Foreword

The admission of a student into the health field is in many ways the entrance into a world with practices and rules differing in many respects from those to which one is accustomed. The following overview of program requirements, ethical standards, and regulations has been formulated as a guide for the student. It is the student’s responsibility to carefully study this handbook to learn what is expected of them and what is expected from the Program.

It is the responsibility of the college to provide instruction and to counsel students on program requirements, graduation, and eligibility requirements to sit for the national certification examination. It is the student’s responsibility to see that these requirements are met. Failure to meet these requirements may result in termination of a student from the program or delay of graduation and eligibility to take the credentialing examination.

Program policies must meet the requirements for accreditation at the professional, state, and institutional levels, and the rights of students and faculty, individually and collectively, must be respected.

Santa Fe College is committed to an environment that embraces diversity, respects the rights of all individuals, is open and accessible, and is free of harassment and discrimination based on, but not limited to, ethnicity, race, creed, color, religion, age, disability, sex, marital status, national origin, genetic information, political opinions or affiliations, and veteran status in all its programs, activities and employment.

Surgical Technology Program Goals
The goal of the Santa Fe College Surgical Technology Program is to provide students with the opportunity to develop the skills and knowledge necessary to gain employment as entry-level surgical technologists and become contributing members of the health care team by demonstrating cultural competency, empathy, collegiality and integrity. This will be accomplished by (1) preparing competent graduates in the cognitive, psychomotor, and affective learning domains, and (2) meeting or exceeding the criteria set forth in the current CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology.

PHILOSOPHY
Upon acceptance into the Santa Fe College Surgical Technology Program, the student enters the health profession and has, in effect, been entrusted with the advancement of surgical technology and with proper provision of services of his fellow man. As a health profession, surgical technology is one of honor and dignity. In our society, medical personnel are entrusted with health, life, and the well-being of humanity. It is an expectation that this trust will be earned and that the pursuit of knowledge, as in the care of patients, will be done to the best of one’s ability and with honesty to self and to others. Santa Fe College is committed to provide the highest quality program of education and training, deriving its values and its power only from the individuals who constitute its body; therefore, each individual is of intrinsic worth and is an equally important participant.

THE SURGICAL CONSCIENCE
A surgical conscience is the foundation upon which the growth and development of a surgical technologist is built. The principles of sterile technique must be scrupulously maintained. Breaks in technique may bring to the wound bacteria which the body’s defense system cannot destroy. Lack of knowledge of the principles of aseptic technique and their application does not justify a break in the sterile technique. Even mild infections delay recovery and are costly to the patient in time lost and money spent. A mild infection is potentially a severe one. Moreover, antibiotics have not supplanted sterile technique, which is to be observed for all patients. Principles must be followed meticulously. None of the personnel should ever be reluctant to admit a possible break in technique, even if there is any doubt about it. We are responsible for the patient, whose trust and fate are in our hands.
Table of Contents

Foreword .......................................................................................................................... 2

ACADEMIC ACHIEVEMENT STANDARDS ................................................................. 4
ACCIDENTS AND/OR INJURY IN THE CLINICAL SETTING ...................................... 4
AMERICANS WITH DISABILITIES ACT (ADA) .......................................................... 4
ATTENDANCE POLICY ................................................................................................. 5
BACKGROUND CHECKS, NATIONAL AND STATE .................................................. 6
CELL PHONE USAGE ................................................................................................. 6
CHILDREN ON CAMPUS .............................................................................................. 7
CODE OF CONDUCT ..................................................................................................... 7
DISCRIMINATION / HARASSMENT POLICY .......................................................... 7
DISMISSAL FROM PROGRAM ....................................................................................... 7
DISHONESTY, ACADEMIC ......................................................................................... 7
DRESS CODE ................................................................................................................ 8
GRADES ....................................................................................................................... 8
PREGNANCY ................................................................................................................ 8
PROGRAM ACCREDITATION ..................................................................................... 9
STUDENT EMPLOYMENT .......................................................................................... 9
STUDENT RIGHTS & RESPONSIBILITIES ............................................................... 10
SUBSTANCE ABUSE .................................................................................................. 10
SUMMATIVE EXAMINATION .................................................................................... 10
SURGICAL CASE REQUIREMENTS – CCST6e ......................................................... 10
TESTING POLICY ....................................................................................................... 11
TRANSPORTATION AND PARKING ........................................................................ 11

ADDENDUMS ............................................................................................................. 12

Program Objectives ................................................................................................... 12
Program Courses ......................................................................................................... 12
Student Handbook Agreement .................................................................................... 13
Surgical Technology Performance Standards .......................................................... 14
Pregnancy Policy Form* .............................................................................................. 16
Accident Report ........................................................................................................... 17
ACADEMIC ACHIEVEMENT STANDARDS
Students must maintain a minimum of 2.0 grade point average each term in all professional courses to remain in the program. Clinical grades lower than a “C+” are unacceptable and deemed an unsuccessful attempt.

Successful completion of a course is determined by a final grade of C+ or better. In the event a student does not successfully complete a course he/she may repeat the course the next time it is offered, pending space available. The student will be placed on probation during the second attempt. If the student fails a second professional course, the student will be dismissed from the Program. Further, the student will not be eligible for readmission. A withdrawal is deemed a failed attempt.

ACCIDENTS AND/OR INJURY IN THE CLINICAL SETTING – COLLEGE and HOSPITAL DOCUMENTATION
1. If a student or a patient is injured while on clinical practicum, report it immediately to the clinical preceptor and to SF faculty. The hospital staff will help determine the type of exposure and severity of the incident. The SF instructor will help to guide and support you and answer any questions you may have.
2. A written summary of the occurrence and care rendered will be submitted by the student. The operating room nurse or supervisor will complete the Accident / Incident / Unusual Occurrence / Risk Management form with the student by entering data on the computer in the OR. These forms are utilized in the clinical setting when an error or accident has occurred (i.e. injury involving student, patient, staff, visitor, etc.). Submission of the form assures that the hospital will take appropriate action to assess the status of the patient involved and to determine if any further testing or action is required.
4. The college instructor will help complete the college report which will be submitted to the Surgical Technology Program Director. This is confidential documentation that is independent of any grades or evaluation scores.
5. Both the Hospital Form and SF College Incident Report will be completed.
6. Although this is highly unlikely to occur, all clinical facilities by contractual agreement must provide access to acute emergency care in the event of accident or injury to a student.
7. There is special risk accident insurance provided by SF for injuries occurring during clinical rotations. The fee for this insurance is included in the tuition.
8. The college and the clinical facility are not responsible for any claims for expenses that result from an action of a student in the clinical setting.
9. The student is responsible for following the hospital's policy and procedures for reporting the incident. The student will also be responsible for scheduling a conference with the clinical coordinator and/or instructor within 24 hours after the error. The purpose of the conference is problem solving to prevent other occurrences.

AMERICANS WITH DISABILITIES ACT (ADA)
If you are a student with a disability: In compliance with Santa Fe College policy and equal access laws, a counselor is available to discuss appropriate academic accommodations that you may require as a student with a disability. Requests for academic accommodations need to be made during the first week of the semester (except for unusual circumstances) so arrangements can be made. You must be registered with the Disabilities Resource Center (DRC) in S-229 for disability verification and determination of reasonable academic accommodations. For more information, see: http://www.sfcollege.edu/student/drc/
ATTENDANCE POLICY

To receive credit for your courses, you must attend class, lab and clinical assignments. Because the exchange of ideas between students and instructors is crucial to the course learning outcomes, students will fail to meet minimal course requirements if they do not attend regularly. With that in mind, the Allied Health Programs require that you attend at least 94% of the clinical and lab meetings for the scheduled courses. If you miss more than 6% of scheduled lab or clinical meetings, you will fail the course.

COURSEWORK

Should it become necessary to miss a class, the student must notify the appropriate instructor prior to the start of the class. The following attendance policy pertains to all program courses. Students must attend 85% of class meetings. If more than 15% of class time is missed, the student will fail the course.

- 3 absences = written warning from instructor
- 4 absences = reduction of final grade average by 4 points
- 5 absences = reduction of final grade average by 6 points

More than 5 absences or missing more than 15% of class meetings will result in failure of the course.

- 3 tardies (late arrival to class) = 1 absence

Any exceptions to this policy will be determined by the Chair of the Allied Health Programs.

CLINICAL ROTATIONS

Students must attend clinic for the total number of hours posted for each clinical course. A grade of Incomplete will be issued until all hours are completed. Students must attend 94% of scheduled clinical hours to receive a passing grade.

For example, when students are assigned to clinic 3 days a week in a 15 week term, 40 days of clinical attendance is scheduled. Should a student miss more than 3 unexcused days of clinic, the student would receive a failing grade and be required to repeat the course the next time it is offered.

When students are assigned to clinic 5 days a week in a 10 week term, 32 days of clinical attendance is scheduled. Should a student miss more than 2 unexcused days of clinic, the student would receive a failing grade and be required to repeat the course the next time it is offered.

Time away from clinic may only be taken in a minimum of 4 or 8 hour blocks.

Late arrival to clinic up to 30 minutes = 4 hour time deduction
Late arrival to clinical > 30 minutes = 8 hour time deduction
Leaving clinic early up to 4 hours = 4 hour time deduction
Leaving clinic early > 4 hours = 8 hour time deduction

1. If a student is going to be absent from a clinical assignment, he/she must do both of the following:
   a. Call the assigned clinical instructor 10 minutes prior to the start of his/her clinical assignment.
   b. Call the OR charge nurse at the site at least 10 minutes prior to the start of his/her clinical assignment. The student is to speak directly to the charge nurse and must obtain the name of the person taking the message. It is the responsibility of the student to make these calls – not parents, friends, or relatives. Students at UFH Shands Teaching Hospital do not call the charge nurse. You are only required to contact your clinical instructor to inform him/her of your intended absence.

2. “No show, no call” - Any student who does not call the clinical instructor and/or charge nurse before the start of the clinical assignment will be put on probation for the remainder of the
program and will receive written warning of the violation. Two incidents of “no show, no call” will result in failure of the clinical course.

3. Students who leave the clinical site early without prior approval by the clinical instructor will be considered absent for the entire day.

4. Tardiness: A tardy is defined as being more than 1 minute late.
   a. 2-29 minutes late to the clinical assignment results in a ½ day absence.
   b. 30 or more minutes late to the clinical assignment results in a full day (8 hours) absence.
   
   1st offense: verbal warning
   2nd offense: written warning
   3rd offense: failure of the course

5. Up to 2 excused absences per semester may be made up, given this is acceptable to the clinical affiliates. In instances when more than 2 make up days are required, delay in graduation from the Program may result.

   An excused absence is granted by the Department Chair. An excused absence is defined as an absence that is unexpected and outside of the student’s control. Students must provide documentation within 48 hours of absence that indicates the absence was unexpected and out of the control of the student.

6. Exceeding the allowed absences will be grounds for failure of the clinical course, which may also result in exit from the Program.

BACKGROUND CHECKS, NATIONAL AND STATE

A federal and state criminal Level 2 and expanded background check was used as a tool to determine eligibility to enter and remain in SF Allied Health Programs. Further and/or additional clinical screenings may be required and completed by clinical agencies. Dismissal from the program may result from additional screening results.

Acceptance into an Allied Health Program requires students to remain free of disqualifying charges or face dismissal from the program. Students are obligated to notify the Director of Allied Health Programs of any arrests, incidents and/or charges regardless of adjudication that occur after acceptance and during enrollment in an Allied Health Program. Failure to promptly notify shall be grounds for immediate dismissal from the Program.

Students that are charged and/or arrested will be required to stop attending the clinical education courses until the charges are completely resolved. Students may be subjected to additional background checks by various clinical agencies and must meet that agency’s requirements for clinical attendance.

CELL PHONE USAGE

Personal telephone calls are to be made only on breaks. Incoming emergency phone calls should be directed to the OR desk phone and a member of the OR staff will contact you. Please turn off all cell phones upon entering the classroom or hospital. If you are expecting a phone call that is an emergency, please advise your instructor at the beginning of class. If the ringing of your cell phone disrupts the class, you may be asked to leave the premises and will be considered as “absent” for the day.

Cell phones cannot be accessed while in the operating room. They may interfere with specialized monitoring equipment. Any student found with a cell phone that is not on “MUTE” in the operating room will be dismissed from the clinical rotation site immediately. The student will be counted as “absent” for the day. Further abuse of this policy will result in dismissal from the surgical technology program.
CHILDREN ON CAMPUS
Children are not permitted in classrooms, labs or clinical sites.

CODE OF CONDUCT
Each student is expected to conform to professional standards of conduct that foster an environment of honesty, trust and respect in the classroom, lab and in the clinical area. Students are expected to adhere to the SF College Student Conduct Code, Rule 7.23

DISCRIMINATION / HARASSMENT POLICY
SF prohibits any form of discrimination or sexual harassment among student, faculty and staff. For further information refer to College Rule 2.8 at http://www.sfcollege.edu/Assets/sf/rules/pdfs/Rule_2/2_8.pdf

DISMISSAL FROM PROGRAM
Students are expected to exhibit professional behavior while in program. Demonstration of unprofessional behavior is unacceptable and can result in dismissal from the Program. The following list describes some, but not all reasons for immediate dismissal from programs in the Department of Allied Health Programs.
1. Violation of the Santa Fe College Student Conduct Code
2. Violations of rules and regulations of the Program or the student’s assigned clinical education site.
3. Failing 2 professional courses
4. Failing a clinical course. Clinical grades lower than a “C+” are unacceptable and deemed an unsuccessful attempt.
5. Habitual absence and/or tardiness
6. Unprofessional or unethical conduct in the clinical setting, such as sleeping on a scheduled clinical education assignment, exhibiting disrespectful behavior to patients or hospital staff, contacting or harassing hospital staff after student’s clinical shift is completed, or unauthorized absence from clinical assignment
7. Behavior that compromises patient safety; failure to remediate after critical error incident.
8. Dismissal from a clinical assignment by a preceptor or hospital employee for violations of hospital or departmental regulations or procedures, student actions that affect work flow in the department or aberrant behavior that is offensive to department personnel.
9. Two incidents of “no show, no call” to a clinical assignment will result in exit from the program.
10. Unauthorized solicitation or distribution on hospital premises at any time.
11. Soliciting or accepting gratuities from patients, visitors or staff.
12. Disruptive behavior or intentional creation of distractions or interference with the attention of instructors or other students in the classroom, or of staff, families or patients in clinical sites.

DISHONESTY, ACADEMIC
Allied Health Programs require that any student found cheating or leveled with a charge of academic dishonesty in any course requirement be counseled by the Director of Allied Health Programs. Appropriate action will be taken and will follow the guidelines as found in the SF Student Conduct Code, Rule 7.23.
Specific examples, in addition to those mentioned in the code, include, but are not limited to the following.
1. Falsifying procedure logs and time records of clinical attendance.
2. Violation of HIPAA regarding patient privileged information.
3. Copying or manipulating assessment material in any way at any time.
DRESS CODE - CLINICAL PRACTICUM (in the OR), CLASSROOM and OR SKILLS LAB (on campus)

To ensure that the students dress in a professional manner with consideration of the surgical patients, staff and each other, students shall wear hunter green scrub attire when attending any class, lab or BOL exam on campus and whenever entering and leaving the facilities. Any student who does not comply with the dress code will be counted absent for that day. Improper, dirty, or an un-kept appearance is considered a violation of the Program dress code.

Dress Code Standards

a. Personal scrub attire is the hunter green solid colored ankle-length scrub pants with short-sleeved scrub shirt or the Program T-shirt.
b. Socks or stockings must be worn
c. Clean shoes: close-toed, flat-heeled shoes or sneakers (washable). Clogs need to have backs or back-straps
d. No jewelry, no watches, no perfume
e. No visible body piercings allowed. No earrings are allowed while students are in the lab and clinical facility
f. Cloth personal scrub hats are not permitted to be worn in the OR
g. All visible tattoos must be covered by undergarments at all times at all NFRMC facilities. Undergarment sleeves will be loose enough to be rolled up above and under sleeve of scrub shirt in order to perform the surgical scrub and while wearing sterile gown and gloves
h. Thong or any type of undergarment must not be visible while standing or maneuvers in the OR
i. Breath must be free of offensive odors (IE cigarette, garlic, onions)
j. Ear lobe gauges must be removed, remaining holes must be covered by band aids
k. Hair color must be maintained within the range of natural hair colors
l. Hair must be neat, clean, and kept off shoulder of uniform.
m. Beards and mustaches must be neat, clean, and trimmed short. Beards must be covered appropriately when wearing a surgical mask.

n. Clean, short and shaped fingernails; no artificial nails allowed; clear nail polish is not acceptable
o. Program name tag and SF photo ID or specific hospital ID badge are required to be worn so the name is visible and readable at all times and must be attached to upper front section scrub shirt
p. Protective eyewear is always worn when scrubbed in cases in the lab or clinical setting. There are no exceptions to this rule. Students not in compliance will be asked to leave the OR immediately and will be responsible to make up the time missed. Protective eyewear must be worn when observing any surgical procedure.

GRADES

The grading scale is outlined for each course in the course syllabus. The scale for determining a letter grade is:

A = 93-100    C+ = 78-82   D = 67-72 *   I = Incomplete
B+ = 88-92    C = 73-77*   F = 0-66 *   * below 78 = failing
B = 83-87

The minimum passing grade for all surgical technology courses is a minimum of 78%. Surgical Technology students are charged with maintaining a "C+" grade or better in all courses upon registration in the program. Receipt of a grade lower than a "C+" will result in dismissal from the program. A syllabus and calendar with schedule of check-offs and/or examinations will be given to each student at the beginning of each course.

PREGNANCY

Students should be aware that the Nuclear Regulatory Commission (NRC) and the State of Florida require instruction of occupational workers in the hazards associated with radioactive material and radiation, and in the precautions and safety measures to be followed to minimize radiation exposure according to ALARA (as low as reasonable achievable). ALARA I and II levels document states "Florida law states that a female radiation worker may voluntarily inform her employer in writing of her pregnancy," therefore your declaration of pregnancy is entirely VOLUNTARY.
Pregnant students have 3 options:

1. Make a written voluntary declaration of your pregnancy and continue in the Program without modification of clinic or classroom scheduling.
2. Decide not to declare your pregnancy.
3. Withdraw your written voluntary pregnancy declaration at any time.

If a student chooses to declare pregnancy, it must be done in writing. The declaration may be performed at any time during the pregnancy. If the student decides to declare her pregnancy then she is required to meet with the Radiation Safety Officer (RSO) and complete the Voluntary Declaration Form and receive counseling concerning radiation exposure to the fetus. The Voluntary Declaration Form must be completed, signed and returned to the RSO and Program Director. By signing this form, the student is acknowledging counseling of the potential health risks to the embryo/fetus associated with radiation exposure and of the NRC requirements to limit the dose to the embryo/fetus. Before signing and returning the form ensure all questions concerning this information have been satisfactorily answered.

The Nuclear Regulatory Commission (NRC) and State of Florida Department of Health (DOH) advise that such counseling include special instructions to females of childbearing potential, regarding the risks to the unborn fetus associated with prenatal radiation exposure. In addition to the instruction requirement, the NRC Regulatory Guide 8.13 – Instructions Concerning Prenatal Radiation Exposure (http://pbadupws.nrc.gov/docs/ML0037/ML003739505.pdf) and State of Florida regulations, section 64E-5.311, FL Administrative Code (“Dose to an Embryo or Fetus”) require that special efforts be made to limit any radiation exposure to the developing fetus. Voluntarily declaration of pregnancy is the most prudent course of action. It provides maximum protection for the developing embryo/fetus.

PROGRAM ACCREDITATION

Achieving the CST credential is crucial for professional recognition and professional advancement. All candidates taking the credentialing exam must graduate from an accredited program. The Surgical Technology Program at Santa Fe College is accredited by the Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).

Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
727-210-2350 www.caahep.org

STUDENT EMPLOYMENT

The faculty recognize that many students must work during their education. It is recommended that students limit work to sixteen (16) hours per week maximum. This program requires a large amount of time in class, laboratory and hospital. In addition, study time requirements are increased as the course of study progresses. Students who work are still expected to follow and uphold all attendance and tardiness requirements.

Academic credit will not be given for any clinical work experience during the hours a student is working as a paid employee of the clinical facility. The student shall not be substituted for paid personnel during the clinical component of the program. The student shall not be paid by the clinical affiliation site during the clinical component of the program.
STUDENT RIGHTS & RESPONSIBILITIES
The purpose of this document is to provide students with a general overview of both their rights and responsibilities as members of the Santa Fe College community. For a complete list of students’ rights and responsibilities go to http://www.sfcollege.edu/studentaffairs/index.php?section=policies/student_rights

SUBSTANCE ABUSE
Alcoholic beverages, illegal or controlled substances or drug paraphernalia are not permitted in the classroom, laboratories or clinical settings.
Students enrolled in the Allied Health Programs are prohibited from attending class, lab or clinical assignments under the influence of alcohol or drugs. Observed impairment of a student may be evidenced and identified by many factors, including but not limited to reasonable suspicion and/or bizarre and unusual behavior. It is the faculty’s responsibility to identify students who display physical and/or emotional conditions which may impede clinical judgement and/or practice in class, lab or clinical setting. Upon identification, the student will be excused from class, lab or clinical assignment and will be required to submit to a blood and/or urinalysis test at the student’s expense.
The student must notify faculty if he/she is required to take medically prescribed drugs which could impair his/her ability to function safely in the clinical setting or lab. Documentation of the student’s ability to function safely in the capacity as a technologist may be required of any student for whom medication has been prescribed.
Clinical evidence of the use of illegal substances or alcohol in the clinical setting will lead to dismissal from the program.

SUMMATIVE EXAMINATION
The quantitative examination, given during the final semester, is the Certified Surgical Technologist Secure Practice Exam. In addition, all students will take the national NBSTSA Certified Surgical Technologist Examination during the last week of the program. Both exams are computer-based and will be taken on campus. Spring Term tuition will include all CST exam and AST membership application fees. Results of the Practice Exam will advise the student of specific strengths and weaknesses, including recommendations and study skills aimed for the achievement of the national CST examination.

SURGICAL CASE REQUIREMENTS – CCST6e
The total number of cases the student must complete in the scrub role is 120. Students are required to complete 30 cases in General surgery. 20 of the General surgery cases must be in the First Scrub Role.
Students are required to complete 90 cases in various specialties with 60 of these cases in the First Scrub Role and evenly distributed between a minimum of 5 surgical specialties, however, 15 is the maximum number of cases that can be counted in any one specialty area. The maximum number of Second Scrub Role Cases that can be applied towards the 120 total cases is 10 General surgery and 30 Surgical Specialties. 10 diagnostic endoscopy cases and 5 vaginal delivery cases may be applied toward the Second Scrub Role Cases. Observation cases must be documented but do not count towards the 120 required cases.
There is no need to be concerned about meeting graduation requirements, as you can expect to scrub approximately 175+ surgical cases before graduation, a number well-above the minimum requirements recommended by the national association.
TESTING POLICY

1. Seating arrangement, leaving the room, and stopping the examination for violations of the test taking policy are at the option of the instructor.

2. Please note that students will be asked to empty ALL pockets before beginning the exam, including car keys. Wrist watches and bracelets are not allowed to be worn during the exam. Place items (wallet, cell phone, headphones, wrist watch) in backpacks or bins provided by instructor. Food and drink are not allowed. Possession of cell phones is not allowed during the exam. Turn OFF cell phones prior to storage.

3. Dress Code for the BOL: short sleeve scrub shirts and scrub pants. Remove jackets, sweaters, etc. or, students MUST roll up long sleeves, including undershirt sleeves, if worn.

4. All students are to remain seated during a testing situation. The student should raise his/her hand if it is necessary to communicate with the instructor. Students may not leave their seat until the exam is complete.

5. If scrap paper is needed, the instructor will provide this only after the exam is started. Please inform instructor if paper is needed prior to the start of the exam. Pencil and paper will be provided by instructor after the exam has started. This is a timed event, and time spent writing on “scrap paper” is included in the exam time. Writing down notes before starting the exam begins is not allowed. This is a common practice followed at national testing centers. Students may not use their own pen/pencil. Place name on paper and return with pencil to instructor when leaving the exam site. Papers will be inspected for integrity purposes after the exam.

6. Information found on or in the vicinity of the student during a period of testing will be grounds for termination of the testing procedure. A grade of zero will be recorded and averaged into the final grade.

7. If there is evidence of verbal/non-verbal communication between students during the examination, both parties will have written exams collected and online exams will be terminated. A grade of zero will be recorded and averaged into the final grade.

8. All students are to remain seated during a testing situation, and the student should raise his/her hand if it is necessary to communicate with the instructor.

9. Violation of the testing policy (6, 7) is considered grounds for dismissal from the course with an "F" grade because of unprofessional behavior. A statement to this effect will be placed in the student's personal file.

10. If an online test is missed, the student will be allowed to make-up the test(s) on a special day designated for this purpose. Test Make-up Day is usually scheduled during final exam week. The first make-up test is allowed full credit. Any additional make-up tests will receive a maximum grade of 80%.

11. Any student who is TARDY to the computer desk area will not be allowed to access the exam. The student will be scheduled to take any missed exams on Make-up test day. TARDY is defined as “arrival time to the computer desk more than one minute after scheduled start time.”

12. Re: computer-based exams: only the file containing the exam is allowed open on the task bar or tabs. No other files may remain open on the task bar or referenced during any exam. This is grounds for dismissal from the program. The security program associated with online exams will track any mouse movement from exam to other files and this will not be tolerated

13. The final exam must be taken.

Any student found guilty of cheating or plagiarism on any papers, examination, projects or other assignments of any college instructor or person in a teaching capacity will be dismissed from the Surgical Technology program. The student is referred to the SF Administrative Rules: "Procedure for Cases Involving Charges of Academic Dishonesty" for further information.

TRANSPORTATION AND PARKING

All students must have access to reliable transportation. Accommodations will NOT be granted to those students who do not have reliable transportation. Students will be responsible for any fees associated with parking at clinical assignments.
ADDENDUMS

Program Objectives
The graduate of this program will be able to:
1. Function in the role of an entry-level surgical technologist during perioperative period.
2. Demonstrate application and knowledge of competencies of aseptic technique, promoting efficient and organized setups, and function with a goal of 100% accuracy at all times.
3. Practice within ethical and legal principles in relation to standards in relation to patient, physician, hospital, and personnel.
4. Apply knowledge of anatomy and physiology, pharmacology and patient care to surgical procedures.
5. Demonstrate knowledge of anatomy and physiology, medical terminology and abbreviations related to the care of surgical patients.
6. Demonstrate a safe working knowledge of equipment operation in an accurate manner.
7. Establish and maintain effective interpersonal relationships and promote teamwork.
8. Demonstrate continuing educational growth by attending lectures and in-services, reading journals and participating in CQI process improvement teams to continuously improve technical knowledge and skills performance.
9. Advocate for the field of Surgical Technology by supporting and participating in national professional organizations.
10. Uphold responsibility and professionalism as members of a health care profession who serve the needs of patients.

Program Courses

<table>
<thead>
<tr>
<th>Core</th>
<th>BSC 0700*</th>
<th>Human Anatomy and Physiology</th>
<th>75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>HSC 0530*</td>
<td>Medical Terminology</td>
<td>63</td>
</tr>
<tr>
<td>Core</td>
<td>HSC 0003*</td>
<td>Intro Health Sciences</td>
<td>48</td>
</tr>
<tr>
<td>Fall</td>
<td>STS 0155C</td>
<td>Surgical Techniques and Procedures</td>
<td>213</td>
</tr>
<tr>
<td>Fall</td>
<td>STS 0120</td>
<td>Surgical Specialties 1</td>
<td>108</td>
</tr>
<tr>
<td>Fall</td>
<td>STS 0003</td>
<td>Surgical Technology 1</td>
<td>54</td>
</tr>
<tr>
<td>Fall</td>
<td>STS 0255L</td>
<td>Intro Clinical Practicum</td>
<td>48</td>
</tr>
<tr>
<td>Spring</td>
<td>STS0121</td>
<td>Surgical Specialties 2</td>
<td>42</td>
</tr>
<tr>
<td>Spring</td>
<td>STS 0004</td>
<td>Surgical Technology 2</td>
<td>42</td>
</tr>
<tr>
<td>Spring</td>
<td>STS 0803</td>
<td>Pharmacology, Anesthesia and Complications</td>
<td>36</td>
</tr>
<tr>
<td>Spring</td>
<td>STS 0256L</td>
<td>Clinical Practicum 1</td>
<td>315</td>
</tr>
<tr>
<td>Sum</td>
<td>STS 0005</td>
<td>Pathophysiology and Diagnostic Assessment</td>
<td>18</td>
</tr>
<tr>
<td>Sum</td>
<td>STS 0920</td>
<td>Surgical Specialties Topics/Portfolio</td>
<td>30</td>
</tr>
<tr>
<td>Sum</td>
<td>STS 0257L</td>
<td>Clinical Practicum 2</td>
<td>240</td>
</tr>
</tbody>
</table>

| Total hours | 1332 |

*may substitute BSC2084, BSC2085-2086, HSC2531, HSC100
Name ______________________________________ (Please print)

ACKNOWLEDGMENT OF RECEIPT OF STUDENT HANDBOOK
I have received and thoroughly read the Surgical Technology Program Handbook. I understand the policies contained therein and the responsibilities to be undertaken. I understand that failure to comply with the established policies will result in suspension or administrative withdrawal from the program.

I understand that any violation of the code of conduct, such as stealing, cheating (example: referencing answers to exam questions via cell phone or via open, unauthorized files during computer-based testing), falsification of records (example: entering false information or signatures on Clinical Attendance Sheets), or any improper, insensitive approaches to patients and others are clearly unacceptable.

A person who violates the code of conduct will be subject to dismissal from the SF Surgical Technology Program. Convictions in the courts for a felony offense will similarly lead to dismissal from the program.

I agree to comply with these policies.

Signed: ____________________________ Month/Day ___________Year:___________

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION
I agree that the following information, in addition to the college's designed "directory information", may be provided by the surgical technology program to prospective employers:

1. school/program activities
2. degrees, awards, certificate of completion
3. synopsis of clinical performance evaluations
4. recommendation of employment

Signed: ____________________________ (optional) Month/Day ___________Year:___________

SANTA FE COLLEGE PHOTO RELEASE
I hereby consent to and authorize the use and reproduction of any and all photographs taken of me to be used to advertise or promote the SF Surgical Technology Program. I certify that I am 18 years of age or older.

Signed: ____________________________ (optional) Month/Day ___________Year:___________
**Surgical Technology Performance Standards**

In the event, a student is unable to fulfill these technical standards, with or without “reasonable accommodation” (according to the Americans with Disabilities Act), the student will not be admitted into the program or be permitted to continue in the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for selection in the Program.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>STANDARD</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking sufficient for clinical judgment.</td>
<td>Handle multiple priorities in stressful situations. Exercise independent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>judgment and discretion in the safe technical performance of medical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>procedures. Concentrate for prolonged periods of time.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families,</td>
<td>Display patience, empathy and concern for others. Deal with fear and</td>
</tr>
<tr>
<td></td>
<td>groups from a variety of social, emotional, cultural, and intellectual</td>
<td>hostility in a calm manner. Work with others in stressful situations.</td>
</tr>
<tr>
<td></td>
<td>backgrounds.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction in verbal and written</td>
<td>Communicate in a prompt, clear and concise manner. Able to communicate</td>
</tr>
<tr>
<td></td>
<td>form.</td>
<td>the identity of items such as drugs, tools, or implants. Accurately</td>
</tr>
<tr>
<td></td>
<td>Speak English fluently.</td>
<td>record/document pertinent information. Interact with patients and health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>care providers in a professional manner.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room and walk in</td>
<td>Walk to and from departments. Maneuver nimbly in small spaces. Respond</td>
</tr>
<tr>
<td></td>
<td>halls; maneuver in small spaces;</td>
<td>swiftly to patient’s needs, manipulate equipment, lift a minimum of</td>
</tr>
<tr>
<td></td>
<td>Stand for prolonged periods of time.</td>
<td>30lbs, push/pull mobile equipment weighing up to 300lbs; participate as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a team member of four in moving an incapacitated patient; ensure patient</td>
</tr>
<tr>
<td>Tactile and Motor Skills</td>
<td>Gross and fine motor abilities.</td>
<td>safety; stand for prolonged periods of time (sometimes wearing a 12-20lb</td>
</tr>
<tr>
<td></td>
<td>Must have good manual dexterity.</td>
<td>lead apron underneath gown). Walk an equivalent of 5 miles per day. Must</td>
</tr>
<tr>
<td></td>
<td>Must possess tactile ability sufficient for physical assessment and</td>
<td>be able to reach 18” above head and pass instruments, reaching at least</td>
</tr>
<tr>
<td></td>
<td>handling of objects.</td>
<td>30” across operating table. Gowns provided by clinical affiliates are</td>
</tr>
<tr>
<td></td>
<td></td>
<td>limited to size 3X. This could limit ability to complete mandatory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>proficiency requirements.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs.</td>
<td>Detect and evaluate the sounds of advanced surgical equipment such as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>gas, video and cardiac monitors, power driven tools, fire alarms, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Able to follow verbal instructions</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in</td>
<td>Observe and monitor patients, assist in surgery in full and dimmed light.</td>
</tr>
<tr>
<td></td>
<td>surgical technology.</td>
<td>Visual near acuity of 20 inches or less with clarity. Distinguish depth,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>color and spatial attributes of objects or images.</td>
</tr>
</tbody>
</table>
**Pregnancy Advisory:** All clinical affiliates require immunizations. All students must be immunized to participate in clinical education. Pregnancy may affect immunizations and/or other Program health requirements. If you are pregnant or planning (while enrolled in the program), please advise the Health Sciences Counseling Office for further information and/or requirements. Individuals who are pregnant should seek expert advice from their health care provider so that they may receive information to make an informed decision regarding their exposure to infectious diseases in the health care field. A statement from the student’s health care provider noting that the student may proceed through the program with no limitations, will be required of all pregnant students.

**Radiation Exposure Advisory:** Radiation exposure to the human embryo or fetus: The National Council on Radiation Protection (NCRP) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. Exposure to any level of radiation is assumed to carry with it a certain amount of risk. Upon reviewing the available scientific literature, the NCRP has concluded the pregnant radiation worker can safely receive a dose that is equivalent to one-tenth the occupational dose of the non-pregnant worker. If you are pregnant or planning a pregnancy while enrolled in the program, please advise the SF Allied Health Programs Director. In order to take advantage of the lower exposure limit and dose monitoring provisions specified by the NRCP, you must declare your pregnancy in writing to the program's Radiation Safety Officer (RSO).

**Latex Advisory:** The use of latex/latex based products may exist in health care universal precautions and in environments such as, but not limited to, Health Sciences' classrooms and training labs, hospitals, nursing care facilities, laboratories, clinical areas, and medical/dental offices. Individuals with latex allergies should seek expert advice from their health care provider so that they may receive information to make an informed decision regarding their exposure to latex in the health care field.

**Immunization Advisory:** Immunizations are required in order to participate in clinical education. Individuals with allergies to required immunizations should seek expert advice from their health care provider so that they may receive information to make an informed decision regarding their exposure to infectious diseases in the health care field. A statement from the student’s healthcare provider noting that the student may proceed through the program with no limitations will be required of all students declaring an immunization allergy.

I read the PROGRAM STANDARDS and ADVISORIES FORM and signed with full knowledge of its significance. I have reviewed my health care provider’s findings and acknowledge all information contained on this form (e.g. performance standards, latex advisory and immunization and radiation exposure)

Signature ___________________________________________ Month/Day ___________Year:___________

Printed Name _____________________________________

8/17 SF Surgical Technology Program Student Handbook page 15
Pregnancy Policy Form*

To be completed by all female students

I, ________________________ have read and understand the Program Pregnancy Policy. I am aware that disclosure of pregnancy is totally voluntary on my part. I also understand that I can go the RSO to express any radiation protection concerns and have my questions answered fully, completely, and confidentially.

____________________________________________
Student signature / Date
Florida College System Risk Management Consortium

ACCIDENT – INCIDENT REPORT

(A copy of this report is NOT authorization for medical treatment)

INSTRUCTIONS:
- If loss/occurrence/injury is to a college employee, please complete sections: 1, 2, 5, 6, 7 and 8.
- If loss/occurrence is to college-owned property please complete sections: 1, 3, 5, 6, 7 and 8.
- If loss/occurrence/injury is to a non college employee or non college-owned property, please complete sections: 1, 4, 5, 6, 7 and 8.

1. LOCATION AND DATE OF INCIDENT/OCURRENCE

<table>
<thead>
<tr>
<th>COLLEGE: (Check One)</th>
<th>BreCC</th>
<th>ESC</th>
<th>IRSC</th>
<th>PBSC</th>
<th>SPC</th>
<th>TCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BC</td>
<td>FGCC</td>
<td>LSCC</td>
<td>PHCC</td>
<td>SFC</td>
<td>VC</td>
</tr>
<tr>
<td></td>
<td>CC</td>
<td>FKCC</td>
<td>MDC</td>
<td>PeSC</td>
<td>SSC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCF</td>
<td>GCSC</td>
<td>NFCC</td>
<td>PSC</td>
<td>SFSC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSC</td>
<td>HCC</td>
<td>NWFS</td>
<td>SJSRC</td>
<td>SCFMS</td>
<td></td>
</tr>
</tbody>
</table>

DATE OF OCCURRENCE:  
TIME OF OCCURRENCE: AM  PM  
LOCATION OF OCCURRENCE (BE SPECIFIC):

2. INJURED EMPLOYEE (INJURY/LOSS TO COLLEGE EMPLOYEE)

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE:</th>
<th>AGE:</th>
<th>OCCUPATION &amp; DEPARTMENT:</th>
<th>EMPLOYEE #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS:  
CITY:  ST:  ZIP:  
PHONE: ( )  
PART OF BODY INJURED:  
TYPE OF INJURY (CUT, STING, BUMP, BRUISE ETC.):  
DOES EMPLOYEE WISH TO SEEK MEDICAL ATTENTION TODAY: YES  NO*  
WILL EMPLOYEE REQUIRE TIME OFF FROM WORK: YES  NO  
DATE INJURY FIRST REPORTED:  
TIME INJURY FIRST REPORTED:  
* A "no" answer does not waive the employee’s right to request medical attention at a later date.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY:  
ESTIMATED COST OF DAMAGED/LOST PROPERTY: $

4. INJURED PARTY/PROPERTY (PERSONS NOT EMPLOYEED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>AGE:</th>
<th>PHONE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS:  
CITY:  ST:  ZIP:  
IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY:  
STUDENT ID #  (If Injured Party is Admitted Student):

5. WITNESS(ES)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PHONE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS:  
CITY:  ST:  ZIP:  

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PHONE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS:  
CITY:  ST:  ZIP:  

Revised: 09/12
6. **DESCRIBE THE LOSS/OCURRENCE/INJURY** (To be completed by Injured Employee/Party, if at all possible):

<table>
<thead>
<tr>
<th>Line 1</th>
<th>Line 2</th>
<th>Line 3</th>
<th>Line 4</th>
<th>Line 5</th>
<th>Line 6</th>
<th>Line 7</th>
<th>Line 8</th>
<th>Line 9</th>
<th>Line 10</th>
<th>Line 11</th>
<th>Line 12</th>
</tr>
</thead>
</table>

7. **SIGNATURES**

<table>
<thead>
<tr>
<th>INJURED EMPLOYEE/PARTY’S SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT CONTACT’S SIGNATURE:</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

8. **RISK MANAGEMENT COORDINATOR REVIEW** (To be completed by the College’s Risk Management Coordinator):

<table>
<thead>
<tr>
<th>TYPE OF CLAIM (Please Check One):</th>
<th>STUDENT ACCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td>ATHLETIC</td>
</tr>
<tr>
<td>COLLEGE PROPERTY DAMAGE/THEFT</td>
<td>FACILITIES USE</td>
</tr>
<tr>
<td>EQUIPMENT BREAKDOWN</td>
<td>ALLIED HEALTH (Please Attach Allied Health Incident Form)</td>
</tr>
<tr>
<td>WORKER’S COMPENSATION**</td>
<td></td>
</tr>
</tbody>
</table>

**Please do not send Work Comp A/I forms to the Consortium. The College WC coordinator should submit all WC claims through the call center.**

**RISK MANAGEMENT REVIEW STATEMENTS** (Initial ONLY those statements that apply):

<table>
<thead>
<tr>
<th>Statement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>THIS A/I IS FYI ONLY. NO CLAIM IS BEING SUBMITTED AT THIS TIME.</td>
</tr>
<tr>
<td>_____</td>
<td>THIS A/I HAS BEEN SUBMITTED TO FRINGE BENEFITS, FOR CLAIM REVIEW (Student Accident Coverage).</td>
</tr>
<tr>
<td>_____</td>
<td>THIS A/I HAS BEEN SUBMITTED TO SUMMIT AMERICA, FOR CLAIM REVIEW (Athletic Coverage).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RISK MANAGEMENT COORDINATOR’S SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>
ACCIDENT – INCIDENT REPORT INSTRUCTIONS

This form is used to notify the Florida College System Risk Management Consortium (FCSRMC) of accidents/incidents/occurrences for review as possible claims. This form should be used to document the following types of occurrences: Accidents, Injuries, Crimes/Theft, Property Damage (College Owned), Property Damage (Non-College Owned), Internet Crisis (stolen, lost, or hacked personal information), Equipment Breakdown (fka Boiler and Machinery), Student Accidents, Athletic Injuries, and Allied Health (Professional Liability Claims). Please note, Worker’s Compensation claims are not reported to the FCSRMC using this form. The College’s Worker’s Compensation Coordinator should submit all claims via the dedicated reporting line: 877-842-6843.

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: Clearly check the FCSRMC abbreviation for your college.

CAMPUS/LOCATION CODE: Please use the campus codes as noted on the College’s Property Listings on file with the FCSRMC.

LOCATION OF OCCURRENCE (BE SPECIFIC): Provide campus name and building name or number. If accident occurred off campus, provide street address and city.

2. INJURED EMPLOYEE

OCCUPATION & DEPARTMENT: List the occupation and department in which the employee is primarily employed.

PART OF BODY INJURED: Loosely identify the part of the Employee’s body which has been injured (i.e. wrist, ankle, back etc.)

TYPE OF INJURY: Loosely identify the manner in which the Employee has been injured (i.e. cut, sting, bruise etc.)

DATE INJURY FIRST REPORTED: If the injury was originally reported on a date different from the date of completing the A/I, please list the original date the injury was reported.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY: Describe the damaged or stolen college-owned property. Enter information such as: “Flood damage to 1st floor of Building K; or 1998 white Mercedes driver side door; or Glass broken in classroom window; or IBM Pentium II computer, monitor, keyboard, and Hewlett-Packard LaserJet printer.”

ESTIMATED COST OF DAMAGED/LOST PROPERTY: Enter your best guess of the value. This figure will not be used in evaluating the claim. It will be an indication of whether or not it falls within the college deductible and whether or not it needs to be submitted to the servicing office.

4. INJURED PARTY/PROPERTY (INJURY/LOSS TO PERSONS NOT EMPLOYEED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)

NAME: Report the name of the impacted person, such as, students who are not employees of the college at the time of injury, visitors, or owners of property that is stolen or damaged while at the college, including art exhibits.

IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY: Enter information such as “Twisted knee; or 1989 white Mercedes convertible; or blue backpack with 4 textbooks; or Walkman radio/tape player; etc.”
5. WITNESS(ES)

This information is extremely valuable in adjusting the claims or if suits are filed later. Please supply the information if it is available.

6. DESCRIBE THE LOSS/OCURRENCE/INJURY (To be completed by the injured person, if at all possible):

Please do not write “SEE ATTACHED.” Please give a brief description of accident using words such as: “College-owned vehicle was hit by vehicle owned by student; or Employee tripped over phone cord; or Student left backpack on library steps for 10 minutes; or Vehicle 1 (student-owned) hit vehicle 2 (student-owned) while backing out of parking space.”

If additional space is required, feel free to attach a second A/I form.

It is extremely important to remember that those of us reading the accident/incident reports after they have left your college have no idea who the involved people are, whether they are college employees, students or visitors, and we have some difficulty determining whether or not damaged property is college owned or non-college owned.

7. SIGNATURES

Where possible, please get the signature of the Injured Employee/Party and a Department Contact.

8. RISK MANAGEMENT COORDINATOR REVIEW (To be completed by the College’s Risk Management Coordinator):

Review by the Risk Management Coordinator or his/her designee are extremely important. Our belief is every incident should be submitted through the Coordinator’s office for review and that office should accept responsibility for submitting the report to the Consortium office. It is important for loss control purposes to have one person at the college coordinating incident information and taking responsibility to make sure areas in need of repair are reported to the proper people for this to be accomplished.

GENERAL LIABILITY: Check this block when incident involves students, visitors, property of students or visitors.

COLLEGE PROPERTY: Check this block when incident involves property owned by the college.

EQUIPMENT BREAKDOWN: Check this block only when incident involves your college owned boiler and/or refrigeration equipment.

STUDENT ACCIDENT: Check this block if the injured party is enrolled in a covered curriculum.

ATHLETIC: Check if claimant was participating in an enrolled sport.

FACILITIES USE: Check this block when incident involves visitors to an event for which Facilities Use coverage has been purchased.

ALLIED HEALTH: Check this block when incident involves patients of students enrolled in the Allied Health Program. Be sure to attach an Allied Health Incident Form found at http://fcsrmc.com/attachments/Allied_Heath_Incident_Form.pdf

RISK MANAGEMENT REVIEW STATEMENTS: Initial the appropriate statements to let the FCSRMC staff know that the Risk Management Coordinator has reviewed the claim and determined that the A/I is for FYI purposes only, is a Student Accident claim that has been forwarded to Fringe Benefits, OR is an Athletic claim which has been submitted to Summit America. By initialing the appropriate statements, we hope to make the notification process more efficient and limit the number of follow-up calls the FCSRMC has to make to the College Risk Coordinator.
How to File a Medical Claim
Florida College System Risk Management Consortium

Attached is a Blanket Lines Notice of Claim (Claim Form) for your accident policy.

Please forward claims and questions to the following address:
Fringe Benefit Coordinators, Inc.
P. O. Box 5249
Gainesville, FL  32627-5249
Toll Free Number  (800) 654-1452
Fax Number (352) 372-9805

Policy underwritten by Hartford Life and Hartford Life and Accident Insurance Company
Claimant administration handled by Fringe Benefit Coordinators, Inc.

Step 1 - Submit a completed Notice of Claim (claim form) to our office either by fax or mail.

The Policyholder (not the Parent, Claimant or Agent) should:

• Fully answer/sign each item in the Policyholder Certification section.
• Read and sign the Fraud Warning Certification statement located on the reverse side of the Notice of Claim.

The Parent/Guardian or Adult Claimant should:

• Fully answer/sign each item in the Claimant Certification section (choose either the Parent/Guardian column or the Adult Claimant column; whichever is applicable).
• Read and sign the Fraud Warning Certification statement located on the reverse side of the Notice of Claim.

Step 2 - Submit itemized medical bills for payment consideration to our office. This policy is Excess, so please also include any other insurance carrier's corresponding Explanation of Benefits (EOBs) as outlined in the helpful information bullet listed below.

Helpful information for submitting claims and expediting payment

• A fully completed Notice of Claim is required for each accident/injury a Claimant incurs. Claims submitted with incomplete information will be denied pending receipt of the missing data.
• Release of claim forms by an insurance company is not an admission of coverage. In addition, information on the form is subject to audit by the insurance company.
• Providers may wish to bill us directly for their services. If they do, please ensure a Notice of Claim has first been submitted to our office.
• Itemized medical bills (including claimant name, date of service, diagnosis, procedure codes, amount charged, and provider information) should be submitted for processing. “Balance Due” statements and/or incomplete bills do not provide enough claim detail to process the charges. In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called “UB-04” for hospital charges and/or a “CMS-1500” for physician charges).
• Unless proof of payment is submitted with the medical bill (a copy of check, a medical bill that indicates the claimant has made all or partial payment or zero balance information) claim payment is generally sent directly to the medical providers.

Please detach this page and forward the completed Notice of Claim (and medical bills if you are submitting expenses for payment) to the address listed above. We recommend you keep copies of the correspondence you are submitting to use for future reference.
CLAIMANT/STUDENT CERTIFICATION - To be completed by Parent/Guardian or Adult Claimant

*Due to new government regulations, claims submitted without this data will be returned.

<table>
<thead>
<tr>
<th>Parent/Guardian completes for dependent child</th>
<th>Adult Claimant completes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claimant (Dependent Child) Name</td>
<td>Claimant Name</td>
</tr>
<tr>
<td>Claimant Gender</td>
<td>Claimant Gender</td>
</tr>
<tr>
<td>[ ] Male</td>
<td>[ ] Male</td>
</tr>
<tr>
<td>[ ] Female</td>
<td>[ ] Female</td>
</tr>
</tbody>
</table>

*Is the Claimant a Medicare Beneficiary? [ ] No [ ] Yes
If yes, please provide Claimant’s Social Security Number or Health Identification Claim Number

Claimant Date of Birth
Daytime Phone Number

Claimant Address

Does the Claimant have medical coverage through?
Mother’s employers policy* [ ] Yes [ ] No
Father’s employers policy* [ ] Yes [ ] No
Guardian’s employers policy* [ ] Yes [ ] No
Medicare policy [ ] Yes [ ] No
Medicaid policy [ ] Yes [ ] No
Any other medical policy* [ ] Yes [ ] No

This Policy is Excess, please include the other insurance carrier’s Explanation of Benefits (EOBs) for each medical bill submitted.

Parent/Guardian or Adult Claimant Certification Signature Required:
I certify the above information to be true and accurate to the best of my knowledge. I further certify I have read and signed the Fraud Warning Certification statement located on the reverse side of this form. I also authorize any physician / hospital that has attended me or my dependent child to disclose information acquired for claim payments purposes.

Printed Name Parent/Guardian or Adult Claimant

Signature of Parent/Guardian or Adult Claimant

Page 2 of 3

Florida College System Risk Management Consortium
With the exception of any source(s) of income reported above in this form, I certify by my signature that I have not received and am not eligible to receive any source of income, except for my disability benefits from this plan. Further, I understand that should I receive income of any kind or perform work of any kind during any period The Hartford has approved my disability claim, I must report all details to The Hartford, immediately. If I receive disability income benefits greater than those which should have been paid, I understand that I will be required to provide a lump sum repayment to the Plan. The Hartford has the option to reduce or eliminate future disability payments in order to recover any overpayment balance that is not reimbursed.

For residents of all states EXCEPT Arizona, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For Residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit and who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The statements contained in this form are true and complete to the best of my knowledge and belief.

______________________________  ________________________
Signature of Policyholder Official  Date

______________________________  ________________________
Signature of Parent/Guardian or Adult Claimant  Date

Electronic Funds Transfer (EFT) is our standard method of payment. When making our claim decision we may contact you to obtain your banking information.
STUDENT ACCIDENT (EDUCATION / TRAINING)

Summary of Coverage:

- This is a fully insured program underwritten by Hartford Life and Accident Insurance Company (Hartford). This policy provides coverage for registered students in the named education/training courses on file with Hartford while the student is:
  - Participating in college courses, labs or clinical training:
    - Sponsored by the college; and
    - On the premises designated and supervised by the College; or
  - On the premises used for classes, labs or clinical training as designated by the college; or
  - Traveling with a group in connection with the activities under the direct supervision of the college

- Once the course or program of study ends, coverage ends. The policy does not provide for any returning students who wishes to take agility tests, re-certifications, etc. unless they are enrolled in a class.

- Student must incur first medical expense within 26 weeks after the accident for coverage to apply for Accident Medical Benefit

- Accidental Death Benefit and Accidental Dismemberment Benefit—loss of life or limb (per policy) must occur within 365 days after the date of accident

- The college has no deductible

- The policy provides limits of:
  - Accident Medical Expense Maximum $15,000
  - Accidental Death Principal Sum $25,000
  - Dental Maximum $15,000
  - Accidental Dismemberment Principal Sum $25,000
  - Benefit Period 104 Weeks

- This policy provides EXCESS coverage – any coverage available to the student would be primary including Health Insurance.

Claims reporting:

- College must file Accident / Incident report to the Consortium indicating at the top of the form “Student Accident Claim-Hartford form sent directly to Fringe Benefits Coordinators”.

- Complete Hartford Claims Form within 30 days of date of injury to comply with policy provisions (these forms can be found on Fringe Benefits Coordinators website: www.fbc-inc.com). Forward the Hartford Claims Form to Fringe Benefits Coordinators, Inc. along with any medical bills or other supporting documentation to gzinger@fbc-inc.com. Please include the student's / claimant’s social security number, claims will NOT be processed without it.

Example of claim: Student suffers a laceration requiring medical attention while participating in a clinical experience as part of his/her education/training coursework.
Q. What does Excess Coverage mean vs Primary Coverage?
   • A Primary policy will pay regardless if student has other insurance while an Excess policy will pay over and above what the Primary policy paid. For example, if student was billed by hospital $350 and their primary policy paid $200, the Hartford Life and Accident Insurance Company (Hartford) policy will reimburse the student $150.

Q. What if student does not have any other insurance?
   • Hartford will pay claim in the same manner as if the coverage was on a Primary basis, meaning Hartford will become the Primary policy.

Q. What if the student has a deductible under their other insurance?
   • Hartford will reimburse the student for any deductible under their other policy

Q. What if the student has a co-insurance under their other insurance?
   • Hartford will reimburse the student for any co-insurance under their other insurance

NEW CLAIMS PROCEDURES

Q. Who is Fringe Benefits Coordinators, Inc.?
   • They are the Third Party Administrator who handles the claims on behalf of Hartford.

Q. How will claim be filed?
   • Claim forms will be available on the Fringe Benefits website under Forms: http://www.fbc-inc.com/. Forms can be e-mailed to gzinger@fbc-inc.com. Please note the students Social Security # should be shown on claim form.

Q. What is an EOB?
   • This is an Explanation of Benefits form which is furnished to the student from their other insurance company outlining what they paid and what they did not pay. This form is then sent to Fringe Benefits so they can determine what additional funds are due the student.
NEW CLAIMS PROCEDURES CONTINUED

Q. Please explain the flow of a claim
   • Once an injury has occurred under the Student Accident coverage:
     o Go to http://www.fbc-inc.com and complete claims form, print, have signed and forward to Fringe Benefits
     o If student has other insurance, they must file with their other insurance company
     o When student receives EOB from other carrier, they must forward to Fringe Benefits
     o DO NOT WAIT UNTIL EOB IS RECEIVED FROM OTHER CARRIER TO SUBMIT CLAIM FORM TO FRINGE BENEFITS, AS THE CLAIM MUST BE SUBMITTED TO FRINGE BENEFITS WITHIN **30 DAYS** OF FIRST TREATMENT TO AVOID THE CLAIM BEING DENIED.

Q. What if we have a death claim?
   • Please follow instructions above **EXCEPT** contact Kyle Drawdy with FCSRMC at 352-955-2190 x-111 and forward the claim documents to kdrawdy@fcsrmc.com.