

2026–2027
Surgical Technology

Program Handbook

**Program is accredited by Commission on Accreditation
Of Allied Health Education Programs (CAAHEP)**

Western Iowa Tech Community College

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sex, national origin, religion, age, disability, sexual orientation, socioeconomic status, actual or potential parent, family or marital status, or other characteristic protected by law in its programs, activities, or employment practices as required by state and federal civil rights regulation.

If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.317.3304](tel:712.317.3304); equity@witcc.edu or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.317.3369](tel:712.317.3369); equity@witcc.edu or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Federal Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: [303.844.5695](tel:303.844.5695) FAX: 303.844.4303, TDD 800.877.8339 Email: OCR.Denver@ed.gov.

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at webmaster@witcc.edu. The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

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Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. A copy of the catalog is available by calling Enrollment Services, WITCC, 712-274-8733, Ext. 1325 or 800-352-4649 or on our web site at www.witcc.edu.

Directory

Admissions Office

Western Iowa Tech Community College
4647 Stone Avenue
P.O. Box 5199
Sioux City, Iowa 51102-5199
Phone: 712-274-6404
Fax: 712-274-6412
E-mail: info@witcc.edu
Website: www.witcc.edu

Financial Aid Office (Surgical Technology program-specific scholarships are available)

712-274-6403 or
800-352-4649

Surgical Technology Program Instructors

Renee Nemitz, CST, RN, AAS, FAST
712-317-3403
E-mail: renee.nemitz@witcc.edu

Jenny Jolin, CST, AAS
712-317-3192
E-mail: jenny.jolin@witcc.edu

NOTE: Only available during the Fall and Spring Semesters

Surgical Technology Program Advisor

Fran DeJong
712-317-3345
Email: fran.dejong@witcc.edu

Professional Organizations

For more information or application, contact:

AST
6 W Dry Creek Cir #200
Littleton, CO 80120
(800) 637-7433
www.ast.org

NBSTSA
3 West Dry Creek Circle
Littleton, CO 80120
(800) 707-0057
www.nbstsa.org

ARC-STSA
19751 East Main Street, Ste. 339
Parker, CO 80138
(303) 694-9262
www.arcstsa.org

Western Iowa Tech Community College Surgical Technology Program's Mission Statement

We educate our learners in the field of surgical technology to strengthen our communities by playing an active role in enhancing surgical care under the direction of the surgeon.

The surgical technology program incorporates the mission statement of WITCC, which is:

“We elevate our diverse learners and strengthen our communities through inclusive and innovative education.”

Surgical Technology Program Goals

The Surgical Technology Program goal is to prepare entry-level Surgical Technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> • Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> • Establish rapport with patients/clients and members of the healthcare team • Demonstrate a high level of patience and respect • Respond to a variety of behaviors (anger, fear, hostility) in a calm manner • Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> • Read, understand, write and speak English competently • Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> • Retrieve and document patient information using a variety of methods • Employ communication technologies • to coordinate confidential patient care

Reviewed and Approved April 2018

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> • The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> • Position patients/clients • Reach, manipulate, and operate equipment, instruments and supplies • Electronic documentation/ keyboarding • Lift, carry, push and pull • Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> • Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> • Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> • Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> • Move quickly and/or continuously • Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> • Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence • Work with patients with communicable diseases or conditions

Reviewed and Approved April 2018

Surgical Technology

Admission Requirements

All students must submit the following items for application to the program to be considered:

- A copy of a Final Official High School, GED or HSED transcript with date of graduation. For applicants currently in high school, please present a current high school transcript and then later submit the Final Official High School Transcript with the date of graduation.
- Official college transcripts of previously attended institutions.
- ACT Scores (if completed) listed on HS Transcript or other official documentation.

All students must meet the following criteria for admission/acceptance to the surg tech program:

- Verification of high school, GED, or HSED official transcript

All students must meet one of the following criteria for admission/acceptance into the surg tech program:

CRITERIA 1 FOR ACCEPTANCE

- Submitted documentation of composite ACT score of at least 20.

OR CRITERIA 2 FOR ACCEPTANCE

- Completed an associate's degree or higher from an accredited institution

OR CRITERIA 3 FOR ACCEPTANCE

- Completion of BIO 168 & BIO 173 with a grade of "C" or higher

OR CRITERIA 4 FOR ACCEPTANCE

- Verification of high school official transcript of GPA 2.7 or higher AND
- Completion of (1) year high school Biology or science equivalent with a grade of "C" or higher

Western Iowa Tech Community College
Program of Studies
Surgical Technology
Associates of Applied Science Degree

The Surgical Technology program is designed to prepare students to function as members of the surgical team in Hospitals and clinics with registered nurses and surgeons in the operating room. The graduate is qualified to prepare the surgical environment and function as a team member during the operative procedures. National certification is available to graduates. The surgical technology program is accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP). Job openings are available nationwide for graduates of the surgical technology program. Employment of surgical technologists is projected to grow 12 percent from 2016 to 2026, much faster than the average for all occupations. (Bureau of Labor statistics). Admission to the surgical technology program requires applicants to meet program-specific criteria. For information on application procedures and acceptance, contact the Admissions Office at WITCC. Students must achieve a grade point average of 2.00 (C) or above in all program requirements.

Catalog Number	Course Title	Semester Hours
SDV 108	The College Experience	1
BIO 168	Anatomy and Physiology I	4
SUR 130	Introduction to Surgical Technology	2
SUR 138	Surgical Practice	6
SUR 133	Surgical Asepsis and Instrumentation	3
SUR 111	Surgical Procedures I	3
Semester Total		19
BIO 173	Anatomy and Physiology II	4
SUR 112	Surgical Procedures II	8
SUR 145	Patient Care Concepts	3
SUR 423	Pharmacology for the Surgical Technologist	3
Semester Total		18
BIO 213	Surgical Procedures III	8
BIO 186	Microbiology	4
ENG 105	Composition I	3
Semester Total		15
SUR 214	Surgical Procedures IV	7
SUR 350	Surgical Board Review	1
SUR 535	Surgical Preceptorship	2
PSY 111	Intro to Psychology	3
Semester Total		13
Program Total Credits		64

Course descriptions may be found in the WITCC Catalog.

Program Instructors:

Renee Nemitz, CST, RN, AAS, FAST
 Phone: 712-317-3403
 Room L307
 renee.nemitz@witcc.edu

Jenny Jolin, CST, AAS
 Phone: 712-317-3192
 Room L307
 jenny.jolin@witcc.edu

College Policies

Please refer to the student handbook and the college catalog for information or policies related to:

- Discrimination, Sexual Harassment, Americans With Disabilities Act Compliance
- Sexual and Gender Harassment
- Discrimination
- Discipline
- Disability
- Release of Student Information
- Drug-Free College Community
- Transfer Students
- Financial Aid and Payment Options
- Code of Conduct

The college handbook and the college catalog information may be acquired on-line at witcc.edu and then click on student services; or, a printed copy can be requested or acquired at the main Sioux City Campus Enrollment Services Office.

Student Organizations

Surgical Technology students are encouraged to participate in college-wide organizations and specific program organizations within the Surgical Technology program:

Once admitted to the Surgical Technology program, students will be eligible for student membership into the Association of Surgical Technologists, 6 West Dry Creek Circle, Littleton, CO 80120. Ph: 800-637-7433. (www.ast.org), with membership fees paid for by the College.

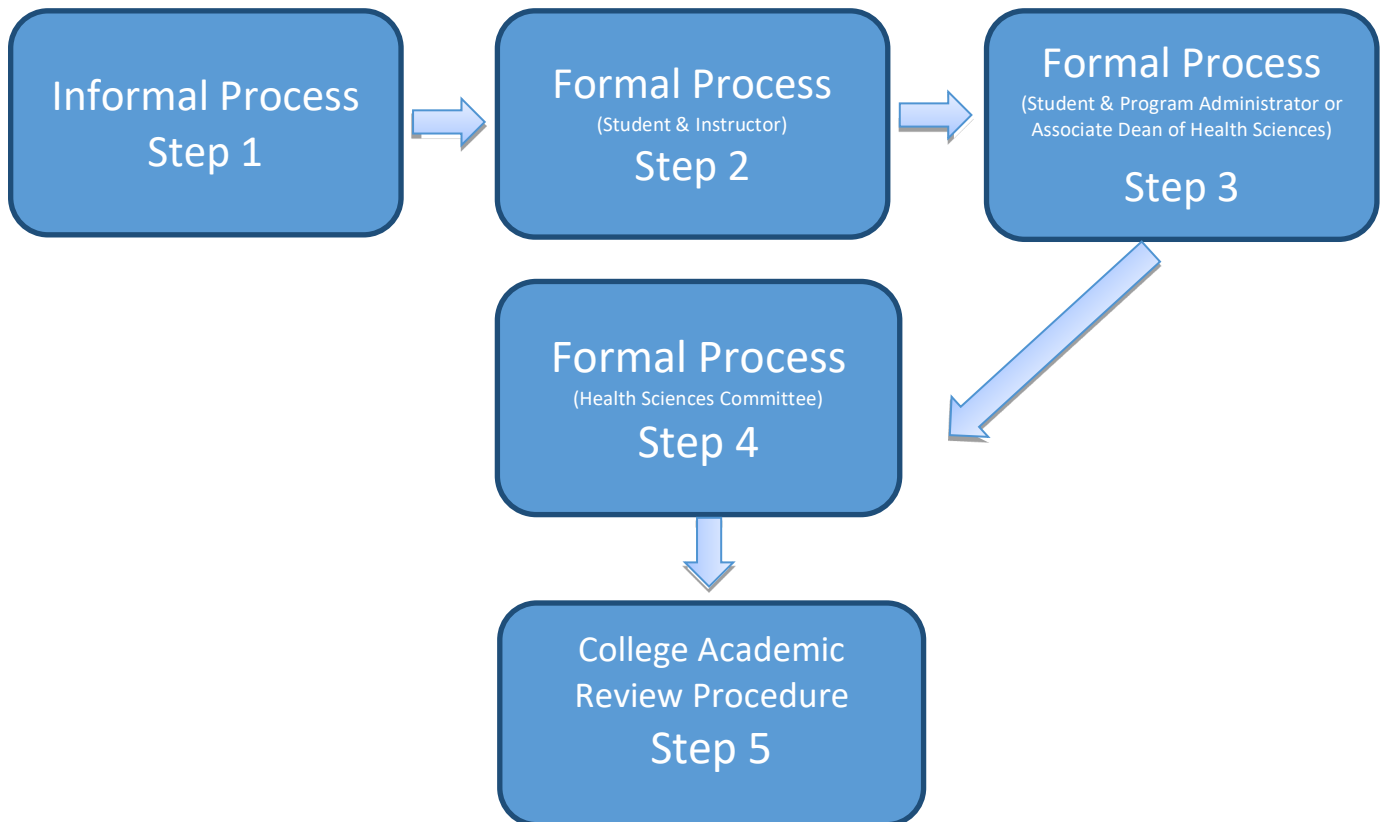
Comet CLASS, formally known as Student Senate, represents Cultivating Leadership, Advocacy, and Student Success. Students may apply to become a Comet CLASS leader or may be nominated by a staff or faculty member. Students selected for Comet CLASS are expected to actively participate in campus meetings and events, maintain good academic standing, and represent numerous programs and student populations.

Injury Policy

A student who incurs an injury during clinical or practicum should report it to the clinical site immediately and then notify their supervising instructor as soon as possible.

***Academic Review Procedure
Program/Course Appeal Process
Health Sciences Programs***

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.



Step 1: Informal Process:

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

Step 2: Formal Process: (Student, Course Instructor)

- Student may initiate a formal appeal process by submitting the “Student Appeal Process Form”-detailing the policy they’re appealing, as well as the reason for their appeal request, to the appropriate instructor.
 - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
 - Schedule meeting with student within five (5) instructional days of receiving written notification.
 - Documentation will be completed on the “Student Conference Form”
 - Instructor will submit completed “Student Appeal Process Form” to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

Step 3: Formal Process: (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
 - The student will submit a “Student Appeal Process Form” detailing the one policy they’re appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
 - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
 - Associate Dean or designated program administrator will review all documentation.
 - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

Step 4: Formal Process: (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
 - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
 - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
 - Committee will convene meeting within five (5) instructional days of request.
 - Committee will review documentation and receive testimony from all parties.
 - Committee will render a decision and/or resolution within five (5) days
 - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure.”

Step 5: Formal Process: (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure.” For procedural steps, refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018
Approved Academic Council 11/24/2015
Revised January 2024

**WESTERN IOWA TECH COMMUNITY COLLEGE
HEALTH SERVICES PROGRAMS
STUDENT – INSTRUCTOR CONFERENCE RECORD**

Student Name _____ **STUDENT ID** _____

Program _____ **Course** _____ **Date** _____

SUMMARY OF CONFERENCE

_____ **Academic (GPA)** _____ **Laboratory** _____ **Clinical** _____ **Personal**

WITCC Instructor Summary of Conference:

Plan of Action and/or Referrals:

Student/WITCC Instructor Plan of Action and/or Referrals:

Student Comments: (Use back of sheet if needed):

Instructor Signature (if necessary) Date

Signature of Student Date

Revised and approved January 2024
Reviewed and approved 2020

**WESTERN IOWA TECH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS
STUDENT APPEAL PROCESS FORM**

Student Name: _____ **Student ID** _____

Program _____ **Course** _____ **Date** _____

Statement of the issue (policy or procedure) must address the following (attach the following):

- State which policy or procedure you are appealing.
- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

Resolution (check one):

- Issue resolved
- Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
- Issue not resolved; student advised to move to next step – Health Science Review Committee.
- Issue not resolved; student advised of the College Academic Review Procedure.

Student Signature _____ **Date** _____
Indicates only that student has prepared the documentation and consulted with the instructor.

***Instructor Signature** _____ **Date** _____

***-Administrator Signature** _____ **Date** _____
Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

Revised January 2024
Adopted 12/10/2018
Approved Academic Council 11/24/2015

Surgical Technology Program – Campus Location

The Sioux City Campus offers the Surgical Technology program each fall semester. On-campus laboratory/clinical simulation facility is located in the Advanced Sciences Building, rooms L230, L228, and L229. Clinical sites include Mercy Medical Center, UnityPoint Health-St. Luke's, Pierce St. Same Day Surgery and Dunes Surgical Hospital.

Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

Renee Nemitz, Surgical Technology Instructor, will be your advisor throughout the program.

Role of Student in Advising

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisor for efficiency in scheduling. Faculty are available to meet new students taking either support courses or surg tech courses prior to registering.

Faculty are available at the Sioux City Campus for advising and program inquiries in Room #L307, Advanced Sciences Building, Main Campus, Sioux City, Iowa. Contact the WITCC Admissions Office at 712-274-6403 to schedule an appointment.

Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the college.

The student is ultimately responsible to meet **all** requirements for graduation.

Academic Process

To ensure Clinical competency, Surgical Procedures (SUR 111), Introduction to Surgical Technology (SUR 130), Surgical Asepsis and Instrumentation (SUR 133), Surgical Practice (SUR 138), Surgical Procedures II (SUR 112), Patient Care Concepts (SUR 423), Surgical Procedures III (SUR 213), Surgical Procedures IV (SUR 214), Surgical Preceptorship (SUR 535) **Must** be completed within three academic years.

Eligibility for Board Certification

The WITCC Surgical Technology program is CAAHEP accredited. Graduates from the program are eligible to obtain certification from the National Board of Surgical Technologist and Surgical Assistants (NBST SA).

Program Board Results

100% of the WITCC Surgical Technology Program graduates who attempted the National certification Exam in 2025 achieved the status of Certified Surgical Technologist(CST).

For more information or application, contact:

NBSTSA
3 West Dry Creek Circle
Littleton, CO 80120
(800) 707-0057
www.nbsta.org

CAAHEP
9355 113th St. N. #7709
Seminole, FL 33775
(727) 210-2350
www.CAAHEP.org

Requirements for Surgical Technology Clinical Courses:

1. CPR Certification – American Heart Association BLS Health Care Provider Course
2. Child Abuse – Mandatory Reporter Training
3. Adult Abuse – Mandatory Reporter Training
4. Health Evaluations
5. Criminal and Abuse Background Checks
6. Flu Vaccination

Photocopies of all clinical requirements must be uploaded to the online health compliance tracker prior to the start of clinical. (Students are responsible for obtaining their own photocopies.) If these requirements are not completed, students **cannot** be allowed to participate in the clinical rotation. Students must keep the original copy of their documents.

Cardiopulmonary Resuscitation

You are required to have a current CPR card and must have completed the American Heart Association BLS Health Care Provider course. This course is specifically for health professionals. If you now hold a card and it is due to expire halfway through the year, you should renew it early so that your card is current during the total clinical phase of the surgical technology course. For information on CPR courses offered at WITCC, contact 319-254-6772.

Criminal Background - General Information

Pre-Clinical

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See the program handbook for additional information. After the background check has been run and approved, the student must self-report all potential violations of misconduct, abuse, or any pending charges. Failure to self-disclose may result in being removed from the program.

Post-Graduation Exams

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams.

Employment in Health Care Professions

Employers have varied hiring policies based on their review of an applicant's criminal background history. Graduates/students need to be aware that:

- * Clearance for clinical while a student
- * Graduation from the program
- * Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Accepted Fall 2015
Revised January 2024

Child and Dependent Adult Abuse — Mandatory Reporter Training

All health personnel are mandatory reporters of child and dependent adult abuse. You must complete the Iowa Department of Human Services (DHS) mandatory reporting training courses. You can access the two-hour child abuse and the two-hour dependent adult abuse courses on the DHS website free of charge using the link below.

<https://dhs.iowa.gov/child-welfare/mandatoryreporter>

Criminal and Abuse Background Checks

When a student starts the program, the College will initiate the background check process and the student must be cleared by the internal state agencies prior to clinical experience.

Grading (All Campuses)

All students accepted into the Surgical Technology program may **re-enroll only once** in the Surgical Technology program. Failure to comply will result in program dismissal. Surgical Technology courses included are:

SUR 111	Surgical Procedures I
SUR 112	Surgical Procedures II
SUR 130	Introduction to Surgical Technology
SUR 138	Surgical Practice
SUR 133	Surgical Asepsis and Instrumentation
SUR 145	Patient Care Concepts
SUR 213	Surgical Procedures III
SUR 214	Surgical Procedures IV
SUR 350	Surgical Board Review
SUR 423	Pharmacology for the Surgical Technologist
SUR 535	Surgical Preceptorship

Graduation

The Surgical Technology program at WITCC can impose requirements for program acceptance, grading, promotion, and graduation that may be higher than College policies.

The requirements for graduation from the Surgical Technology program supersede the College requirements. Students enrolled in the Surgical Technology program **must** achieve a final grade of “C” or better in all program requirements to be eligible for graduation.



**I have read and understand the grading and graduation policies
of the Surgical Technology Program.**

Please print:

Name: _____

Address: _____

Phone #: _____

Signature

Date

This form will be filled out and submitted the first day of class to your Surgical Technology instructor.

Western Iowa Tech Community College Surgical Technology Program's Clinical/Work Policy

Clinical experience is a part of the student's educational program.

Students may not be paid for their required clinical experience hours that are part of their program. Should a student be working for the same facility, they may only be paid for hours that are not part of their clinical experience.

Clinicals are designed to teach the student how to transition into the role as a Surgical Technologist in the surgical environment. Your participation in the O.R. will progress from observation to working independently as a Surgical Technologist. The clinical instructor will supervise you in the O.R. You will be assigned a preceptor for every surgical case you are assigned. You will be under direct supervision at all times. You are not a substitute for regular staff. If you are employed by any of Western Iowa Tech Community College's clinical affiliation sites:

- You will clearly define clinical hours and work hours. These hours should not overlap.
- Your work hours do not fulfill your clinical hours.
- You will not be paid for hours that you are in the O.R. in the student role.

I have read and understand the WITCC Surgical Technology Programs Clinical/Work Policy and agree to abide by the policy as written above.

Student's Signature: _____

Date: _____

Laboratory and Clinical Dress Code

1. Program Uniform: (Must be kept clean)

<i>Scrubs:</i>	Forest green (shirt and pants)
<i>Lab Coat:</i>	Optional but must be entirely white, not below the knee
<i>Shoes:</i>	Must be entirely white, clean, and only worn for Surgical Technology duties.
<i>WITCC Name Badge:</i>	Will be provided by the institution. (If lost, the student will be charged a fee for replacement.)
<i>Hair:</i>	Must be clean, off the collar, pulled back and secured. Only natural hair color will be allowed (i.e., no pink, green, orange, purple, etc.). No ornamental hair accessories are allowed. If barrettes, combs, or ponytail holders are needed, they should be white or the same color as the hair. Beards, mustaches, and sideburns must be clean, well-manicured, and closely trimmed to the face.
<i>Cosmetics:</i>	Fingernails must be clean, short, and neatly filed. No nail polish or acrylic nails are allowed. Makeup should be applied in moderation. No perfume, cologne, or aftershave is permitted.
<i>Jewelry:</i>	No jewelry of any kind is permitted in clinical or laboratory.
<i>Hygiene:</i>	Any offensive body odor and/or bad breath will be dealt with on an individual basis by the instructor. Chewing gum, eating, and the use of tobacco are not acceptable in the clinical or laboratory area.
<i>Laboratory Activities:</i>	begin the first week of classes and the student will be required to comply with the program dress code.

Uniform Purchase

Uniforms for Western Iowa Tech Community College's Surgical Technology program are available at the WITCC Bookstore. Students should order uniforms ahead of time and are to be sized at the Bookstore.

WITCC Clinical Health Evaluation



Student Complete:

Name: _____
Last Name (Please Print) First Name Middle Initial

Student ID: _____ Date of Birth: _____

E-mail: _____ Program of Study: _____

Student Signature: _____ Date: _____

Health Care Provider Complete the Following:

Immunizations: Electronic Proof of Student's Vaccination Record is Required, or Equivalent Titres.

*Titre results must prove immunity and include numerical value – not just “positive, negative, or immune”.

- **MMR** – Completed series (2 vaccinations) or titre
- **Tdap** – Vaccination within the last 10 years
- **Varicella** – Completed series (2 vaccinations) or titre
- **Hep B** – Completed series (3 vaccinations), titre, or signed Declination to Accept form
- **Influenza** – Seasonal vaccination due October thru April annually
- **Tuberculosis** – Completed initial 2 Step Skin Test, QuantiFERON, or for past positive test – documentation of a Chest X-Ray or treatment received is required.

#1 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: _____ Signature: _____

Read date/time: _____ PPD result (state reaction in mm): _____ Professional Signature: _____

#2 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: _____ Signature: _____

Read date/time: _____ PPD result (state reaction in mm): _____ Professional Signature: _____

OR Proof of a negative QuantiFERON test **OR** Chest X-ray (Provide these documents separately)

Core Performance Standards:

Please refer to the attached **Iowa Core Performance Standards for Health Career Programs** and indicate if the above named student may have difficulty meeting any of the standards outlined.

At this time, this individual is capable of meeting the performance standards:

_____ Agree

_____ Disagree. The following limitations are present: _____

_____ Additional evaluation suggested: _____

Questions:

1 - **Have recommendations for limited physical activity been made?** Yes No

If “Yes”, for how long and why? _____

2 - **Do you recommend this individual for full participation in clinical?** Yes No

If “No,” please comment: _____

3 - **Date of Last Physical Exam:** _____ (current upon program entry or as needed by program)
mm/dd/yyyy

Health Care Provider Name (please print): _____

Health Care Provider Signature (MD, DO, ARNP, PA): _____ Date: _____

Address: _____ 23 Phone #: _____

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> • Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> • Establish rapport with patients/clients and members of the healthcare team • Demonstrate a high level of patience and respect • Respond to a variety of behaviors (anger, fear, hostility) in a calm manner • Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> • Read, understand, write and speak English competently • Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> • Retrieve and document patient information using a variety of methods • Employ communication technologies to coordinate confidential patient care
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> • The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> • Position patients/clients • Reach, manipulate, and operate equipment, instruments and supplies • Electronic documentation/keyboarding • Lift, carry, push and pull • Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> • Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> • Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> • Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> • Move quickly and/or continuously • Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> • Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence • Work with patients with communicable diseases or conditions

Reviewed and Approved April 2018

WITCC Clinical Health Evaluation Information

Student completes all personal information and signs on the top of the WITCC Clinical Health Evaluation.

Healthcare provider completes the portion under “*Health Care Provider Completes The Following:*” This part of the WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician’s assistant - ***No other forms will be accepted.***

Measles/Mumps/Rubella (MMR) – You will need to provide one of the following:

- two vaccination dates
- positive titre for measles, positive titre for mumps and a positive titre for rubella

Tetanus/Diphtheria/Pertussis (Tdap) – A Tdap is current for 10 years.

Varicella (Chickenpox) – You will need to provide one of the following:

- two vaccination dates
- positive titre

Hepatitis B (Hep B) – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form, which will be approved or declined by affiliate

Influenza (Flu):

- Required to be uploaded during flu season, October through April (optional for Dental Assisting students)

Tuberculosis - All students must complete baseline TB screening upon entrance to program, prior to the start of clinical.

- **Baseline TB Screening consists of:** Testing using the two-step TB Skin Test (TST) or single IGRA (QuantiFERON or T-Spot test) blood test. *Note: the blood test is required if you may have received BCG (Bacillus Calmette-Guérin) vaccine in the past.*
 - If the first TST is negative, the second is recommended at least one week after the first was read, but cannot exceed 12 months following the first test being read. *Note: Step 1 and Step 2 must both be completed prior to the start of clinical.*
 - For a NEW positive, medical evaluation with a healthcare provider is required. For history of a positive TB test: chest X-Ray dated after the positive test, and proof of treatment (if applicable) should be provided.
- A TB Symptom Eval is **required of all students** annually. This includes students with negative baseline TB screening, as well as those with history of positive test.
- Failure to adhere to TB requirements would prevent you from attending clinical/preceptor, therefore inability to complete program.

*Note: COVID vaccination is not required. However, vaccination status information could be requested by program coordinator for specific clinical sites.

Students: Please upload completed health forms to the electronic health tracking compliance system.

Fall 2025

Information About Hepatitis B Vaccine

NOTE: This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1) _____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2) _____	_____	_____	_____
_____ Date Signed	(3) _____	_____	_____	_____

UPLOAD TO THE ELECTRONIC HEALTH TRACKING COMPLIANCE SYSTEM

Information About Hepatitis B Vaccine

NOTE: This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

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You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and **I do not** wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

Signature of Person Declining Vaccine

Date Signed

UPLOAD TO THE ELECTRONIC HEALTH TRACKING COMPLIANCE SYSTEM

Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience. Additional expenses will be the student's responsibility.

Students may be required to provide the following information to external affiliated agencies:

- Clinical Health Evaluation & Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.
- HIPAA and Bloodborne Pathogen (OSHA) trainings completed through Vector

The **student should maintain copies** of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*

Upload documents to health compliance tracker.

Revised December 2025

NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: _____ Student ID: _____

Student's Name

Program

Date

Revised December 2025

Confidentiality Agreement

Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- 1) client's name and other identifying information
- 2) client's diagnosis
- 3) type of care being provided
- 4) reason for seeking health care services, treatment, and response to treatment
- 5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Student ID: _____

Print name: _____

Student Signature: _____

Date: _____

Reviewed 2/2022

Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not “follow” or become a patient’s “friend” on a social media platform.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions, up to and including student removal, will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: _____

Print name: _____

Signature: _____

Date: _____

Reviewed 2/2022

Signature Sheet of Understanding

I have reviewed and understand the Surgical Technology Program Admission Information Booklet and agree to abide by these policies.

I have also reviewed and understand the WITCC Student Handbook and agree to abide by these policies.

Print name: _____

Signature: _____

Student ID: _____

Date: _____