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The Palmetto Scrubber

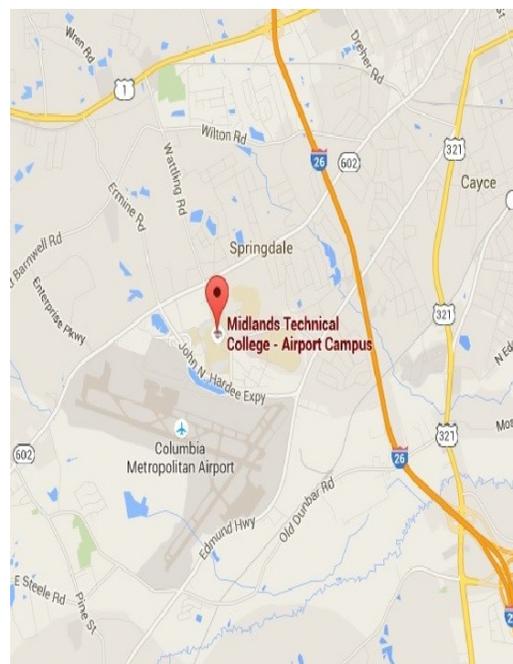
FALL 2015

“Uterus to Urethra: Babies to Bladders”

2015 Fall Workshop and Annual Business Meeting

Mark your calendars everyone! The Fall Workshop and Annual Business Meeting will be September 19, 2015 in Columbia, SC! We will meet at Midlands Technical College -Airport Campus, 1260 Lexington Drive, West Columbia, SC 29170. This workshop will focus on Gynecology and Urology, but we also have a featured guest speaker that we hope everyone will greatly enjoy! Online registration opened August 1, 2015 and there is a registration form in the back of the newsletter that can be mailed to PO Box 1925 Lexington, SC 29071. As always, if you would like to register the day of the workshop, you are more than welcome! We have some new additions to this workshop including a photo booth so you can take home a memory of the event, SCSA will have a store with some great Surgical Tech gear, and the students will have tables for their fundraisers as well! For

lunch this year, we're bringing the grill and having a cook-out! We're looking forward to seeing everyone, and if you have any questions, please feel free to contact us! See you in September in Columbia! (6 CEs pending)



President's View

Fellow Members,

"50 Strong", was the theme of this year's AST National Conference. As I sat and observed the events of the meeting, it occurred to me that South Carolina is a large part of that "50 Strong". Everywhere you look in the AST archives, South Carolina has been at the forefront of the events. In Legislation, the AST National Board, among the FAST members, there are very few components of AST that South Carolina is not or has not been involved.

During the election process this year, there were three candidates from South Carolina. Three, can you imagine that?! Two of the three were elected to seats on the Board. Congratulations to Sandra Farley, CST from York, SC and Kathy Patnaude, CST from Columbia, SC. You guys make us so proud.

At the presentation of the FAST award, again South Carolina was represented by two members receiving their FAST designation: JoLane Collins, CST from Beaufort, SC and Kathy Patnaude, CST from Columbia, SC. Congratulations to both of you, you are each very deserving.

The list goes on and on. Observing and being a part of this Assembly and all of its accomplishments makes me very proud to be from South Carolina. We are strong, each of us as individuals prove our strength day in and day out as we competently care for our patients. We collectively prove our strength every time we are brought together as a group not only at the state level, but also at the national level. We are "SC Strong"!

As our annual business meeting approaches, we are each contemplating our place in the group. Each of us has a special talent, it may be very obvious to all around you, or it may be something you keep hidden. Are you a leader, or maybe someone who prefers to work behind the scenes? We will be holding elections at this meeting and it is time for each of us to reach inside and put that talent to use for the benefit of our Assembly and our profession. If not running for an office, volunteer for a special committee if there is something you would like to see at a meeting and you know how to get it done.

I love and respect each and every one of you for the job that you do and the care and compassion you have for your patients and each other. I look forward to seeing everyone in September at the Fall meeting. We are going to have a blast!

Respectfully,

Neva B. Lawson, CST, RN, FAST

Clinical Coordinator

Ortho/Neurosurgery

Carolinas Hospital Systems

SCSA President

Our Featured Speaker,

Darlene Templeton



Darlene Templeton has the experience, the wisdom and the natural ability to empower businesses and professionals to achieve their greatest potential! She is the CEO and founder of Templeton & Associates, an executive coach, professional speaker, trainer and author. She brings her 36 years of experience at IBM, to her work and provides a level of mastery that is unparalleled. Darlene specializes in leadership and transformation for professionals, specifically for those who want to make a greater impact personally and professionally. Her proven success with businesses gives executives and professionals the tools to effectively navigate through dynamic transformations and challenges, increasing employee engagement while enhancing their performance, leadership skills and ability to achieve extraordinary results.

For over 30 years she managed local and global cross-functional teams in multiple areas of IBM. During her career she has been in charge of projects ranging from \$100K to over \$350M. She has a background in consulting, operations, sales management, organizational change, human resources, international sales & marketing, strategy & behavior change, business transformation leadership, worldwide project management, business partner management and middle/executive management. She was known as the “fixer”, the person who could provide solution-based strategies to unsolvable issues both inside the company, across industries, and with her clients.

Darlene is also a sought after speaker and trainer with a special talent for easily connecting with audiences and workshop participants, creating immediate feelings of trust and integrity. Gifted with humor and a natural-born storyteller, her presentation style is exceptionally enthusiastic, energizing and fun! She has been called the “high octane” energy source in the room, and is entertaining, motivational and inspirational. Customizing each and every program for her audience she leaves her clients and participants empowered with the tips, tools and strategies for leadership, personal and professional excellence, and unparalleled success.

Darlene is the Managing Director of The Austin Leading Ladies Gr8 Women Leaders Program. The program is a six-month leadership development and coaching program designed for professional women who are committed to leadership growth and goal achievement. This elite group of like-minded women gathers monthly for a facilitated, interactive workshop that focuses on leadership development, learning, and accountability.

Darlene is a published author, a Certified Professional Coactive Coach (CPCC) through Coaches Training Institute, (CTI), completed the one year Leadership Program at CTI, is on the Faculty of Organizational Coaching at CTI, Certified through International Coaching Federation (ICF), and is Certified Master Dream Coach through Dream University.

Darlene is very active in the community and is on the advisory board of Texas Women in Business (TWIB) and implemented the Coaching, Mentoring and Resources programs for the organization. She is the Mentoring Chairman for the Austin Human Resources Managers Association (AHRMA). Darlene is also very active with Dress for Success and other charities in the area.

Shared by Darlene Templeton, Templeton and Associates
Corporate Biography with picture
May 19, 2015

CONGRATULATIONS!

We would like to say congratulations to Mrs. JoLane Collins, MEd, CST, FAST who was a recipient of the 2015 Association of Surgical Technology Fellowship Award. JoLane is the Program Director of Surgical Technology of Technical College of the Lowcountry in Beaufort, SC.

We would like to say congratulations to Mrs. Sandra Farley, CST, CRCST, AOT for being elected to the National Board of Directors for a one year term. Sandra is the Program Director of the Surgical Technology program at York Technical College, in Rock Hill, SC.

We would like to say congratulations to our 2014 Certified Surgical Technologist of the Year winner, Ms. Kathy Patnaude, CST, BS, FAST. Kathy was also a recipient of the 2015 Association of Surgical Technology Fellowship Award, and was elected to the National Board of Directors for a one year term. Kathy is the Program Director of Surgical Technology at Midlands Technical College in Columbia, SC and scrubs at Palmetto Health Richland.

What can be found on the SCSA Website?

- AST CE and Recertification Brochure (what counts towards recertification, "Assembly News," "Archives")
- Minutes from previous Business meetings ("Assembly News," "Archives")
- Current Bylaws, ("Assembly News," "Archives")
- New policies and changes to Bylaws
- Bylaws Upcoming workshop information and online registration when it opens, typically the first day of the month before the workshop
- Contact information for all Board of Director members ("About Us," "Board of Directors")
- Student page, currently under construction
- Foundation Scholarship information
- State Member statistics
- Previous Financial Reports, ("Meetings & Events", "Financials")
- Photo Gallery from previous events
- Online Store
- "Contact Us" with email addresses for SCSA Treasurer and Secretary

CONGRATULATIONS!

We would like to say congratulations to Virginia College-Columbia Campus for winning first place in the National AST Student Assembly t-shirt contest and Horry Georgetown coming in as first runners up!



Horry Georgetown, Surgical Technology Class of 2015

“Standing Strong” Submitted by: Stacey Hook, CST

Last September at the SCSA Fall workshop, I was honored and privileged to have been voted to be a South Carolina Delegate for the 2015 AST National Conference in San Antonio, Texas. I have always wanted to go to an AST National Conference. I looked forward to the experience for eight long months.

Wow, is all I can say about opening ceremony. The theme this year

was “Standing Strong” which was very appropriate because we now have 50 State Assembly’s. This is such huge step for our profession and to have been able to witness this moment in history was extremely exciting. The excitement and passion for our profession in that room was inspiring.

Always knew that South Carolina was a strong state in the AST arena. South Carolina was one of the first states to have certification

become a law. Being a delegate I quickly realized how very important my job was to represent our great state of South Carolina and talk with the candidates running for office.

Going to my first AST National Conference was great but going as a delegate was a great honor. Thank you SCSA and members for giving me the opportunity to see the passion for our profession at a National level. My experience was priceless.

San Antonio from Another Perspective Submitted By: Jen Crane, SST

Going into Nationals, I had no idea what to expect. All I knew was what my instructors told our class; everyone should experience Nationals once, and that it would be great exposure to attend as a student. I thought that we would be sitting in sessions and meetings most of the time; however, after arriving I soon found that was anything but the case.

Thursday started off with the opening ceremony where I learned a little more about AST and what went on behind the scenes. That night was the opening party. I learned quickly that this profession was anything but boring. Everyone I met and talked to was very open and welcoming.

Friday was full of student sessions and I was on my own because I was the only student in the group that had come. I was skeptical and a little nervous going into the session because I didn’t know anyone. A couple of girls

from Pensacola, FL sat down next to me and introduced me to some other people from their class. We were able to sit in on the business meeting while the candidates were delivering their speeches. I thought that was interesting to hear all perspectives and opinions about AST. After that we had the student forum was very informative. They had some great speakers who were very knowledgeable in the topics they were speaking on. I found the topic of “Wellness and Fitness for the CST” the most interesting and informative since it was something I was dealing with during clinical. I also enjoyed the exam Q&A session of the forum.

Saturday morning we attended the AST voting session and the business meeting. That day was full of site seeing and checking out downtown San Antonio. I had never been to

Texas, so it was nice to get out and explore. We checked out the Alamo, some of the shops downtown, and explored some more of the River Walk. That night was the closing party. Sadly, we had to leave the next day and head back to Florence, SC. I made some incredible memories and friends while there. National’s was an amazing experience and I would definitely attend again.



CALLING ALL CANDIDATES!

The following offices are up for election at the Fall Business Meeting:

- President
- Vice President
- Treasurer
- Board of Directors, 2 Positions
- 5 Delegates for 2016 AST National Conference

Any person wishing to run for these positions must meet the following guidelines:

- Be a member of AST for at least one full year prior to nomination
- Be a current CST

- Have a current CV and Consent to Serve on file with the Credentials Committee prior to the beginning of nominations
- CV and Consent to Serve forms can be found on SCSA and ST websites

Nadine Connelly, CST



My name is Nadine Connelly and I wish to be your next Vice President. I've had the privilege to serve you these past two years as a Board of Director. I'd like to take a moment to tell you a little bit about myself.

I began my journey in 1994 when I enlisted in the United States Navy as a Hospital Corpsman. I knew the O.R. was where I wanted to be and thanks to the educational opportunities provided by the Navy I was able to get to where I am today. After I left active duty I worked as a travel ST for 7 years until I settled down to start my family. I also, after many years as a Surgical Technologist, decided it was time to become certified. I'm so glad I did! Certification has not only helped me professionally but personally. It brought me to my first state workshop where I meet some amazing people. I began looking forward to the next workshop. Soon I wanted to do more than attend. I wanted to be a part of the leadership that does so much for our State Assembly. In short I found a new passion for my profession.

The past two years as a Board of Director have been a privilege as well as an education. I've worked hard to serve each and every one of you. You placed your faith and trust in me by electing me to my current position. I take that seriously and have strived to make you proud of your decision to elect me. I've listened to you and taken your suggestions and ideas to the table. My commitment to you and this State Assembly has been and shall remain unwavering. I can promise that if elected I will continue to work with the same enthusiasm and dedication I have these past two years.

Thank you for your time and consideration,

Nadine Connelly, CST

K. “Shawn” Di Maggio, CST



K. “Shawn” Di Maggio, CST

To my fellow members, I would like to thank you for allowing me to represent you the last two years; and what an amazing time it has been! Since taking office, I have helped the Assembly go digital including the digitalization of all documentation, online registration, and online payments.

Since becoming a member of AST in 2009, I have watched both AST and SCSA grow and push forward. I want to help continue the fantastic motion we and would ask for your support in the up-coming election in September.

Thank you for the opportunity you have given me and your consideration,

K. “Shawn” Di Maggio, CST

ELECTION STATEMENTS

My name is Katrina Williams and I am a CST/CSFA. I have been certified for 10 years as a Surgical Technologist and 5 years as a Surgical Assistant. My experience in the field, includes that of preceptor for students, new hires, and Medical students, a Surgical assistant, and as a Educator. I have maintained active membership with SCSA and for the past year, I have served faithfully in the capacity as a Board of Director.

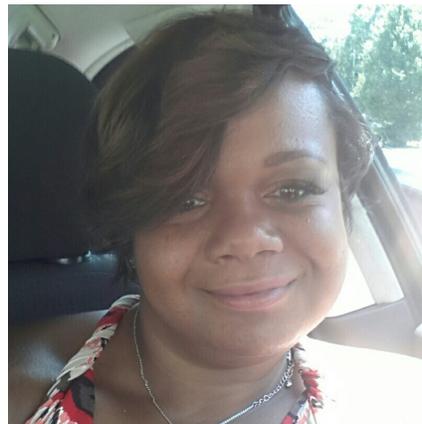
My vision for our state assembly is simple: to continue to travel the road less traveled...How?

To increase and grow our ACTIVE membership base across the state, secondly, to provide top quality educational opportunities to all CST and CSFA'S and thirdly, to educate our membership to the realities of the processes involved in future Legislative efforts and the time line required by such efforts.

I would like to continue the work of AST and SCSA by running for the position of BOD. My recent experiences and work history has prepared me for the duties and responsibilities of this position, and I would appreciate your support in this decision.

Thank you for your consideration,

Katrina Williams, CST, CSFA



Surgical Specialty Spotlight: Preceptors

Everyone can remember their first day in the OR, it was both an exciting and terrifying time. Luckily, we are fortunate to have great preceptors to help guide and teach our up and coming Surgical Technologists. All over the state we have great practitioners that willingly take

students under their wings and help them refine their skills. Precepting requires a creative, caring attitude, patience, and of course passion. We would like to take a moment to recognize and thank all the preceptors across the state for their continued dedication to education and our profession.

Without the continued commitment of our preceptors, we could not provide the quality care for which we can all strive.

How You Can Contribute to SCSA

Are you interested in presenting a topic at a workshop, but maybe not comfortable with the idea of speaking in front of the Assembly? Members have asked multiple times to have a workshop presented by Surgical Technologists because we are knowledgeable in our field, we understand our cases, and we are able to present them in a manner that is effective for our fellow techs. There are times however, where people may not be comfortable speaking in front of large groups of people. Kathy Patnaude from Midlands

Technical College has offered to assist anyone who may be interested in presenting to the Assembly.

We are always looking for ways to branch out and involve our membership and to make our workshops more interactive. If you feel that you have an idea that could help to improve our workshops, we are open to ideas and constructive opinions. We read your survey responses and take your thoughts into consideration.

If you are interested in presenting, please contact us via our website and we will be more than happy to reach out to you and will be happy for your involvement. We value your membership and take pride in our members. We would love to have our members who would like to present make themselves known to us so that we can actively make them part of our planning process!

Thank you!



SCSA delegates and Board members at Nationals



Newly elected National Board members Sandra Farley and Kathy Patnaude



JoLane Collins and Kathy Patnaude accepting their FAST award

SCSA Board members cite seeing in San Antonio and spending some quality time together!



2015 Hospital National Patient Safety Goals

Every year, The Joint Commission determines a primary focus of concerns in facilities nationwide along with possible ways to resolve these concerns. As the patients' advocate, Surgical Technologists should be up to date on current National Patient Safety Goals and the initiatives their facility has chosen as routes to achieve such quality improvements.

- **Identify patients correctly**

- * Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- * Make sure that the correct patient gets the correct blood when they get a blood transfusion.

- **Improve staff communication**

- * Get important test results to the right staff person on time.

- **Use medicines safely**

- * Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- * Take extra care with patients who take medicines to thin their blood.
- * Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

- **Use alarms safely**

- * Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

- **Prevent infection**

- * Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- * Use proven guidelines to prevent infections that are difficult to treat.

- * Use proven guidelines to prevent infection of the blood from central lines.
 - * Use proven guidelines to prevent infection after surgery.
 - * Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.
-
- **Identify patient safety risks**
 - * Find out which patients are most likely to try to commit suicide.
 - **Prevent mistakes in surgery**
 - * Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
 - * Mark the correct place on the patient's body where the surgery is to be done.
 - * Pause before the surgery to make sure that a mistake is not being made.

References

The Joint Commission .(2015.) 2015 Patient Safety Goal Initiative. Retrieved July 12, 2015 from http://www.jointcommission.org/assets/1/6/2015_HAP_NPSG_ER.pdf

Malignant Hyperthermia and the Operating Room

Contributed by: Elizabeth McWilliams, CST, AOT

Given the advancements in the medical field, it is hard to grasp the concept of a patient dying on the table in the midst of a simple procedure. Malignant Hyperthermia is a genetic disorder that can result in severe consequences for patients who may unknowingly carry a defected gene. While not everyone who has a defected gene linked to Malignant Hyperthermia will suffer a crisis, it is important to know the factors that contribute to its onset, how to combat a crisis if you are ever faced with one in the operating room, and what supplies should be readily available at all times so the operating room team is always prepared.

Malignant Hyperthermia is a chemical response activated by the combination of general anesthesia and succinylcholine, a paralytic, inside the muscle walls of affected patients. Anesthetic agents such as sevoflurane, desflurane, isoflurane, and halothane have also been known to trigger an occurrence. Malignant Hyperthermia is indicated by an uncontrolled increase in the metabolism of skeletal muscle. There are warning signs that a Malignant Hyperthermia crisis is on the rise, and while many think to look for an elevation in temperature, the first sign and symptom is an increase in end-tidal carbon dioxide. Other early warning signs include increased heart rate, increased oxygen utilization, profuse sweating, and masseter muscle rigidity called trismus. Due to the fact the trismus can occur in pediatric patients, all other signs and symptoms should be taken into consideration. As the situation advances, further complications include unstable blood pressure, cyanosis, skin flaking, and radical increase in body temperature. The patient's temperature could elevate above 37.8 degrees Celsius, (approximately 100.04 degrees Fahrenheit.) This escalation in patient's body temperature could be as much as one to two degrees Celsius every five minutes, (one degree Celsius equaling approximately 33.8 degrees Fahrenheit.) The surgical team may also notice the patient's blood is dark due to central venous saturation. More serious complications include cardiac arrest, brain damage, internal bleeding, or failure of other organ systems. If the signs and symptoms are unnoticed and therefore left untreated, the patient's mortality rate is on average eighty percent.

The understanding and education of Malignant Hyperthermia has greatly improved putting carriers at an advantage. There are in the upwards of eighty genetic defects associated with Malignant Hyperthermia. The cause of this defect is a genetic mutation that produces abnormal proteins in the muscle cells of the patient's body. Children of patients with a defective gene have a fifty percent chance of inheriting a defective gene. Patients who suffer from Malignant Hyperthermia episodes have been found to have a defective calcium channel on the sarcoplasmic reticulum of skeletal muscle cells. There are several musculoskeletal diseases that are associated with Malignant Hyperthermia instances including but not limited to myotonia, osteogenesis imperfecta, King-Denborough syndrome, and Duchenne's muscular dystrophy. Surgical operations with an associated risk include orthopedics, cleft palate repair, tonsillectomy, adenoidectomy, ptosis repair, and correction of strabismus. In order to confirm a patient is a defective gene carrier, a muscle biopsy test must be done. Once the muscle biopsy is done, the caffeine-halothane contracture test is run to determine the patient's sensitivity.

Studies have shown that approximately one in 100,000 surgeries in adults and approximately 30,000 in pediatrics have resulted in Malignant Hyperthermia complications. In the United States, concentrated areas of these occurrences are Wisconsin, Nebraska, West Virginia, and Michigan; however, the instances vary depending on the clustering of families with a genetic defect in any prone geographic area. Relatively one in 2,000 patients will have a genetic defect that makes them prone to a Malignant Hyperthermia crisis.

In order to prevent a life-threatening occurrence, staff must stay vigilant at all times. Anesthesia care providers must be mindful of their patient's vital signs, carbon dioxide levels, and the patient's medical history. It is important for the surgical staff to look for details like muscle rigidity or the patient sweating copiously. If a Malignant Hyperthermia crisis were to happen during a case, anesthesia would instantly discontinue the use of anesthetic agents that caused the MH event, give the patient 100% oxygen, and give a dose of dantrolene at 2.5 mg/kg, up to 10 mg/kg. This same dosage of dantrolene should be given every five minutes until the patient's symptoms have ceased. In the case of a patient weighing between 100-110 kg, anywhere

from 8-10 mg/kg could possibly be needed. It is also imperative to cool the patient down as quickly as possible by any means necessary until the patient's temperature has decreased below 38.5 degrees Celsius, (approximately 101.3 degrees Fahrenheit.) Bathing the stomach and rectum with cold fluids is an expeditious way to decrease the patient's temperature; however, cooling should be discontinued when the patient's core temperature reaches 38 degrees Celsius, (approximately 100.4 degrees Fahrenheit,) to prevent hypothermia. Ice packs can be placed around the patient's groin, axillae, sides of the neck, wrists, and feet. Additional anesthetic measures might need to be taken for complications such as hyperkalemia, acidosis, and cardiac arrhythmia. In the past, further steps included changing the ventilator tubing as well as the soda lime canister, and while some anesthesia providers still follow this procedure, research has shown it is not necessary to change the circuit and machine since oxygen delivery quickly clears the machine of anesthetic gases.

There should be a fully stocked Malignant Hyperthermia Cart close to the operating room and readily available in case of an emergency. The standard of the contents of this cart should include thirty-six 20 mg vials of Dantrolene, thirty-six 100 mL vials of sterile water, five 50 mL vials of sodium bicarbonate 8.4%, ten 50 mL vials of 20% Mannitol, four 2 mL pre-filled syringes of furosemide, one 100 U vial of insulin, two 50 mL vials of 50% dextrose in water, two 10 mL vials of calcium chloride, three 1000 U vials of heparin, three pre-loaded syringes: Lidocaine 2% for injection, 100 mg/5 mL, or 100 mg/10 mL. More necessary supplies for the MH cart include charcoal filters, refrigerated saline solution, syringes, intravenous catheters of various sizes, NG tubes appropriate to the patient's size, and two Toomey syringes. When faced with an MH crisis, moments count and supplies should never be shared.

Even though the statistics show that Malignant Hyperthermia is a rare event, it is important that operating room staff be knowledgeable of what to do if an event were to ever arise. Staff should know where the MH cart is located, the warning signs of a patient possibly having an episode, and what to do in that event. Staff should also know their facility's protocols for such events as well as their professional organization's guidelines. Malignant Hyperthermia may affect on average one in 15,000 patients, but if treated properly, the

mortality rate is less than ten percent. Education, understanding the signs and symptoms, and prompt response could quite possibly save a patient's life.

References

Association of Surgical Technology. (2013.) Guideline Statement for Malignant Hyperthermia in the Perioperative Environment. Retrieved July 8, 2015 from http://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Guideline_Malignant_Hyperthermia.pdf.

Malignant Hyperthermia Association of the United States. (2015). Frequently Asked Questions. Retrieved July 10, 2015 from <http://www.mhaus.org/faqs/about-mh>.

Revonto. (2015). What is Malignant Hyperthermia? Retrieved July 10, 2015 from http://www.revonto.com/malignant_hyperthermia.asp.

Surgical Technology Tasks and Functions in South Carolina

Contributed by: Association of Surgical Technologists

In South Carolina, what is surgical technology?

In South Carolina law, surgical technology means:

(1) preparing the operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely;

(2) preparing the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments, and equipment using sterile technique;

(3) anticipating the needs of the surgical team based on knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient's surgical procedure; and

(4) as directed within the sterile field in an operating room setting, performing tasks including:

- (a) passing supplies, equipment, or instruments;
- (b) sponging or suctioning an operative site;
- (c) preparing and cutting suture materials;
- (d) transferring fluids or drugs;
- (e) holding retractors; and
- (f) assisting in counting sponges, needles, supplies, and instruments.

In South Carolina, AST and the South Carolina state assembly passed a law that creates minimum standards to practice as a surgical technologist in South Carolina hospitals or ambulatory surgical centers, e.g., graduation from an accredited surgical technology program and Certified Surgical Technologist certification. The South Carolina surgical technologist law, available on the AST Map of State Laws in the Public Policy section, contains a definition for surgical technology. The definition simply defines the professionals to whom the law applies. The South Carolina law is based on AST model legislation, which did not always include a definition for surgical technology.

In another state, AST, in collaboration with the state assembly, passed a law based on graduation from an accredited program and Certified Surgical Technologist certification for newly-practicing surgical technologists. In response, a number of hospitals in that state changed the titles of surgical technologists to “instrument managers” and declared that the “instrument managers” were exempt from the law and, therefore, did not need to comply with the law. A number of hospitals continued to hire newly-practicing surgical technologists who were not graduates of accredited programs and did not hold Certified Surgical Technologist certification, because, according to them, they were instruments managers, not surgical technologists. A definition of surgical technology was added to the law to identify which

professionals, regardless of title, were required to meet the education and certification standards in the law. Placing the definition in law prevented hospitals from simply changing surgical technologists' titles to wiggle out of the law. Subsequently, the AST model bill now includes a definition of surgical technology. The definition serves to define which professionals are encompassed by the South Carolina surgical technologist education and certification law.

Can a surgical technologist go beyond the tasks listed in the law? It is the position of AST that if the tasks is delegated in the sterile field according to law, yes. It is the position of AST that because surgical technologists are not licensed in South Carolina, a scope of practice is not defined in law and that Certified Surgical Technologists work under the delegatory authority of licensed health care professionals. Any physician or licensed professional who delegates medical responsibility to a non-physician is responsible for that individual's medical activities and is required to ensure adequate supervision in accordance with state law. No function may be delegated to a non-physician who by statute or professional regulation is prohibited from performing that function. The South Carolina state law regarding physician delegation is included below.

The tasks that surgical technologists may perform are determined by the employer according to law and facility policy based on the employer's assessment of law and a surgical technologist's education and training. To develop a job description for surgical technologists, employers rely upon not only their attorney's assessment of laws, but also the AST sample Certified Surgical Technologist Job Description, AST Guidelines Statements and AST Position Statements, available on the AST website in the About Us section.

Please note, the Association of Surgical Technologists provides this information on an educational basis and does not offer legal advice. AST recommends that individuals or health care facilities consult with their attorneys for answers to legal questions.

Code Of Laws of South Carolina 1976 Annotated
Chapter 47. Physicians, Surgeons and Osteopaths

§ 40-47-30. Authorization to Practice.

- (A) A person may not practice medicine in this State unless the person is twenty-one years of age and has been authorized to do so pursuant to the provisions of this article. Nothing in this article may be construed to:
- (5) prohibit a licensed physician from delegating tasks to unlicensed personnel in the physician's employ and on the premises if:
- (a) the task is delegated directly to unlicensed personnel by the physician and not through another licensed practitioner;
 - (b) the task is of a routine nature involving neither the special skill of a licensed person nor significant risk to the patient if improperly done;
 - (c) the task is performed while the physician is present on the premises and in such close proximity as to be readily available to the unlicensed person if needed;
 - (d) the task does not involve the verbal transmission of a physician's order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and
 - (e) the unlicensed person wears an appropriate badge denoting to a patient the person's status. The unlicensed person shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the person's first name at a minimum and staff position. The identification badge must be worn in a manner so that it is clearly visible to patients at all times.



South Carolina State Assembly for the Association of Surgical Technologists

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Email: scsa.treasurer@gmail.com

Aeger Primo

Since 1969, the Association of Surgical Technologists has sought to bring together Surgical Technologists and other health care professionals and organizations to promote quality patient care by developing educational programs, promoting professional standards and credentials, providing a forum for the exchange of ideas, monitoring the changing healthcare environment, and fostering other opportunities for the personal and professional growth of all Surgical Technologists and Surgical Assistants.

Our mission is to provide Surgical Technologists the opportunity to grow through continuing education, legislation, and marketing. By networking with other healthcare professionals, we will ultimately contribute to the care of our surgical patients.

We are enhancing the profession to ensure quality



Calendar of Upcoming Events

- "Going Up North with GASA"-September 12, 2015, 8:00am-5:00pm
Northside Hospital Cherokee Conference Center, 1130 Bluffs Parkway, Canton, GA 30114
8 CEs
<http://www.ast-gasa.org/events.html>
- AST 47th Annual National Conference, May 31-June 4, 2016, San Diego, CA
- September 20-26, 2015
National Surgical Technologist Week



**THE S.C. STATE ASSEMBLY OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS
WORKSHOP REGISTRATION FORM**

Please complete ALL information below. (Print or Type clearly):

Event _____

Name _____

Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Business Phone _____

E-Mail Address (for Confirmation) _____

Hospital/School Affiliation _____

Certification Number _____

AST Membership Number _____

Title: CST CFA ST LPN RN ST Student Other _____

Every effort will be made to present workshops as scheduled. SCSA assumes no liability for workshop changes or content and any travel expenses due to unforeseen cancellations.

The SCSA is an AST approved CE provider.

<http://sc.ast.org/>

Please mail to:

PO Box 1925

Lexington, SC 29071

with payment included