one week of the experience.
- Complete weekly performance evaluations and read all summative feedback provided by the clinical director.
- Complete clinical site evaluations when requested.
- Always maintain honesty, integrity, and ethical behavior.

### Responsibilities of the Clinical Site

The Clinical Site:

1. Provide clinical preceptors who will oversee the clinical education experience, preferably those who hold a certification in surgical technology.
2. Provide the physical facilities and equipment necessary to conduct the clinical experience.
3. Advise the College of any changes in its personnel, operation, or policies that may affect the clinical education.

4. Ensure that the clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
5. Determine the number of students that it can accommodate during a given period of time.
6. Provide an active, stimulating environment appropriate to the learning needs of students.
7. Identify selected support services available to students.
8. Define responsibilities of surgical technology personnel.
9. Provide assigned students with a copy of the site's existing pertinent rules and regulations with which the student is expected to comply.
10. Make available, whenever necessary, first aid for the assigned student. Payment for such services will be the responsibility of the student.
11. Provide students with access to the special expertise of its personnel.
12. Evaluate the performance of the assigned student on a regular basis using the evaluation tool provided by the program.
13. Advise the College of any serious deficit noted in the ability of the assigned student to progress toward achievement of the stated objectives of the clinical education experience.
14. May terminate any student whose health or performance is a detriment to patient wellbeing or to achievement of the stated objectives of the clinical education experience after notifying the College.
15. If there is a planned closure of the clinical site, make the clinical director aware of the closure as soon as possible so they may find suitable accommodation for the student.

#### Responsibilities of the Clinical Experience Preceptor

1. Be aware of facility-specific policies, protocols, and guidelines regarding student expectations.
2. Ensure that the clinical assignments and activities of students at the clinical education site.
3. Sign and/or initial student documentation as needed.
4. Demonstrate effective communication and interpersonal skills.
5. Demonstrate effective performance evaluation skills.
6. Provide clear feedback to the student and clinical director regarding performance.

#### Guidelines for Student Drug Testing

Every student who enters into the technical component of a Nursing & Health Sciences program at Pennsylvania College of Technology will be required to submit to testing, in keeping with the *School of Nursing & Health Sciences Drug and Alcohol Policy*. Please see the section Drug and Alcohol Policy under appendix A.

#### Drug and Alcohol Policy

The Penn College SG program maintains a drug-free learning environment. Within this environment, alcohol, illegal drugs, and legal drugs obtained without a prescription, or which may impair a student's ability to perform his/her educational responsibilities are strictly prohibited. This extends to the clinical education sites as well.

#### Background Checks

All students are required to have a criminal background check prior to the first integrated clinical experience. All records will be maintained in the student's file. Upon request, students will send all background checks to their respective clinical education sites. Any affiliation site reserves the right to



refuse placement of a student with a positive criminal background check. All clearances are to be completed in accordance with the Nursing and Health Science guidelines.

#### Cardiopulmonary Resuscitation

All students are required to maintain current CPR certification through the American Heart Association throughout the duration of the SG program and each clinical assignment. Proof of certification will be kept in the student's file.

#### Professional Liability Insurance

Penn College Surgical Technology students carry professional liability insurance. The minimum coverage limits of \$2,000,000 per occurrence and \$5,000,000 annual aggregate is required throughout the program. Proof of insurance coverage must be submitted to the clinical director prior to clinical education assignments. Information on obtaining insurance is provided to all students.

#### Personal Medical Insurance

Students are required to carry personal health insurance. Current proof of insurance must be submitted to the program prior to all clinical education experiences. Health insurance coverage identification cards should also be in the possession of the student during clinical experiences. If insurance changes, updated insurance information should be submitted to the SG clinical director.

#### Name Tags

A College-provided name tag must be worn at all times for all clinical education experiences. This ensures proper identification for security purposes and entitles the student access to the clinical site. The use of a name tag also identifies the personnel providing the care to all patients and protects the student from being accused of presenting themselves as a surgical technologist or certified surgical technologist. The clinical site may also require that the student wear a facility name tag and door key. All facility issued badges and keys must be returned at either the end of the rotation or upon program completion.

#### Personal Grooming

Students are expected to dress and maintain proper hygiene throughout the clinical education experience. All dress should be in accordance with the policy of the site. This includes good personal hygiene and being neatly dressed and groomed.

Students are required to meet the following dress code standards:

- Maintain a professional appearance at all times. The personal appearance and demeanor of surgical technology students reflect both the College and program standards and are indicative of the students' interest and pride in their profession;
- Practice good personal hygiene and cleanliness;
- Follow the dress code regulations of the assigned clinical facility;
- Maintain well-manicured, short fingernails. Fingernails are not permitted to be artificial, polished, or contain adornments;
- Avoid the use of excess makeup;
- False eyelashes are discouraged;

- Avoid all use of perfume or cologne;
- Secure all hair away from your face and shoulders and ensure that it is completely contained in the surgical cap;
- Contain all facial hair with a surgical hood that covers the chin area;
- Eyebrow, tongue, lip, and cheek piercings are prohibited;
- Wear shoes designated as “operating room” only. They must have backs and cannot have holes in the top or open toes. Sandals are not permitted;
- Wear a clean shirt under scrubs; however, no part of the garment may show outside of the scrub uniform;
- Always wear an operating room jacket (warm-up) when leaving the operating room environment;
- If exiting the facility for any reason, scrubs must be changed before reentering the operating room environment; and
- Tattoos must be always covered, except when “scrubbed-in” for a procedure. Facilities reserve the right to refuse a clinical experience to any student that has potentially offensive body art.

### Cell Phones and Other Personal Electronic Devices

Students are expected to remain in compliance with the clinical site’s guidelines for cell phone and other electronic device usage. It is the student’s responsibility to discuss appropriate use of a cell phone as permitted by the facility.

### Clinical Experience Attendance

#### Attendance

Students are expected to be present for all clinical rotations, on time, and prepared for their day. Each course is assigned a required minimum number of hours. Students must be present for the entire clinical day to receive full credit. Daily attendance records will be maintained by the student and reviewed by the clinical director. Should a student fail to document their clinical hours, the clinical day will be recorded as not complete, and an absence will be assigned for the day. Students are expected to use absent days for illness and extenuating circumstances only. Unexcused time (late arrival/leaving early) from a clinical experience will be deducted from the allowed absences in half-day increments. No make-up clinical time is scheduled during the semester. Extenuating circumstances will be evaluated on a case-by-case basis. Should make-up hours be approved, dates, times, and site will be assigned by the clinical director. If the approved special circumstance requires clinical time beyond the final grade period, an incomplete may be assigned. A student may not begin the subsequent clinical experience until the current experience is satisfied.

If a student becomes ill or gets called away from a clinical experience due to an emergency, the clinical director is to be notified as soon as reasonably possible. The need for make-up time will be determined by the clinical director.

If the clinical facility closes early for any reason, students are not permitted to stay. If the facility is closed for the entire day or plans to close before noon, the student is required to contact the clinical Director for an alternate assignment.

Students are expected to attend all clinical education experiences. However, in the event of illness or unforeseen circumstances, students must notify their facility **and** clinical director no less than one hour prior to the start of the clinical day. Students are also expected to arrive on time for clinical education and are expected to follow the rule "on time is late, 15 minutes early is on time." Please see individual course syllabi for full attendance expectations.

A student not calling off and not coming to a clinical experience will be considered a "No Call, No Show," which is extremely unprofessional. Two occurrences of "No Call, No Show" events throughout a student's time in program will result in disciplinary action.

For questions regarding the Pennsylvania College of Technology Attendance Policy, please contact the program.

### Weather Delays and Closings

In the event that Pennsylvania College of Technology has a closing, delay, or early dismissal during the academic portion of the curriculum, the student must follow the school's closing guidelines. If Penn College has a delay or the College closes (a snow day, for example), the student is not permitted to attend their clinical affiliation. In the event of a delay or closing, it is the student's responsibility to notify their clinical site. If the College should close when the student is already at the facility, the student is to leave the site. If the College delays opening, the student will report to the site when the college is scheduled to open. Please note: The normal business day for the College begins at 8:00 a.m. Therefore, if a two-hour delay is called, the student reports at 10:00 a.m., even if the normal start time is earlier. It is the student's responsibility to call the clinical instructor and notify him/her of a delayed start time or closing.

Absences in the event of a college delay, closure, or facility closure, are not counted against the student and any make-up time for these will be dealt with on a case-by-case basis.

### Student Work Policy

All activities required in the program must be educational, and students must not be substituted for clinical site staff.

### Safety and Professionalism

#### Patient Safety

Patient safety is of paramount importance during clinical education, and extends also to caregivers, staff, and students. Students demonstrate competence in critical safety elements in all skill checks and practical exams in all coursework and, therefore, are expected to continue these behaviors in the clinic during all interventions or data collection activities.

Unprofessional behaviors are those that are inappropriate within the student-instructor, student-personnel, or student-patient interactions and those that may be perceived as unsafe practice or to reflect negatively upon the Surgical Technology Program or the Pennsylvania College of Technology.

## Professionalism

Clinical Education is the beginning of the student's professional career. Impressions that students leave with facility staff will follow them throughout their career. It is the student's responsibility to make sure that these impressions are positive! A healthcare worker is expected to be reliable, respectful, and responsible. To promote these necessary professional qualities, the student is expected to follow all rules, regulations, and procedures at the clinical site.

## Confidentiality

Protecting the privacy of patients and patient information is of utmost importance and is protected by federal law, the Health Insurance Portability and Accountability Act (HIPAA). Students MUST adhere to the AST ethical guidelines and HIPAA regulations during all clinical experiences without fail. All clinical facilities are expected to have policies on the confidentiality of records and other personal information. Students should be aware that information regarding individuals with whom they come in contact during the course of their educational experiences must be maintained in a confidential manner. No identifying information should appear on written assignments or in conversation regarding any clinical experiences. Failure to comply with this rule will result in the student receiving disciplinary action.

## Blood-borne Exposure Guidelines

All students will have completed formal education and completed skill checks regarding infection control, standard precautions, and Blood-borne Exposure guidelines during their first semester of the SG program. However, during a clinical experience, exposure to infection is always a risk. To minimize this risk, students are expected to follow standard precautions at all times during clinical experiences. Any additional procedures that a specific facility utilizes should also be adhered to, either as a facility policy, or on a case-by-case basis.

## Accidents or Injuries – Incident Reports

Current standards of medical practice require a specific plan with written protocols addressing student exposure to blood-borne pathogens. A copy of the Nursing and Health Science policy on blood-borne exposure is located under appendix B.

## Safety Management:

- Double gloving: It is the program protocol and AST standard of practice that all students double glove for ALL cases
- Eye protection: Must be worn for all cases regardless of the type/size of procedure. Protective eye wear does not include regular prescription glasses. Protective shields must be worn over prescription glasses
- Safety devices: Every surgical set-up should include a needle counter, no pass zone, and designated area for all sharps

If a student has a blood-borne pathogen exposure incident while at an off-campus or contract site, the following actions should be taken:

1. Student should immediately wash the site with soap and water
2. The student is to inform the clinical director who will provide further instructions.
3. If the injury is life threatening, the student should report to the Emergency Department
4. If non-life threatening, the student should report to College Health Services.

The student is responsible for payment of the cost of the initial baseline testing and counseling and thereafter at the appropriate intervals, per College Health Service's guideline. It shall be College Health

Services responsibility to monitor the confidentiality of records and track the testing of individuals including reminding them when it is time for follow-up testing.

### Equipment and Safety

All clinical facilities are expected to have policies in place regarding safety regulations governing the use of all equipment and the storage and use of any hazardous materials. These policies should be reviewed with the student affiliating at that facility. Equipment should be inspected regularly, and safety regulations should be posted and reviewed periodically.

## Assessment of Student Performance

### Site Visits and Communication

The clinical director will attempt to visit each student at least one time during each clinical experience. The purpose of the visit is three-fold:

1. to determine if the student is able to effectively and efficiently integrate classroom information into the clinical setting
2. observe the facility and its surgical technology operations
3. assess the effectiveness of the clinical facility

The clinical director is responsible for facilitation of all follow-up communication if needed. Students and preceptors may contact the clinical director of the SG program at any time via email when concerns arise. The clinical director will make every attempt to respond to communications within 24 hours. Students have ample opportunity to discuss their clinical experiences and any questions or concerns during regular office hours or during pre-arranged meeting times on or off campus. If needed, a site visit to discuss any issues or concerns may be arranged by a student or preceptor with the clinical director.

An on-site visit will be made, if possible, in the following circumstances:

- A preceptor indicates that the student is having difficulty with clinical performance, attendance, behavior, safety, or any other problem that may cause the student to be unsuccessful in clinical education;
- A preceptor, supervisor, or manager requests a visit from the program;
- Program staff have concerns about the quality of the clinical experience; or
- Student requests a visit from the program

All communications via phone, email, or on-site visit will be documented, kept confidential, and retained in the student's file.

### Student Grading

## Policy and Procedure for Handling Complaints

The SG Program is committed to the highest standards and welcomes all comments, suggestions, and feedback. External concerns from students and clinical education sites are to be heard and addressed in a timely manner.

The following procedure is for concerns or complaints that fall outside of the institution's internal due process:

1. Formal complaints must be submitted in writing to:

SG Clinical Director  
Pennsylvania College of Technology  
One College Avenue  
Williamsport, PA 17701  
Email: jie3@pct.edu  
Phone: 570-327-4518  
Fax: 570-321-5559

2. The SG clinical director will respond within ten days of receipt of the formal written complaint.
3. The program director and clinical director will investigate and attempt to resolve complaints fairly and promptly. If necessary, complaints may be directed to the Assistant Dean of Health Sciences at:

Assistant Dean of Health Sciences  
Pennsylvania College of Technology  
One College Avenue  
Williamsport, PA 17701  
Email: wendy.miller@pct.edu  
Phone: 570-327-4519  
Fax: 570-321-5556

4. If a resolution cannot be reached, appropriate parties within the college will be engaged in resolving the complaint.
5. Records of the complaints about the program, including the nature of the complaint, shall be maintained by the program director for three years in an electronic format on a password-protected network.
6. In accordance with the following policies and procedures, the college and program will not tolerate retaliation in any form against anyone who files a complaint (copies of these policies are available upon request):

P/PR 1.06 – Protections and Protocol for Reporting Wrongful Conduct  
P/PR 7.30 – Sexual Misconduct/Sexual Harassment  
P/PR7.31 – Harassment and/or Discrimination Based on Protected Class

## Commonly Asked Questions

### **What if I do not, or am not able to precept?**

The student should work with the charge nurse to find a new assignment.

### **What should I do if a student is not assigned to a room at the start of the day?**

The student should work with the staff to identify an open assignment. If no surgical cases are available for the student, they may be assigned to the nurse assistant or help-all role. They may also work in

sterile processing until a room becomes available. If no alternate assignments are identified, the student should contact the clinical director.

**What do I do if my student does not show up in the morning?**

If a student fails to arrive to their assigned room, the preceptor should alert the charge person or designated contact. It is not the preceptor’s responsibility to search for the student, their focus should remain on the case at hand. The charge person or designee should contact the clinical director to report the missing student. The clinical director will make every attempt to locate the student and report back to the site on their findings.

**What do I do if my student becomes ill?**

If a student becomes ill during the day, the preceptor should instruct the student to report to the charge person or designee, who will in turn contact the clinical director. Students are not to leave their assigned clinical experience early unless excused by the clinical director. Should a student experience a health emergency, they should report to the nearest emergency department for treatment. The charge person or designee should contact the clinical director.

**Who can I contact to discuss a student concern?**

Anyone can reach out the clinical director at any time with questions or concerns.

Jessica Etzweiler  
Clinical Director  
[jie3@pct.edu](mailto:jie3@pct.edu)  
570-327-4518

**What do I do if there are no more cases scheduled in our room?**

On days when surgical case volume is low or a room finishes early, the student should report to the charge person or designee for reassignment. Reassignment can include another room, sterile processing, help-all, or nurse assistant duties. Every attempt should be made to place the student into the scrub role. If no alternate assignments are available, the student should contact the clinical director for further instructions. The student should not be excused from the site.

**Who should I contact if the clinical director is not available?**

When the clinical director is not available, the program director or office assistant should be contacted.

Program Director  
Elizabeth Gizenski  
[egizenski@pct.edu](mailto:egizenski@pct.edu)  
570-327-4518

Program Office Assistant  
Lezli Zeafla  
[laz2@pct.edu](mailto:laz2@pct.edu)  
570-327-4518

**Can I give anonymous feedback?**

While anonymous feedback has its advantages, it’s certainly not the holy grail of feedback methods. If a preceptor is not comfortable providing feedback to a student, they can contact the clinical director with the feedback and the clinical director will deliver the feedback on behalf of the preceptor, anonymously.

All feedback from preceptors is welcomed, anonymously or not, however anonymous feedback has disadvantages. Anonymity can, at times, remove the incentive for preceptors to be thoughtful and constructive in their feedback. Without feeling responsible for their words, some might resort to negativity, venting, or even making false claims. This can make it difficult to discern valuable insights from unhelpful noise. When we do not know who is providing feedback, it becomes impossible to clarify any ambiguities or ask follow-up questions, which can hinder the understanding of the feedback and its potential for improvement. Anonymous feedback often lacks suggestions for improvement or concrete solutions. It simply highlights problems without taking the responsibility to propose ways to fix them. This can be frustrating for the students who are receiving the feedback, as it leaves them with more questions than answers.

**What do I do if I suspect the students is under the influence of drugs or alcohol while in the OR?**

A student suspected of being under the influence of drugs or alcohol should be immediately reported to the charge person or designee, and the program director.

**What should I do if my student arrives unprepared for the case?**

All students are expected to learn of their assignment prior to the case at hand, preferable the evening before. This allows the student time to research the case including patient positioning, anatomy, steps of the procedure, instrumentation, and general flow of the procedure. A well-prepared student helps to maintain a smooth and more efficient surgery, ultimately benefiting the patient. It also can alleviate some of the stress on the surgical team providing more focus on patient care.



## Appendix A: School of Nursing & Health Sciences Drug and Alcohol Policy

### PENNSYLVANIA COLLEGE OF TECHNOLOGY SCHOOL OF NURSING & HEALTH SCIENCES DRUG AND ALCOHOL SCREENING GUIDELINES

Penn College complies with the federal Drug-Free Schools and Communities Act Amendments of 1989. Pursuant to this Act, all forms of marijuana, including medical marijuana, are classified as prohibited controlled substances. Additionally, alcohol, illegal drugs, and legal drugs obtained without a prescription or which may impair a student's ability to perform his/her educational responsibilities are strictly prohibited. Students are subject to drug screening at various phases of the program. Please note that a positive drug screening for marijuana will be deemed a positive test and will result in a student being dismissed from the program, even if the student has been lawfully certified to use medical marijuana and/or possesses a valid medical marijuana identification card issued in accordance with applicable state law.

#### DRUG SCREENING – UPON ACCEPTANCE

As a condition of entering a Nursing & Health Sciences program at Pennsylvania College of Technology, students are required to undergo a 10-panel drug screen. Students have the right to refuse drug screening; however, the consequence of refusal is denial of entry into any Nursing & Health Sciences program.

#### DRUG AND ALCOHOL SCREENING--IN-PROGRAM DRUG TESTING

Subsequent drug and alcohol screening will be required for cause, reasonable suspicion, upon clinical site request, or based on randomized selection, which may be either announced or unannounced. In addition to a 10-panel drug screen, testing may include a breath alcohol analysis (a result of .02 or greater will be considered a positive result.)

Drug and/or alcohol screening at an approved site other than Penn College Health Services, when indicated, will be conducted in accordance with the protocols of that collection site.

Students have the right to refuse screening; however, those who refuse in-program drug and/or alcohol screening will be withdrawn from their program and must follow the protocol for students who test positive (listed below) to be considered in the next selection process for any Nursing & Health Sciences program.

Examples of behaviors that may result in drug screening for cause or reasonable suspicion include (but are not limited to):

- Incidents such as drug use and/or physical symptoms or manifestations of being under the influence of a drug, such as erratic/negligent behavior, slurred speech,

staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, or deterioration of work performance.

- Charge or conviction of an offense involving a drug, alcohol, or controlled substance.
- Tampering with a drug/alcohol test.
- Receipt of information from a reliable source which has been independently verified.

The Report of Reasonable Suspicion of Drug/Alcohol Use form will be completed and provided to the program director/designee, school dean/assistant dean, and Penn College Health Services when cause or reasonable suspicion is identified.

Students who have been referred for in-program drug and/or alcohol screening may attend classes, but may not participate in any clinical rotations until the test results are received. If the results of the screening are negative, the student will be provided an opportunity to make up any missed portion of a clinical rotation.

#### POSITIVE DRUG OR ALCOHOL SCREENING RESULTS

College Health Services will provide written notification indicating a positive drug and/or alcohol screening to the program director/assistant dean of the program, and dean of the School of Nursing & Health Sciences.

The consequence of a confirmed positive drug and/or alcohol screening while in program (whether the screening was ordered by Penn College or the clinical site), excluding prescription medications approved by the prescribing provider and College Health Services (see below), is dismissal from the enrolled program. Students with positive drug and/or alcohol test results or who refuse to complete the required screening may be considered for admission or re-admission to the School of Nursing & Health Sciences in accordance with the selection process during the next selection period only if he or she completes and agrees to all of the following:

- Submits documentation of an evaluation for substance abuse and completion of a treatment program approved by College Health Services;
- Completes required screening(s) with negative results through College Health Services;
- Notifies the program director/designee of his or her intent to return at least 60 days prior to the selection period; and
- Agrees to complete periodic unannounced drug and/or alcohol screenings while enrolled in any School of Nursing & Health Sciences major.

Eligibility for selection consideration does not assure the student admission or re-admission

to the School of Nursing and Health Sciences or the program. Likewise, the School of Nursing & Health Science cannot guarantee a student will be eligible to return to clinical site experiences after having a positive screening. Admission or re-admission depends on the results of the selection process.

If re-admitted, the director will determine the student's re-entry point and remediation plan. Depending on the length of separation, accreditation requirements at the time of re-entry, and curriculum changes since leaving the program, the student may be required to repeat courses and/or be enrolled in remediation coursework. Students who are separated from the program for more than four years must be re-selected and begin as a first-semester in-program student and repeat all previously completed program courses.

A second positive drug and/or alcohol screening (including a combination of them) for any student will result in dismissal from the program and being declared ineligible for re-entry or admission to any Nursing & Health Sciences major.

### PRESCRIPTION MEDICATION

Any student who is prescribed a medication that may impact his or her performance in any patient care setting or may result in a positive drug screening must self-report this prescription to College Health Services upon acceptance into the program or immediately upon being prescribed the medication. Failing to report such a prescription as required may result in disciplinary action.

Based on the medication reported by the student, the program director, in collaboration with College Health Services and the prescribing provider, will determine whether or not the student may continue in the program. This decision will be based on the risk of harm to patients, as well as to others. To allow administration to fully evaluate the possible risks, the prescribing provider will complete the School of Nursing & Health Sciences Clearance for Patient Care Experiences due to Positive Screening form, in order to provide administration with details of the prescription, including dosage, prescribing provider, rationale for use, side effects, and the duration of the prescription. The prescribing provider will be consulted as part of the assessment of whether the prescription poses a risk of injury to patients, the student, or others. The clinical site's drug policies may preclude a student's participation regardless of the prescribing provider's assessment.

Students will be asked to sign written authorization for the prescribing provider and, if applicable, the clinical site to consult with the administration. However, the student is not required to do so. Students who refuse to sign written authorization will be withdrawn from their program and must follow the protocol for students who test positive (listed above) to be considered in the next selection process for any Nursing & Health Sciences program.

The student must notify the program director when the course of prescription medication has ended. If the student's participation in any part of the enrolled program was limited or

restricted, the administration will assess the student's options with regard to missed course material or clinical experiences. Depending upon the length of time missed, a course withdraw or incomplete may be appropriate. This type of withdraw will not count toward program course withdraw limits.

#### SELF-REFERRAL

A student who voluntarily reports that he or she has a substance abuse or addiction problem will be referred to College Health Services for evaluation, screening, and referral for further evaluation/treatment. For the purpose of this section, self-referral is defined as an individual who voluntarily reports substance abuse or addiction problems **prior to** being referred for a drug and/or alcohol screening by a member of the School of Nursing & Health Sciences due to cause, reasonable suspicion, or random selection.

The individual must follow the protocol for students who test positive (listed above) before being permitted to begin or resume in the program. In this case, the student may begin or resume their course work on a space-available basis if returning within one year. Remediation may be required to ensure currency of skills. If returning outside of a year's time, the student will be required to enter as a pre-major student and be considered during the next selection period.

#### APPEALS

A student may appeal the results from a drug and/or alcohol screening and/or the dismissal from the program to School of Nursing & Health Sciences Dean or designee. The appeal must be in writing and clearly state the basis for the appeal and must be filed within five business days of the student's receipt of test results or notification of dismissal from the program.

The school dean or designee will review all the materials submitted and provide the student with a written outcome within ten business days of receiving the appeal. The school dean or designee's decision is final.

Pennsylvania College of Technology  
School of Nursing & Health Sciences  
Report of Reasonable Suspicion of Drug/Alcohol Use

***Notify program director or designee immediately to report the concern.***

Return the form in a sealed envelope to the appropriate program director or designee. Program director or designee will notify College Health Services and school dean.

Name of Student: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Major: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Detailed description: include any behavioral, visual, olfactory or auditory observations.  
Examples are provided below.

- Speech (normal, incoherent, confused, change in speech, slurred, rambling, shouting, using profanity, slow)
- Coordination (abnormal, swaying, staggering, lack of coordination, grasping for support)
- Performance (unsafe practices, unsatisfactory work)
- Alertness (change in alertness, sleepy, confused)
- Demeanor (change in personality, excited, combative, aggressive, violent, argumentative, indifferent, threatening, antagonistic)
- Eyes (bloodshot, dilated, pinpoint)
  - Change in personal hygiene
  - Odor of alcohol on breath
  - Other observed actions/behaviors
  - Involvement in an accident resulting in personal injury or property damage
  - List reports of complaints of student behavior from personnel or other students.
  - List unexplained absences or tardiness.

Did the student admit to use of **drugs/alcohol**? Y Yes    Y No

Comments:

Were **drugs/alcohol** discovered? Y Yes    Y No

Comments:

List witnesses to student's behavior, including each witnesses' contact information:

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Was the student referred for **drug/alcohol** testing? Y Yes    Y No

**If Yes: What were your instructions, including the time frame?**

Date of Report: \_\_\_\_\_

Reporting staff/faculty name: \_\_\_\_\_

Cc: College Health Services  
Program Director  
School Dean/Assistant Dean

Revised March 2021

# Appendix B: Bloodborne Exposure Guidelines

## Bloodborne Exposure Guidelines

### Pennsylvania College of Technology Bloodborne Exposure Guidelines for Healthcare Programs

Current standards of medical and dental practice require a specific plan for written protocols addressing student, employee, and patient exposure to blood borne pathogens. Needle sticks or other exposure to blood or body fluids have the potential of transmitting various pathogens including, but not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). In accordance with Federal Occupational Safety and Health Administration (OSHA) and state standards of practice, the following will be implemented in Pennsylvania College of Technology's healthcare programs (both credit and non-credit programs) to manage exposures, record and document exposures, and assess incidents in an effort to minimize the opportunity for future exposures.

**In the case of a life-threatening medical emergency, as defined by [Procedure 4.08](#), immediately call 9-1-1.**

**Definitions:** Throughout these guidelines, "exposed patient" refers to the individual who was subject to a needle stick or other source of contamination. In most cases, the exposed patient will be a student or employee. The "source patient" refers to the individual whose blood or body fluids were the source of potential contamination. In most cases, the source patient will be a patient within a clinical setting.

#### A. First-Aid Care

- i. If an individual experiences a needle stick or sharps injury or was exposed to the blood or other body fluid of a patient, another student, or employee, the following first-aid care should be performed immediately:
  - a. Thoroughly wash needle stick wounds and cuts with soap and water.
  - b. Flush splashes to the nose, mouth, or skin with water.
  - c. Irrigate eyes with clean water, sterile eyewash, or saline irrigating solution.
  - d. Immediately seek further medical evaluation/treatment.

#### B. Procedure for Exposures

##### i. Definition and Prevention

- a. An exposure incident is defined as a percutaneous injury (e.g., needle stick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. In addition to blood, body fluids containing visible blood, semen, and vaginal secretions are also considered potentially infectious.
- b. The Centers for Disease Control and Prevention offers [information on preventive measures and protective equipment](#).

ii. **On-campus incidents – follow these steps**

- a. The exposed patient should immediately inform the instructor or immediate supervisor and, in turn, the instructor or supervisor should notify College Health Services during business hours. The exposed patient and the source patient should be directed to go to College Health Services to undergo baseline testing for appropriate bloodborne pathogens (HBV, HCV and HIV) and counseling. Initial testing should occur as soon as possible, but no later than 24 hours after the incident.
- b. If the incident occurs when College Health Services is not available, the exposed patient and source patient should be counseled regarding the need for timely baseline testing. The exposed patient should be directed to go, as soon as possible, to the UPMC Williamsport or Geisinger Muncy emergency room for this testing. Penn College Police may be contacted for transportation if needed. The instructor/staff member should contact the Regional Case Manager at the hospital and alert them that a Penn College student or employee is on route and the reason. The source patient should report to College Health Services as soon as possible the next business day for no-charge baseline testing.
- c. A [Student/Visitor Injury Report Form](#) must be completed by instructor or staff member overseeing the incident.
- d. If the source patient is a known high-risk patient, and College Health Services is unavailable, the exposed patient should be immediately referred to the UPMC Williamsport or Geisinger Muncy emergency room for evaluation and treatment. Per [CDC recommendations](#) for post-exposure prophylaxis, treatment should begin within hours of exposure. High risk can be defined as those with a known history of disease, as well as those who use IV drugs, those who are homeless, or those living in correctional facilities. If high-risk status is unknown, source patient should be considered high risk. The instructor/staff member overseeing the incident should contact the hospital's Regional Case Manager to alert them of the situation and the source patient's high-risk status. The source patient should be directed to College Health Services for no-charge testing to be conducted as soon as possible during the next business day and not more than 24 hours after the incident. If the incident occurs on the weekend or when the College is closed, the source patient should contact College Health Services immediately upon the next business day.
- e. The exposed patient and the source patient have the right to refuse treatment, in which case, the individual must sign a form noting their refusal for counseling and testing ([exposed patient form](#); [source patient form](#)) once informed of the potential risks of being untreated. The form will also be signed by the clinical instructor/staff or medical staff who counsels the individual about the importance of treatment. If either person refuses to sign the document, a note to that effect will be added to the refusal form, and it will be signed by the clinical instructor/staff and one witness who can attest that the individual was



informed of the risks of being untreated, opted to refuse treatment, *and* declined to sign the refusal form. The form will be kept on file in the program office, with a copy to College Health Services.

- f. The program director/supervisor/dean of the respective academic program or College department should be informed of the situation.

NOTE: For College employees, staff and faculty, the College will pay for the cost of the initial baseline testing and counseling and retesting at the appropriate intervals per College Health Services' guidelines. It shall be College Health Services' responsibility to monitor the confidential records and track follow-up testing, ensuring that it occurs as directed.

The exposed patient (if non-employee) is responsible for the cost of the initial baseline testing and counseling and retesting at the appropriate intervals per College Health Services' guidelines. Initial testing will be at no cost to the source patient if testing is performed at College Health Services. It shall be College Health Services' responsibility to monitor the confidential records and track the individual's follow-up testing, ensuring that it occurs as directed.

All costs associated with treatment for disease conditions related to the exposure will be the sole responsibility of the exposed patient and source patient unless they are employees involved in a work-related exposure incident requiring treatment. In which case, care will be provided through the Worker's Compensation Program. Appropriate paperwork must be filed with College Health Services.

**iii. Off-Campus and Contract Site Incidents – follow these steps**

- a. The student or employee (exposed patient) is to inform the instructor/faculty/clinical supervisor/academic clinical director at the time of the exposure.
- b. **If the clinical site is a hospital**, the exposed patient is to go to the facility's emergency department or designated care area immediately after the incident for evaluation and treatment and follow the clinical site's protocol. Per [CDC recommendations](#) for post-exposure prophylaxis, treatment should begin within hours of exposure. A hospital Incident Report form must be completed. The exposed patient should have baseline testing completed for appropriate bloodborne pathogens (HBV, HCV and HIV) and treatment options discussed/administered per current CDC protocols. The program director/supervisor/dean of the respective program shall be informed and ensure that a [Student/Visitor Injury Report Form](#) is completed and sent to College Health Services within 24-48 hours. The hospital will contact the source patient involved in the episode and recommend baseline testing for appropriate bloodborne pathogens (HBV, HCV and HIV) at the hospital, in alignment with the hospital's policy and CDC guidelines. Initial testing should occur within 24 hours

of the incident. Copies of lab results must be sent by provider directly to College Health Services at [collegehealth@pct.edu](mailto:collegehealth@pct.edu).

- c. **If the clinical site is not a hospital**, the exposed patient should be directed to go to College Health Services or to the local hospital emergency department or designated care areas (whichever is closer) to undergo baseline testing for appropriate bloodborne pathogens (HBV, HCV and HIV) and counseling as soon as possible. If the source patient is known to be HIV positive or high risk, both the exposed patient and the source patient should report to the local emergency department. High risk can be defined as those with a known history of disease, as well as those who use IV drugs, those who are homeless, or those living in correctional facilities. Copies of lab results must be sent by provider directly to College Health Services at [collegehealth@pct.edu](mailto:collegehealth@pct.edu).

NOTE: For **off-campus** exposure incidents involving a student or employee in one of the College's healthcare programs, the exposed individual will pay for the cost of the initial baseline testing and counseling and follow-up testing at the appropriate intervals, per College Health Services' guidelines. Employees should file a worker's compensation claim if injuries were sustained on the job or within the scope of employment. It shall be College Health Services' responsibility to monitor the confidentiality of records and track the testing of individuals, including reminding them when it is time for follow-up testing.

#### **C. Review of Exposure Incident and Identification of Prevention Strategies**

- i. For each occurrence, the program director/supervisor/dean or designee will review the exposure incident with the involved student and determine what, if any, preventive actions are appropriate to minimize similar incidents in the future. A copy of this information should be forwarded to College Health Services to be placed with the original injury report.
- ii. In an incident involving an employee, the College Health Services Director will review the exposure with the employee and respective supervisor and determine what, if any, preventive actions are appropriate to minimize similar incidents in the future.
- iii. The College Health Services Director, in consultation with the program director/supervisor/dean or designee, will determine: 1) if additional employee/student training is necessary to prevent future occurrences and 2) if safer medical equipment/supplies is necessary to prevent future occurrences.

#### **D. Right to Refuse Testing, Counseling and Follow-up**

- i. It is recognized that individuals have a right to refuse testing, etc.
- ii. If the exposed patient or source patient declines to submit to baseline testing and counseling after being informed of the potential risks, they will be directed to sign a form noting their refusal for counseling and testing ([exposed patient form](#); [source patient form](#)). If either person refuses to sign the document, a note to that effect will be

added to the refusal form, and it will be signed by the clinical instructor/staff and one witness who can attest that the individual was informed of the risks of being untreated, opted to refuse treatment, *and* declined to sign the refusal form. The form will be kept on file in the program office, with a copy to College Health Services.

**E. Reimbursement of Expenses and Liability**

- i. Students shall be responsible to carry health insurance, which will provide primary coverage for payment and the treatment of injuries or illnesses suffered during the course of clinical affiliation.
- ii. A significant exposure, as defined by Act 148-1990, is direct contact with blood or body fluids of a patient in a manner that, according to CDC guidelines, is capable of transmitting HIV by means of a percutaneous injury from a needle stick or cut with a sharp object, contact with mucous membranes or broken skin, or if the contact is prolonged or involves an extensive area. In the event of a significant exposure, the affected student or employee shall be provided with post-exposure screening as is provided to Pennsylvania College of Technology personnel, and each is responsible for the associated expenses unless related to workman's compensation (employees). Any additional screenings or treatments provided shall be at the expense of the exposed patient, or to the worker's compensation program if applicable.

**F. Record Maintenance and Confidentiality**

- i. Every effort will be made to assure exposed patient and source patient confidentiality. Bills, records, and statements are to be maintained in appropriate confidential files in College Health Services. Information will be released only when appropriate authorization is obtained.

**G. Hazardous Waste**

- i. College policies are to be followed regarding collection, disposal, and documentation of hazardous waste, including sharps, e.g., needles, glassware, etc. Training for the College's custodial staff, teaching faculty, and students is the responsibility of the appropriate College administrator or program director/coordinator or department supervisor. See the Campus Safety policy ([P4.17](#)) and procedure ([PR4.17](#)).

**H. Laundry**

- i. Faculty must wear appropriate gowns/laboratory coats when teaching. Contaminated gowns are handled according to program safety protocols

**I. Personal Protective Equipment (PPE)**

- i. All faculty, staff, and students will observe the current OSHA guidelines concerning the use of PPE. This includes, when appropriate, gloves, gowns or laboratory coats, face shields or goggles, and masks.