

HB3596A: ✓

Surgical Tech
Apprenticeship
Educational Requirements

HB3596A & ORS RULES GUARANTEE STRONG EDUCATIONAL COMPONENTS

OHA Rules require that the educational components are built into the apprenticeship. The rules are very clear:

OHA Rules, 333-076-0137, Section 9 (a):

" (a) For approving under this rule, the Authority shall review registered surgical technology apprenticeship programs that have been approved under ORS 660.002 to 660.210 and listed on the Bureau of Labor and Industries' (BOLI) website. The Authority shall review the occupational standards submitted to BOLI and available at <https://www.oregon.gov/boli/apprenticeship/Pages/apprenticeship-opportunities.aspx>. (b) In reviewing the apprenticeship program, the Authority shall: (A) Only approve a registered apprenticeship program that satisfies the requirements in paragraphs (8)(b)(A) through (C) of this rule. (B) Consider whether the program's occupational standards submitted to BOLI implements satisfactory education and training curriculum and requirements to protect health and safety of apprentices and patients, including but not limited to: (i) Whether the curriculum meets or exceeds the core curriculum standards established by the Association of Surgical Technologists in its Core Curriculum for Surgical Technology, Seventh Edition available at www.ast.org/educators/core curriculum."

HB3596A reinforces this requirement:

HB3596,

“Section 1 (C): Includes an educational component as determined sufficient by the authority;”



Meets ALL existing educational and testing standards.



Safety: BOLI Requirements ORS660.002, National Center for Competency Testing , OHA Public Health Regs 333/ Division 76, OAR409.045, DOL, HealthSTAR apprentice supervision required.

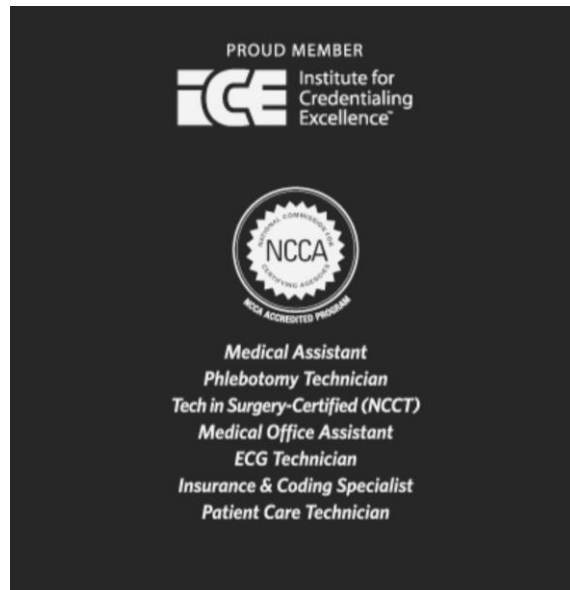
Education /Oversight: ORS 333-076-0137, and HealthSTAR Joint Committee 501c3, OHA Licensing, 3-year accreditation reviews, complaint process, etc.

Protection: All state regulations and laws apply, insurance and facility policies require supervision and safety, national accreditation requires safety standards.



<https://www.ncctinc.com/certifications/tsc>

More than 30 years of experience in medical certifications, training and credentialing, and working with surgical technology apprenticeships



Make fulfilling your career easy with NCCT.

NCCT believes people can learn in a variety of ways so we offer multiple routes of eligibility for certification testing. Students and graduates of NCCT authorized schools, working professionals, and military trained professionals may all qualify to take NCCT



Tech in Surgery - Certified (NCCT), TS-C (NCCT)

Accredited by NCCA



Surgical technologists

are allied health professionals who are responsible for various tasks pre, intra, and post operatively. They maintain asepsis during surgery, anticipating the surgeon's needs while remaining attentive to all aspects of the surgical procedure to ensure a safe environment for the patient.

The NCCT Testing Requirements are Rigorous & Meet National Institute for Credentialing Excellence.

TS-C (NCCT) Detailed Test Plan Effective Date: November 2019 This detailed test plan reflects the results of a national job analysis study that determined the critical job competencies to be tested by NCCT in this certification examination. It contains 175 scored items, 25 unscored pretest items, and candidates are allowed four (4) hours to complete the examination. This certification examination is comprised of 95-98% standard, 4-option multiple-choice items and 2-5% alternative items (e.g., Drag and Drop, Multi-Select, Hotspot). Number of Scored Items Critical Job Competencies A Set up for surgical procedure 55 1 Preoperative Care and Preparation Page 1 www.ncctinc.com Tech in Surgery – Certified TS–C (NCCT)

Detailed Test Plan EX-0504

A1 Arrange sterile instruments and supplies for surgical procedures

A2 Visually inspect and assemble any equipment and instruments used during the case.

B Execute patient safety

B1 Anticipate the needs of special patient populations (e.g., pediatric, geriatric, immune compromised).

B2 Explain the surgical Time Out.

B3 Understand safe transfer of the patient to the operating room table.

B4 Understand placement of the safety belt and pressure pads on the patient.

B5 Verify count with circulating nurse/nurse (e.g., sutures, sharps, sponges, instruments).

C Apply sterile technique

C1 Use appropriate personal protective equipment (e.g., mask, eye protection).

C2 Explain the principles of aseptic technique while opening supplies for the surgery.

C3 Describe proper sequence for surgical hand scrub.

C4 Describe the proper technique for donning sterile gown and gloves.

C5 Outline the sequence for gowning and gloving the surgical team.

C6 Outline the sequence for draping the patient.

68 2 Perioperative Care and Preparation

A Assess the integrity and sterility of items A1 Differentiate methods of sterilization (i.e. temperature, length of time).

A2 Determine liquid sterilants and disinfectants according to parameters and manufacturer's recommendations.

A3 Verify correct package integrity (read indicators, know what makes a package unsterile).

A4 Verify biological and DART air removal tests per protocol. B Utilize preference cards

B1 Modify surgeon's preference card (pick list) as necessary.

B2 Prepare supplies listed on preference card. B3 Utilize cost saving measures.

C Document unusual events (e.g., sentinel events, incident reports)

C1 Given an example, identify information required to complete an incident report.

C2 Define reportable incidents.

D Understand environmental safety

D1 Initiate preventative and/or corrective actions in potentially hazardous situations.

D2 Perform appropriate actions during an emergency.

D3 Explain RACE & PASS.

D4 Utilize laser safety.

D5 Explain what actions to take during a biohazard spill.

D6 Utilize Safety Data Sheets (SDS).

D7 Understand standard precautions.

E Prepare the operating room according to the surgical procedure (e.g., temperature, position lights, ensure items are functioning, and placement of furniture)

F Facilitate the completion of proper documentation

F1 Handle specimens appropriately.

F2 Report the total amount of medications and solutions used during the procedure.

G Understanding of basic sciences as they relate to surgical procedures

B Execute end of the procedure tasks

B1 Summarize the steps to assist with skin closure.

B2 Understand dressing materials.

B3 Explain the application of casts, splints, braces, and similar devices.

C Preparation of supplies 17 4 Postoperative Care and Preparation A Recognize possible post op complications (e.g., bleeding at surgical site, hematoma)

C1 Distinguish among stapling devices.

C2 Confirm with the surgeon and the circulating nurse the specific type and/or size of implantable devices.

C3 Outline the steps for surgical device preparation (drains, catheters, tubing).

G1 Apply knowledge of human anatomy to the surgical procedure.

G2 Apply principles of asepsis

G3 Distinguish modes of transmission of microorganisms to apply appropriate contact precautions (e.g., TB, MRSA, CDiff, VRE).

G4 Understand the uses, effects, and complications of drugs and solutions.

G5 Execute the 5 rights of medication administration.

G6 Understand appropriate fluid utilization. 35

3 Intraoperative Care and Preparation A Support the needs of the surgeon

A1 Assess the need for retraction to facilitate proper operative exposure.

A2 Determine necessary instruments and supplies during surgery.

A3 Anticipate intra-operative assistance to the surgeon (e.g., sponging, suctioning, irrigation, wiping instruments).

A4 Apply indirect cautery under the direction of the surgeon.

A5 Prepare and cut suture materials as directed.

C4 Identify the appropriate sutures/needles.

B Execute end of case procedures

B1 Complete room turnover after surgery (return unused supplies)

B2 Maintain the sterility of the back table and mayo stand until the patient leaves the room.

B3 Explain how to prepare the instruments for the decontamination and sterilization process.

Here's another way of looking at it, but I'd draw your attention to the two columns on the right.

Existing Options Maintained / Standards The Same:

	High School or GED Pre-requisite	Graduate Surgical Tech Program by Degree or Certificate	Complete Surgical Tech Competency Testing	Military Experience Option	Continuing Education	Stay in your community	Earn while you learn
CAAHEP	Yes	Yes	Yes	No	Yes	No	No
NBSTA	Yes	Yes - CAAHEP or ABHES only	Yes	Yes	Yes	No	No
NCCT	Yes	Yes	Yes	Yes	Yes	Yes	Yes



As hundreds of nurses, surgical Techs, physicians, and others from OREGON and from your districts, support this program.



Individual Supporters Including Nurses, Surgical Techs, Physicians Administrator, Training Experts:

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Eye Surgery Center
Eye Surgery Center (Medford)
Eye Surgery Institute
Grants Pass Surgery Center
Interstate Ambulatory Surgery Center
Klamath Surgery Center
Lane Surgery Center
McKenzie Surgery Center
Medical Eye Center
Northbank Surgical Center
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Sunset Surgical Center
Surgery Center at Tanasbourne
Surgery Center of Mt. Scott
The Corvallis Clinic Surgery Center
Willamette Surgery Center
Wilshire Surgery Center
Yamhill Valley Surgical Center

Surgical Techs SUPPORT This Legislation:

To: The Oregon Legislature

Good morning,

I am a surgery tech at Ashland surgery center and I am writing in support of a program that would allow us to train our own techs to scrub.

I have been a scrub tech for 45 years and am looking forward to going per diem when I hit 65 this year. We have been trying to hire a qualified ST since before the pandemic began. It would be nice to find the right person and integrate them into our practice.

Thank you for your efforts.

Cindy DeGroft
Ashland, Oregon
mcdegroft@gmail.com

Supporters
of SurgTech
Model: HB4106A



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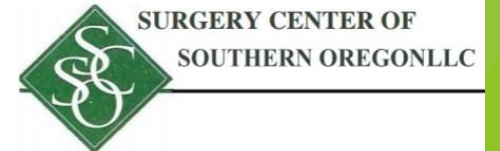
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www.scoastortho.com

Questions:

doug@nwpolicy.com

