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**Section I:**  
**The Anesthesia Technology Program:**

**ABOUT THE PROGRAM:**

Grand Rapids Community College (GRCC) offers an Associate of Applied Science Degree in Anesthesia Technology. The Anesthesia Technology Program is a 6 semester program that will prepare students to enter the allied health profession as a competent entry level anesthesia technologist. The Anesthesia Technologists is proficient in the acquisition, preparation, and application of various types of equipment required for the delivery of anesthesia care.

**WHAT DO ANESTHESIA TECHNOLOGISTS DO?:**

Anesthesia Technologists work with the Anesthesia Care team to assist with patients undergoing anesthesia and throughout the surgical procedures. The Anesthesia Technologist may have other duties that include monitoring certain anesthesia equipment maintenance and troubleshooting and also cleaning and sterilizing many intricate pieces of anesthesia equipment used for surgical cases. Anesthesia Technologist, depending on facility, can also assist the anesthesia care team with transfusion of blood products during life threatening situations.

**ANESTHESIA TECHNOLOGY MISSION STATEMENT:**

The mission of the Anesthesia Program is aligned with the mission of the college. We educate, prepare, and empower student anesthesia techs to become competent health professionals who deliver safe patient care while also promoting health and wellness to individuals, families, and communities in our culturally diverse society.

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## **Section I.** **Student Services:**

### **Counseling and Guidance Services**

Each Campus is staffed with professionally trained counselors and paraprofessionals to provide specialized services as an integral part of the instructional program and to assist students in achieving their greatest potential. The counseling and guidance staff is committed to an effective entry-exit college experience for all students. Counselors provide academic advising and give students and opportunity to gain competencies in success identification, study skills, test-taking skills, interpersonal skills, values clarification, behavior modification, decision making and problem solving.

### **Learning Resource Centers**

Learning Resource centers are located on all campuses. They provide students and faculty with a collection of materials selected to support the College curricula and to provide for study, reading.

### **Academic Support Centers**

Academic Support Centers are located on each campus and provide Academic skill building for individuals and groups. Students can receive individualized tutoring in a wide range of subjects. Each center is equipped with a wide range of resources to address various levels and types of learning styles

### **Career Planning and Placement**

The Career Planning and Placement Offices on each campus offer a variety of career information/exploration resources. (See Grand Rapids County Community College Student Handbook for further information.)

### **Programmatic Accreditation:**

The program is currently seeking proper accreditation from CoA-ATE (CAAHEP).

### **Anesthesia Technology Entry Requirements:**

1. Fulfill all GRCC admission requirements.
2. Be 18 years of age or older and have a high school diploma or GED.
3. Fulfill course placement requirements based on the entry assessment.
4. Declare intent to enroll in the Anesthesia Technology program by submitting an Allied Health Department application and submit to Health Sciences Department.
5. Must complete criminal background check, physical exam, TB exam, and immunization records - which may or may not require COVID-19 vaccine (based on clinical site).
6. Submit official transcripts from previous institutions.
7. Valid State Picture I.D.

8. Meet with the Program Designee to review and complete paperwork.
9. Grade “C” or better in science courses (NO science course older than 5-years can be transferred into program, regardless of educational facility course was taken)
  - a. Courses needing a “C” or better and NOT be older than five-years old.
    - i. Biology
    - ii. Chemistry
    - iii. Human Anatomy and Physiology I
    - iv. Human Anatomy and Physiology II
    - v. Medical Terminology
10. Two reference letters
  - a. If current working – 1 professional letter (sign and dated) 1 personal letter (sign and dated – not from a relative)
  - b. If not working – 2 personal letters (sign and dated – not from relatives) A letter from GRCC faculty is acceptable.
11. Attend Pre-Admission Orientation

### **Philosophy of Anesthesia Technology:**

1. Meeting the manpower needs of the Grand Rapids area by producing the most qualified individuals to function as anesthesia technologists at entry-level.
2. Fostering the desires of the individual quest for additional knowledge, both in the anesthesia technology field and in their own personal lives.

Our aim is to graduate individuals who will function as Certified Anesthesia Technologists. They will not only know **WHAT** should be done, but **WHY** it should be done for the patient’s best interest.

The purpose of the Anesthesia Technology Department is to develop and maintain a college level curriculum efficiently flexible to reflect the evolving educational needs of the community which it serves. To fulfill these needs the Anesthesia Technology Department plans and implements a program that prepares students for beginning staff Anesthesia Technologists’ positions.

1. To follow the guidelines and recommendations of the Committee on Accreditation for Anesthesia Technology Education (CoA-ATE).
2. To demonstrate the principles of communication in the surgical and anesthesia setting.
3. To provide inventories, orders and maintains departmental supply stock consistent with departmental demand. Be cognizant of where supplies are kept and are able to obtain or stock them accordingly.
4. To understand the emotional considerations related to the patients care
5. To provide the student with sufficient knowledge in anatomy, physiology, set up and function of equipment, pharmacodynamics of drugs used in the administration of

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anesthesia and analgesia, and patient care expertise required to function as a contributing member of the anesthesia care team.

6. To provide the knowledge and understanding of drug interactions, and intravenous therapy so they may skillfully participate as a member of the anesthesia care team.
7. To instill understanding of the principles and practices of anesthesia technology as related to the patient's care, operating room, related areas, and oneself.
8. To provide an understanding of the professional relationship between the students and the vendors and other departments of the facility.
9. To develop a basis of understanding the need for strict enforcement of the hospital codes in regard to medical, moral and legal ethics.
10. To acquaint individuals with specific equipment for safe and efficient use and function.
11. To develop the knowledge and appreciation of the cost, preparation, use and care of instruments, equipment and supplies as well as their importance to the safe and expeditious performance of various anesthesia procedures.
12. To become familiar with the responsibilities of the anesthesia technologist working as part of the anesthesia care team so they realize that each person is legally responsible for his own act, hence will seek adequate supervision at all times.
13. To acquaint the individuals with the importance of each team member's role, and the need to maintain proper professional respect at all times for the ultimate benefit of the patient.
14. To recognize the needs of the patient as related to physical, psychological, and spiritual needs.
15. To provide clinical areas where students will be able to demonstrate skills
  - a. Learned in the GRCC laboratory by actively participating in the Anesthesia Technology curriculum.
16. To develop awareness of an obligation to anesthetic patients.
17. To develop a sense of loyalty and service to the employer and patient.
18. To develop self-confidence and pride in their work through the power of education.
19. To develop skills in critical thinking to enable the individuals to deal effectively with situations and problems arising in the clinical setting.
20. To instill in each individual a positive self-image.

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21. To develop and maintain effective inter-personal relationships.
22. To maintain a consecutive surgical and anesthetic case plans of procedures and activities encountered during each of the clinical phases.
23. Develop an appreciation for life-long learning.

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## Potential Job Description for the Anesthesia Technologist Graduate:

### "POTENTIAL" JOB DESCRIPTION

#### **GENERAL SUMMARY:**

Under general supervision from medical personnel and OR leadership, stocks and maintains supplies, equipment and drugs for the Anesthesia providers. Prepares the anesthesia equipment and performs routine point of care testing and equipment maintenance. Ensures the operational integrity of thromboelastogram machines. Responds to emergent situations according to established procedures. Reports to the Supervisor of Anesthesia.

#### **PRINCIPAL DUTIES AND RESPONSIBILITIES:**

##### People

1. Maintains effective, professional, and appropriate communication.
2. Role models positive, proactive team member behavior.
3. Identifies issues and problems related to patients, staff, and self, and communicates with the responsible Supervisor (i.e. patient complaints, physician inquiries, staffing issues, assignment problems).

##### Service

1. Demonstrate basic knowledge, comprehension and support the application of anesthetic principles and guidelines in relation to airway management during patient care Basic airway setup
  - Troubleshoots problems or issues that arise with airway equipment
  - Identifies various intubation modalities
  - Knowledge of the proper procedure and equipment required for nasal intubation
  - Demonstrates airway management knowledge, comprehension and assistance in all age groups.
2. Demonstrate basic knowledge of pharmaceuticals and their practical use by the anesthesia provider during patient care
3. Demonstrate knowledge and apply the following factors in relation to utilization of biotechnology during patient care
  - Knowledge of anesthesia machine checkouts
  - React to device alarms, diagnoses, and treat problems
  - Demonstrate ability to troubleshoot anesthesia machine, ASA monitors, and adjunct equipment problems
  - Demonstrate basic knowledge, comprehension, and practically applies the following monitors and adjunct equipment in collaboration with the anesthesia care provider
    - Active warming devices
    - Capnography
    - Drug infusion pumps
    - Fluid warmer
    - Neuromuscular blockade monitors
    - Pulse oximeters

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- Electrocardiograms
  - Rapid infuser
4. Demonstrates basic knowledge and indications for placement and procedure of the following invasive pressure monitors
    - Arterial pressure
    - Central Venous pressure
    - Pulmonary artery pressure
  5. Knowledgeable in application of equipment for neuroaxial anesthesia and regional anesthesia
  6. Understand and assist with airway equipment, cardiovascular (ECG, Arterial pressure, CVP pressure, PA pressure), airway and pulmonary monitors, nerve stimulators, temperature monitors, fluid/blood warmers, warming equipment, and ultrasound
  7. Stocks and maintains anesthesia supplies and drugs in the anesthesia carts, anesthesia workroom, operating rooms, and off sites
  8. Cleans and stocks anesthesia machines and checks availability off all anesthesia related equipment
  9. Assures availability of Ambu bags, oxygen tanks, transport monitors, GlideScope, cardiac output machines, ultrasound machines, transesophageal echocardiogram machine, fiber optics scopes, TEE probes, ACT machines, and other necessary equipment in the operating room
  10. Routinely calibrates laboratory equipment used for anesthesia services
  11. Operates laboratory equipment such as Istat, Glucometers, [Hemochrons](#), Reports results to Anesthesiologist or CRNA.
  12. Operates Thromboelastographic analyzer instrument (TEG) for specialty cases such as Liver Transplant, Cardiac, Trauma and preforms the following:
    - Daily maintenance that includes recording of temperature, performing eTest, and cleanliness and maintains records
    - Preforms level 1 and level 2 controls every 12 hours at the frequency determined by the standard operating procedure and maintains records
    - Recognize sample quality requirement for TEG analysis
    - Reports all QC failures to the site administrator
    - Preforms whole blood testing when requested
    - Ensure that all supplies is maintained and validated appropriately
  13. Delivers blood for transfusion to the anesthesia provider during organ transplants and other major procedures
  14. Operates the auto transfusion equipment including but not limited to Liver Transplant, Level one trauma and Cardiac.
  15. Assists with safe transport of patient to and from the operating room when requested for higher acuity cases.
  16. Responds to requests for assistance by Anesthesiologist/CRNA and during blue alerts and other emergency calls.
  17. Assists the licensed anesthesia provider in clinical setting such as:
    - Operating Room
    - Obstetrics suite

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- Intervention and/or diagnostic radiology
  - Post anesthesia care unit
  - Intensive care unit
  - Cath lab
  - MRI
  - Electrophysiology lab
  - Emergency room
  - Endoscopy suites
18. Prepares set-up of operating rooms to include selection and placement of anesthesia instrumentation, preparation of all intravenous and pressure line systems, checking all necessary equipment for proper functioning including autologous blood salvage system (cell saver).
  19. Proficient set up for all anesthesia and perfusion procedures including extremely complicated/complex procedures in several specialties: Transplant, Cardiac, hybrid procedures
  20. Functions as an active participant of the anesthesia team in the planning and delivery of all related duties as assigned and required
  21. Maintains a clean and organized workroom, and prepares equipment for reprocessing.
  22. Performs other related duties as assigned and required.

#### Quality and Safety

1. Supports and ensures that Regulatory Compliance is maintained.
2. Maintains established departmental policies and procedures, objectives, quality assurance program, safety, environmental and infection control standards.
3. Maintains a clean, safe, comfortable and therapeutic environment for patients/families in accordance with hospital standards.
4. Recognizes and responds to emergencies and alarms and immediately communicates situation to appropriate persons.
5. Maintains confidentiality of patient and unit care data.
6. Follows established departmental policies and procedures, objectives, quality assurance programs, safety, environmental and infection control standards and reports and corrects non-compliance.
7. Ensures an adequate stock of patient care supplies, proper functioning maintenance and cleaning of equipment.

#### Growth

1. Open and receptive to performance feedback for personal growth including:
2. Customer service
3. Personal practice
4. Regulatory and policy compliance.
5. Participates in discussions with the Manager/Supervisor's regarding job enrichment and career progression.
6. Supports administrative and unit governance changes to job role and unit operations.

#### Research and Education

1. Actively supports orientation and education of staff
2. Attends and participates in educational forums as provided.

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3. Completes required education in a timely manner and participates in on-going unit specific educational programs.
4. Supports unit research within assigned role.
5. Teaches/precepts new Anesthesia Tech employees at all levels within specialties.
6. Acts as a resource to Level I Anesthesia Techs. Acknowledged by peers as a primary role model.

#### Community

1. Participate in community activities that promote HFH and the customers we serve.
  - Heart Walk
  - Community giving
  - Other voluntary care organizations.
2. Represents HFHS by promoting an atmosphere of care, concern, pride and respect to internal and external customers
3. Maintains awareness of personal actions and activities and the impact on the image of nursing care.

#### Finance

1. Aware of financial implications of actions and decisions based on factors related to safety and effectiveness.
2. Minimizes surplus stock in patient rooms and outside of the clean supply area.
3. Assist leadership in adjusting par levels for efficient supply management.
4. Incorporates supply and linen conservation in every day practice.

#### **EDUCATION/EXPERIENCE REQUIRED:**

High school diploma or G.E.D. equivalent required.

Associates degree preferred.

- Previous experience in patient care required.
- Previous experience as Medical Assistant/Nurse assistant highly preferred.
- Previous experience in equipment repair is preferred.
- Verbal and interpersonal communication skills required to interact with other members of health care team.
- Physical ability to lift and move patients, supplies and equipment. Walking and standing for long periods of time required.
- Successful completion of 120-day introductory period required to achieve knowledge of policies relative to job duties and patient care unit.

#### **CERTIFICATIONS/LICENSURES REQUIRED:**

- BCLS required.
- ASATT certification preferred.

Must meet or exceed core customer service responsibilities, standards and behaviors as outlined in the HFHS' Customer Service Policy and summarized below:

- Communication
- Understanding
- Sensitivity
- Teamwork
- Ownership
- Motivation
- Excellence
- Respect

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Must practice the customer skills as provided through on-going training and in-services.

Must possess the following personal qualities:

- Be self-directed
- Be flexible and committed to the team concept
- Demonstrate teamwork, initiative and willingness to learn
- Be open to new learning experiences
- Accepts and respects diversity without judgment
- Demonstrates customer service values

PHYSICAL DEMANDS/WORKING CONDITIONS:

- Works in an operating room environment where exposure to body fluids/specimens may occur. Walking, lifting, and transporting activities are also required.
- Works in patient care area environment which may include exposure to communicable diseases, unpleasant odors, acute patient conditions, potential exposure to infection, hazardous gases.
- May be potentially exposed to radiation if proper precautions are not utilized. May be exposed to high-voltage equipment.
- Prolonged standing, walking, and lifting of patients, supplies and equipment.

APPROVED BY:

DEPARTMENT HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_ DATE: \_\_\_\_\_

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities and duties of personnel so classified.

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## **Emergency Alert System:**

GRCC has implemented an Emergency Alert Notification System to better disseminate information during campus emergencies. The alert system will only send information regarding emergency conditions, including weather cancellations and delays. No advertising or non-emergency messages will be sent. To receive these emergency messages, you must be registered.

The above link can be found by visiting [www.GRCC.edu](http://www.GRCC.edu) and typing “emergency alert system” in the search bar on the top, right corner of the page.

## **Microsoft Office:**

Students are required to have access to Microsoft Office for all assignments within the anesthesia technology program. You must use your student GRCC email address to obtain a free version of Microsoft Office. Link is listed below.

You will need access to the following; Microsoft Word, Excel, and PowerPoint while attending courses throughout the anesthesia technology curriculum.

Link: <https://www.microsoft.com/en-us/education/products/office>

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## Section II: **Anesthesia Technology Program Curriculum:**

**Program Expectations:** To prepare competent entry level Anesthesia Technologist in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Students who complete this program will be awarded an Associate Degree of Applied Science (A.A.S.): Anesthesia Technology from GRCC.

**Program Description:** The Anesthesia Technology Associate of Applied Science degree program is a six semester program that will prepare students to enter the allied health profession specifically focused on fundamental and advanced clinical procedures. The Anesthesia Technologists is proficient in acquisition, preparation, and application of various types of equipment required for the delivery of anesthesia care.

### **Program Goals:**

- To prepare competent entry level Anesthesia Technologist in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- To prepare the student with the knowledge and technical skills to effectively perform as a team member of the anesthesia care unit under the direct supervision of a doctor or registered nurse.
- To prepare the anesthesia technology student to proficiently maintain and service equipment by cleaning, sterilizing, assembling, calibrating, testing, troubleshooting, requisitioning and recording of inspections and maintenance. The student will use critical thinking skills to become an intricate member of the anesthesia care team.
- To prepare the student to successfully pass the National Certifying Examination for Anesthesia Technologist.

### **ANESTHESIA TECHNOLOGY PROGRAM REQUIREMENTS:**

- Fulfill all GRCC admission requirements.
- Be 18 years of age or older and have a high school diploma or GED.
- Fulfill course placement requirements based on the COMPASS assessment.
- Declare intent to enroll in the Anesthesia Technology program by submitting an Allied Health Department application and submit to Health Sciences Department.
- Must complete criminal background check, physical exam, evidence of immunizations, negative PPD examination, and producing a negative drug screening.
- Submit official transcripts from previous institutions.
- Valid State Picture I.D.
- Meet with the Program Designee to review and complete paperwork.
- Prior to the start of clinical education a student, depending on their assigned clinical site, might have to complete another criminal background check at the cost of the student.
- Prior to starting clinical education, the student must complete a two step PPD examination that shows a negative result for TB with a MM size reading.
- It is suggested by the Program Director of Anesthesia Technology that each student holds

personal health care insurance in case of exposure to blood borne pathogens or injury throughout the program.

- Prior to starting clinical education, at the cost of the student, must complete a drug screening.
- Prior to starting clinical education, at the cost of the student, must obtain the Flu vaccine.

**PROGRAM GRADING REQUIREMENTS:**

Grading Rubric for Writing Assignments AND Anesthesia Care Plans

Possible Points	Criteria
9-10 A	The assignment is engaging, concise, and polished. Factual details, visual elements, quotations, and/or the proper use of medical terminology add clarity and interest to the assignment.
8 B	The assignment is well written. Factual details, visual elements, quotations, and/or the proper use of medical terminology add clarity and interest to the assignment.  Sometimes the writing is slightly repetitive or unclear, but the writer does demonstrate a good understanding of the subject matter.
7 C	The assignment is fairly well written and clear, but several errors indicate that the author may not have a complete understanding of the subject. Factual details, visual elements, quotations, and/or the proper use of scientific terminology are used.  Remediation is required.
6 D	The assignment has several significant problems in style and content. The topic is never clearly stated, medical terms are misused, and misspelled words are present. Inadequate or incorrect use of factual details, visual elements, or quotations seem to indicate that the author does not have a solid understanding of the subject.  Remediation is required
1-5 E	Although attempted, the author has clearly not put forth much effort. The writing is unclear, unfocused, and vague. The author has not used medical terminology correctly and has introduced false statements and errors in writing style that make reading this work very difficult.  Remediation is required
0	No work was attempted.  Student cannot turn in for points. There are no exceptions.

- All remediation sessions will be assessed separately to distinguish the need for additional remediation sessions before attempting the assessment / skill again.
- Each student can attempt each skills assessment for a TOTAL of TWICE if earned a score of 7 or lower.
  - Original attempt and one additional attempt AFTER remediation session(s).

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**PROGRAM GRADING REQUIREMENTS CONTINUED:**

Rubric for Performance Assessment (Lab skills and Clinical Competency)

Possible Points	Criteria
5	Successfully completes task and extends it for a greater understanding of topic. Solution is clearly stated with well-supported documentation (such as charts, graphs, or diagrams). Solution reflects resourceful thinking. Technical and scientific principles are well understood.
4	Successfully completes task. Solution is clearly stated and supported. Technical and scientific principles are understood and communicated effectively.
3	Task is generally complete, with a few minor flaws in the understanding of concepts or processes. Solution is clearly stated and attempts to support explanations with examples and graphics are made, but data may not always be accurate or appropriate.  Remediation is recommended to ensure student fully understands the concepts, technically and scientifically.
2	Task only partially completed. Solution reveals one or more significant errors in the understanding of concepts or processes. Solution and supporting details are provided but are unclear or incomplete. Use of visuals is incorrect, inappropriate, or missing.  Remediation is required to successfully understand the concepts of the skills being presented.
1	Although attempted, task not completed with successful results. Inadequate or inappropriate attempts to communicate information show a complete misunderstanding of concepts and processes. Few, if any, support materials provided.  Remediation is required to successfully understand the concepts of the skills being presented.
0	No work was attempted.  Student not present or major components of assessment were missing for skills assessment. Approval needed by Dean to attempt the assessment on another date.

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## PROGRAM GRADING REQUIREMENTS CONTINUED:

### Scoring Rubric for Skills Assessments (further breakdown for clarity)

#### EXPERIENCED LEVEL (5 points)

- Excellent technique was used throughout the procedure. Skills were well-planned and well-executed.
- Data, observations, skills were accurate, descriptively, and completely, with no serious errors.

#### COMPETENT LEVEL (4 points)

- No errors in technique were observed during the procedure.
- Procedure / skills were well-planned and were carried out in an organized fashion.

#### INTERMEDIATE LEVEL (3 points)

- Only minor errors in technique were observed during the skills / assessment procedure.
- Procedure / skills were carried out well but may have been slightly disorganized.
- Remediation is recommended

#### TRANSITIONAL LEVEL (2 points)

- Only a few errors in technique were observed during the skills / assessment procedure, but they may have been significant.
- Procedure / skills may not have been well-planned, or they may have been carried out in a disorganized fashion.
- Remediation is required.

#### BEGINNING LEVEL (1 point)

- Several serious errors in technique were observed during the skills / assessment procedure.
- Procedure / skills were not well-planned and were carried out in a disorganized fashion.
- Remediation is required.

#### UNACCEPTABLE LEVEL (0 points)

- Student absent or not present for assessment
- All work was unacceptable
- No responses were relevant to skill being assessed
- Major components of lab were missing
- Approval needed by Dean to complete assessment again.
- Remediation is required
  
- All remediation sessions will be assessed separately to distinguish the need for additional remediation sessions before attempting the assessment / skill again.
- Each student can attempt each skills assessment for a TOTAL of TWICE if earned a score of 3 or lower.
  - Original attempt and one additional attempt AFTER remediation session(s).

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## **GRADING POLICY:**

Grading is on an absolute percentage and **NOT** on a curve. Keep in mind that “The bonus of learning is the responsibility of the student.” Maintain an open channel of communication with your instructor about your progress and areas which may need improvement.

If a student fails **ANY** anesthesia course (ANE) the student will not be permitted to move forward with the program courses and sequencing of courses will be delayed for the student. Students that unfortunately fail a course must wait until that particular semester / course is offered again in the future.

The anesthesia technology program does not allow bonus points for failing students. However, the program does have open tutoring and lab sessions on a weekly basis throughout each term. It's expected that you, the student, takes full advance of the open tutoring schedule for each semester. Should you need private, one-on-one tutoring your instructor or Program Director can assist you with scheduling that session.

\*\* “C / 70%” or higher to successfully pass all courses (based on grading scales)

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## **CLASSROOM / LAB POLICIES AND REGULATIONS:**

### **Academic Warning Status:**

The student can be placed on Academic Warning Status for any of the following reasons:

1. Frequent absences
2. Two late arrivals (tardy)
3. Two early departures
4. Failed examinations, assignments, or lab competencies
5. Overall grade lower than 75%
6. Disruptive behavior

Academic warning status will follow the student throughout the semester with continued monitoring being implemented by Program Director and/or Associate Program Director. Only the Program Director can remove academic warning from a student.

### **Appeal Academic Warning:**

Students are permitted to appeal academic warning but must do so within two-calendar days of being placed on the warning status. To appeal; the student must follow this process:

1. Email Program Director no later than two (2) calendar days of when warning status was issued. Stating your reason to appeal. This appeal must be in Microsoft Word format and be signed / dated by the student
2. Appointment will be set by Program Director to have face-to-face meeting
  - a. Meeting will take place within seven (7) calendar days of requested appeal
3. Student must present evidence or action plan at appeal hearing
4. Program Director will investigate and report back to the student, in writing, the status of the appeal hearing.
5. A third-party non-affiliate of the program will also attend meeting and this designee will have input regarding the appeal hearing status.

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### **Academic Warning of Failure Status:**

If continued concerns are exhibited by the student, that result in additional documentation the student can be placed on Academic Warning of Failure Status. The following reasons are listed below:

1. Absences totaling four (4)
2. Four late arrivals (tardy)
3. Four early departures
4. Failed examinations, assignments and/or lab competencies
5. Overall grade lower than 75%
6. Disruptive behavior
7. Improper behavior
  - a. i.e. harassment towards another classmate or instructor or invasion of personal space
8. Unsafe practices
  - a. i.e. improper handling of sharps in lab or hurting another classmate / instructor

Academic warning of failure status will follow the student throughout the semester with continued monitoring being completed by Program Director and/or Associate Program Director. Only the Program Director can remove academic warning of failure status from a student. Although the student could be removed from warning or failure status the student will remain on academic warning status.

### **Appeal Academic Warning of Failure:**

Students are permitted to appeal academic warning of failure but must do so within two-calendar days of being placed on the academic status. To appeal; the student must follow this process:

1. Email Program Director no later than two (2) calendar days of when warning of failure status was issued. Stating your reason to appeal. This appeal must be in Microsoft Word format and be signed / dated by the student
2. Appointment will be set by Program Director to have face-to-face meeting
  - a. Meeting will take place within seven (7) calendar days of requested appeal
3. Student must present evidence or action plan at appeal hearing
4. Program Director will investigate and report back to the student, in writing, the status of the appeal hearing.
5. A third-party non-affiliate of the program will also attend meeting and this designee will have input regarding the appeal hearing status.

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### **Academic Failure:**

If any of the following actions occur throughout the semester the ANE student will receive / earn an automatic failure for that particular ANE course.

1. Fifth absence
2. Fifth late arrival and/or Fifth early dismissal
3. Harassment towards classmate(s), GRCC employees, campus visitors/guests
4. HIPAA violation
5. Unsafe practices
6. Improper conduct
7. Disruptive behavior
8. Unprofessional behavior
9. Unethical healthcare practices
10. Sleeping while in class or lab
11. Failed examinations, assignments and/or lab competencies
12. Overall grade of 69% or lower

### **Appeal Academic Failure:**

Students are permitted to appeal academic failure but must do so by following the student grievance procedure listed in the GRCC student handbook. This appeal process is completed by submitting a student inquiry. The student inquiry paperwork and drop-box is located at the front desk of the Health Science Building.

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**ATTENDANCE:**

Attendance is mandatory in all components of the program. In the classroom setting, students are highly recommended to attend all scheduled classes to obtain the best educational experience available. Any absence of **five** classroom / lab classes will result in a failing course grade. Only the Program Director and Health Science Provost have the authority to reverse the attendance policy (grade) based on individual student needs and circumstances.

**LATE OR MISSING WORK:**

Make-up examinations are given at the discretion of the instructor. All class assignments are due as specified by the instructor.

Absences from an examination must be cleared with the instructor in advance by contacting the instructor ahead of time. If you are unable to attend school on a day an exam is scheduled call your instructor prior to the scheduled time of the exam if you are ill or otherwise unable to attend. Authorization of exam absences is entirely at the discretion the instructor/director. In the event of absence without notice (e.g. no-call / no-show); the absent student will NOT be permitted to challenge an exam at a later date. All absent students must communicate with the instructor BEFORE the scheduled start time of the course.

**WITHDRAWAL AND INCOMPLETE WORK:**

The Anesthesia Technology Program adheres to the college policy regarding withdrawal and incomplete work please review the institutional academic catalog for further explanation.

**AMERICANS WITH DISABILITY ACT OF 1990 (ADA STATEMENT):**

Physically and/or mentally challenged students requiring special accommodations for this class should contact the campus ACCESS office, and see the instructor after class or call for an appointment. All information will remain confidential.

**ACADEMIC DISHONESTY:**

Cheating, plagiarism, violating copyright laws and other acts of academic dishonesty are held as serious offenses. Instructors have the responsibility to report any such incident in writing to the Department Program Director. Additionally, students have the responsibility to report such incidents to their Instructor.

Any student found guilty of the above academic dishonesty guidelines will have corrective action documented up to and possibly including termination from the anesthesia technology program.

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### **CHEATING POLICY:**

*Any student who is caught cheating in any Anesthesia Technology course may be denied the privilege and right to attend such classes and to graduate from the program.* Cheating is defined as using notes or markings, signals or wandering eyes to obtain answers from a private source or from another person in the course. This is not permitted during examination time. Submitting papers which are not the student's original work also constitutes cheating.

The stringency of this policy is understandable when read in the context of an educational program preparing individuals for a career where the safety and wellbeing of the public are largely dependent upon the knowledge and ethical responsibility of the anesthesia technologist.

Evidence of unethical behavior, such as cheating, precludes the faculty's ability to declare prospective graduates to be reliable and ethical, since both the level of knowledge and the degree of ethics are both unknown values in such a situation.

### **CLASSROOM/LABORATORY BEHAVIOR:**

Instructors have the responsibility to set and maintain standards of classroom behavior appropriate to the discipline and method of instruction.

Students may not engage in any activity which the instructor deems disruptive or counterproductive to the goals of the class. Cellular telephones in the classroom, laboratory or clinical sites are unacceptable and strictly prohibited.

Instructors have the right to remove offending students from the class, lab session, and/or clinical. *Repetition of the offense may result in expulsion from the course and program.*

Each student is expected to participate fully in the learning process with the instructor. This requires periodic self-evaluation of progress and development of an action plan that fosters improvement and success. Students are to prepare for each class session by reading the assigned materials prior to class.

### **ANESTHESIA LABORATORY RULES:**

1. No smoking/vaping or use of chewing tobacco at any time.
2. No food or beverages are permitted.
3. All instruments and equipment must be returned to their proper place at the end of your laboratory class.
4. Instruments and equipment must be handled carefully.
5. No instruments or equipment are to be "borrowed" or removed from the lab.
6. All drapes, trash, etc. must be disposed in proper container.
7. Each student is responsible for cleaning his/her own area.
8. Operating room furniture should be returned to its proper place.
9. Negligent use of needles, sharps, and etc. may result in an injury and removal from learning setting. Offense may include termination from course / program.

10. Negligent use of equipment may result in dismissal from the program and/or payment for said equipment.

### **ETHICAL BEHAVIOR:**

Students are expected to operate within the ethical boundaries of the Anesthesia Technology profession. The philosophy of “Do no harm” is expected when dealing with those entrusted into your care.

The American Society of Anesthesia Technologists and Technicians defines the ethical code for our profession as the following: <https://asatt.org/about-us-menu/code-of-ethics>

“The purpose of the **Code of Ethics** of the American Society of Anesthesia Technologists and Technicians (ASATT) is to serve as a standard of conduct for our Society members. It contains standards of ethical behavior for anesthesia technicians/technologists in their professional relationships. These relationships include colleagues, patients or others served, members of other organizations, and society as a whole.”

“The Code of Ethics also incorporates standards of ethical behavior governing individual behavior, particularly when that conduct directly relates to the role and identity of the Anesthesia Technician/Technologist (AT/ATT).”

### **Responsibility to patients:**

- The AT/ATT demonstrates awareness of legal issues in all aspects of patient care, documentation and unit functions in accordance with employer policy.
- The AT/ATT takes appropriate safety precautions and reports unsafe conditions in accordance with employer policy.
- The AT/ATT preserves confidentiality of patient and other sensitive information according to employer policy.
- The AT/ATT demonstrates ability to present ideas for patient safety.
- The AT/ATT promotes team effort for effective outcome of safe patient care.

### **Quality:**

- The AT/ATT organizes and contributes to patient work assignments.
- The AT/ATT practices the principles of behavior and incorporates the values of the health organization in all working relationships.
- The AT/ATT supports the mission and strategic plan of the organization of employment.
- The AT/ATT demonstrates awareness and sensitivity for patient/visitor rights in accordance to employer policy.
- The AT/ATT behaves in a manner that brings credit to the individual’s profession.
- The AT/ATT demonstrates an awareness of own personal strengths and limitations.
- The AT/ATT demonstrates working knowledge and understanding of legislation and healthcare worker job responsibility in accordance with employer policy.

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- The AT/ATT takes appropriate safety precautions and reports unsafe conditions in accordance with the employer's procedure.
- The AT/ATT originates constructive ideas, accepts responsibility and uses good judgment.
- The AT/ATT follows safety regulations and guidelines per employer policy.
- The AT/ATT performs with a high degree of accuracy for patient safety.
- The AT/ATT performs within their scope of practice as established by their employer's position description.

#### Service:

- The AT/ATT demonstrates a positive, compassionate, courteous, professional demeanor to patients, physicians, CRNAs and peers without personal bias to interfere.
- The AT/ATT supports an environment of trust between caregivers and those served.
- The AT/ATT demonstrates ability to accept change and shows adaptability.
- The AT/ATT participates in development of organizational goals.
- The AT/ATT preserves confidentiality of patient and other sensitive information according to employer policy and procedure.
- The AT/ATT reports potential violations of laws, regulations, procedures and policies in accordance to the employer's policy and procedure.

#### People:

- The AT/ATT demonstrates ability to present ideas for patient safety.
- The AT/ATT promotes and builds effective interpersonal and interdepartmental relationships within employed organization.
- The AT/ATT promotes team effort for effective outcome of safe patient care.

#### Finance:

- The AT/ATT demonstrates proper use and maintenance of equipment, instruments and facility.
- The AT/ATT demonstrates fiscal responsibility.

#### Competence:

The scope of practice that an AT/ATT engages in is within the individual competencies of the AT/ATT in accordance with their employer's job description. Each AT/ATT has the responsibility to maintain competency in their field of practice.

1. The AT/ATT engages in continuing educational activities.
2. The AT/ATT participates in continuous quality improvement activities.
3. The practicing certified AT/ATT maintains his/her certification as mandated by the ASATT or other governing agencies.

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4. The AT/ATT fulfills compliance education requirements, competencies and professional certification as defined by the employer's position requirements.
5. The AT/ATT supports associated professional health organizations.
6. The AT/ATT encourages and supports opportunities for professional growth and development among peers and subordinates so that all who work in the field can gain and demonstrate competence in the profession.


**Integrity:**

- The AT/ATT will not knowingly engage in deception of any form.
- The AT/ATT is expected to act in an ethical manner at all times.
- The AT/ATT is expected to avoid harassment, dishonesty or theft.
- The AT/ATT is expected to avoid any situations that would cause conflict of interest.

**TUTORIALS:**

Tutorials are available throughout the semester for students who desire additional work in a subject matter. Students are also encouraged to utilize the laboratory for skills practice. In addition students may make an appointment for additional assistance in the laboratory.

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## **Scope of Practice for Anesthesia Technology Professionals**

### **Overview and exclusions:**

Anesthesia technology is an allied health profession specifically focused on fundamental and advanced clinical procedures which assist the anesthesia provider in the safe and efficient care of patients. The profession has generally been stratified into three different groups:

- Non-certified anesthesia technician
- Certified Anesthesia Technicians (Cer.A.T.)
- Certified Anesthesia Technologist (Cer.A.T.T.)

Each of these groups has experienced change in the past 20 years. The ability to achieve Certification is granted only to individuals who have attended an approved or accredited educational program. The requirement was implemented in full force on July 15, 2015.

The American Society of Anesthesia Technologist & Technicians (ASATT) recognizes individuals who have passed the ASATT National Certification Exam (NCE). Prior July 15, 2015, there were two examinations available. As part of the ASATT's planning and educational goals, only one examination and one category will be sponsored through educational programs in the future.

Certified Anesthesia Technologist (Cer.A.T.T.) is the only designation that will be sponsored by educational programs and the only certification available through ASATT as of July 15, 2015.

ASATT cannot validate any knowledge base or outline a scope of practice for non-certified anesthesia technicians. Therefore, no further mention or recognition of these individuals will be made in this document.

ASATT will continue to recognize Certified Anesthesia Technologists (Cer.A.T.T) and Certified Anesthesia Technicians (Cer.A.T.) and their corresponding scopes of practice, albeit there are significant parallels between the two roles.

All certified anesthesia technology professionals work under the direction of an anesthesia care provider as vital members of the anesthesia care team. The Certified Anesthesia Technologist and Certified Anesthesia Technician are proficient in the application, acquisition, preparation, and troubleshooting of various types of equipment required for the delivery of anesthesia care. Their knowledge base includes anatomy, physiology, pathophysiology, pharmacology, and principles of anesthesia technology. Independent judgment is required for rapid response to the quickly changing circumstances in the patient care environment. Certified Anesthesia Technologists and Certified Anesthesia Technicians exhibit professionalism in patient and staff interactions. Certified Anesthesia Technologists and Certified Anesthesia Technicians may work in a variety of clinical settings including: hospital operating rooms, interventional and diagnostic radiology, labor and delivery units, intensive care units, emergency rooms, outpatient procedure suites, and ambulatory surgery centers.

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## Introduction

### Definition

Scope of practice is the legally authorized parameter regarding the clinical functions of assessment, intervention and level of care a healthcare practitioner can provide to a patient. While an organization may limit or narrow the scope of practice of an individual through a job description and/or policy and procedure, an organization may not allow an employee to act outside his or her legal scope of practice.

### Defining the Issue

The basic intent of scope of practice is to ensure that a healthcare practitioner has the appropriate education, knowledge and experience to care for a patient. Scope of practice is predominantly found or defined in:

Federal laws	Job descriptions
Medicare regulations	Hospital policies and procedures
Accreditation standards	Legal opinions
Clinical settings	

Job descriptions, legal opinions and policies and procedures can define the operational functions and responsibilities of a specific position, however, the definition cannot exceed the laws that regulate the certified practitioner's scope of practice.

### Consequences

There are significant risks identified with violations of scope of practice. Legal liabilities exist for the practitioner, the supervisor(s) and the organization when the practitioner practices outside of his/her scope of practice.



## Anesthesia Technology

The American Society of Anesthesia Technologists and Technicians (ASATT) defines the scope of practice for certified anesthesia technologists and certified anesthesia technicians.

The commitment of ASATT is to ensure anesthesia technical personnel are educated, safe, competent, and ethical while providing care for patients; and to ensure a professional scope of practice encompassing:

1. **Education:** By developing and standardizing educational programs and opportunities for anesthesia technology professionals at a national level.
2. **Patient Safety:** The right patient, the right practitioner performing the right clinical service at the right time supports patient safety.
3. **Quality:** The healthcare practitioner must have the appropriate education, knowledge and experience to care for patients.
4. **Compliance:** Scope of practice is defined by ASATT and monitored by regulatory agencies.
5. **Legal Requirements:** All care activities must be appropriately documented and provided by personnel operating within their scope of practice.

The ASATT acknowledges that anesthesia technical personnel are a part of the anesthesia care team as listed in the practice guidelines of the American Society of Anesthesiologists (ASA).

Please visit: <https://asatt.org/members/StandardsofPractice/ASATTScopeofPracticeFinalNov2015.pdf>

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**ASATT STUDENT MEMBERSHIP:**

Each new student is encouraged to become a student member of your professional organization, ASATT. Please note, there is a requirement to become a student member before entering the clinical education portion of the program. You can apply for this membership by visiting the following website: <https://asatt.org/join.taf>

Type	Services Offered	Dues
<input type="radio"/> 2 Year Active	Extended to anyone employed in a health care or research facility where his/her duties are comparable or equal to the duties of an anesthesia technician, technologist, assistant or aide. This individual's duties must be supervised by an anesthesiologist, anesthetist or an individual who has been given supervisory responsibilities of anesthesia technical personnel and would like the membership to be for 2 years.	\$150.00/year
<input type="radio"/> Active Membership	Extended to anyone employed in a health care or research facility where his/her duties are comparable or equal to the duties of an anesthesia technician, technologist, assistant or aide. This individual's duties must be supervised by an anesthesiologist, anesthetist or an individual who has been given supervisory responsibilities of anesthesia technical personnel.	\$85.00/year
<input type="radio"/> Associate Membership	Extended to Anesthesiologists, C.R.N.A.'s and Anesthetists.	\$95.00/year
<input type="radio"/> Corporate Membership	Extended to businesses and profit-oriented organizations that manufacture, distribute, provide services or otherwise have an interest in anesthesia technology.	\$150.00/year
<input type="radio"/> Individual Membership	Extended to anyone interested in the field of anesthesia technology.	\$95.00/year
<input type="radio"/> Institutional Membership	Extended to medical, hospital, philanthropic, science, governmental, and non-profit organizations that express an interest in anesthesiology. -	\$150.00/year
<input type="radio"/> International Membership	Extended to any member of an International Society of Anesthesia Technology.	\$105.00/year
<input type="radio"/> <b>Student Membership</b>	Extended to students enrolled in anesthesia technology training programs recognized by ASATT.	\$70.00/year

**ASATT TECHNOLOGIST EXAM:**

Upon completion of the program, each student is expected to immediately challenge the National Certification Examination. The cost of the examination, as of 2019, \$325 for members. Please note, the cost of the examination is subject to change without notice.

You can review the Technologist Certification Exam Handbook by visiting the following website: <http://www.asatt.org/files/Certification/AnesthesiaTechnologistCertificationHandbook5.pdf>

**American Heart Association Basic Life Support (Provider):**

Students will become BLS certified during the summer term. There is no additional cost by the student. Current and valid BLS Provider card is required for program graduation and to attend clinical rotations.

**American Heart Association Advanced Cardiac Life Support:**

Students are required to attend and successfully pass the ACLS course offered during the spring term. There is no additional cost by the student. Current and valid ACLS certification is required for program graduation. ACLS is also required to challenge the ASATT Certified Technologist National Certification Examination.

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### Section III: **Clinical Policies and Regulations:**

#### Clinical Experience Selection:

Hospital sites will be assigned by the Program Director of Anesthesia Technology and/or Clinical Coordinator. Any rescheduling of clinical time will be at the discretion and approval of the Program Director, Clinical Coordinator and the clinical location.

#### Health Requirements:

All students must complete a physical exam by a licensed physician, which verifies the following:

- A. Immunizations (Titers can also be submitted in lieu of vaccines which show a positive immunity to the following):
  - i. Measles
  - ii. Mumps
  - iii. Rubella
  - iv. Tetanus/Diphtheria
  - v. Varicella (2 shot series)
  - vi. Hepatitis B (3 shot series)
- B. TB test (Monteux) must be within 6-months before clinical begins.
- C. General health, including allergies and current medications
- D. Flu vaccine
- E. Negative drug screening

**ALL ABOVE PAPERWORK MUST BE SUBMITTED 30 DAYS PRIOR TO BEGINNING OF CLINICAL ROTATIONS. ALL STUDENTS MUST ATTEND A CLINICAL ORIENTATION.**

#### Communicable Disease Policy in the Clinical Setting:

During the clinical experience, students may encounter patients in their care who have communicable diseases. Provision of the health care carries with it an inherent risk to the provider that can be rationalized when proper infection control measures are observed. This risk should be accepted as an unalterable aspect of the health professions, and as such, can never be justifiably used as a basis for refusing to treat a patient. The Anesthesia Technology Program policy is that no student will be excused from an assigned patient on the basis that the patient has a communicable disease, except when exposure to disease presents risk to an unborn fetus. Proper observance of infection control policies and procedures will always be enforced, thus minimizing the possibility of any student acquiring a communicable disease from a patient. These guidelines may include, but are not limited to; protective tight fitting mask, latex gloves, gowns, and protective eyewear, isolation gown, and shoe covers. Students who refuse to treat assigned patients may be subject to dismissal from the program and will be advised to consider other careers.

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### Clinical Incidents:

1. In the clinical setting, if a student makes an error or a patient has possibly been injured, the clinical instructor should be notified immediately, and an incident report filled out. The same is true if the student is injured.
2. The Program Director and the Clinical Coordinator must be contacted immediately if the student is involved in one of the following incidents:
  - a. A needle stick
  - b. Blood to blood exposure
  - c. Percutaneous and/or mucosal exposure to Hepatitis B, HIV/AIDS,
  - d. Parental or mucus membrane exposure to HIV/AIDS
  - e. Airborne contact with bacterial or viral Tb virus
  - f. Patient exposure, without prior caution, and without proper PPE to the following:
    - i. Methicillin-resistant Staphylococcus aureus (MRSA)
    - ii. Vancomycin-resistant enterococci (VRE)
    - iii. Clostridium difficile (C-DIFF)
    - iv. Carbapenem-resistant Enterobacteriaceae (CRE) and Carbapenem-resistant Klebsiella pneumoniae (CRKP)
    - v. Necrotizing fasciitis (flesh-eating bacterial disease)
    - vi. Meningitis (viral)
    - vii. Creutzfeldt-Jakob Disease (CJD)
    - viii. Fluconazole-resistant Candida (FRC)

The Program Director and Clinical Coordinator (s) will adhere to the College's protocol for such incidents immediately.

### Attendance and Grading Policies:

Successful clinical education is dependent upon students being exposed to and experiencing various situations and patients. This requires dependable, consistent attendance. To assure that students maximize their time, the following policies are in effect:

Attendance is mandatory in all components of the clinical education. Students are permitted two (2) absences/call-offs during each clinical rotation.

All absences must be made up within two-weeks of calling off. Scheduled days off are not counted against the student. However, those hours must also be made up within two-weeks of scheduled time off.

If a holiday happens to fall onto your assigned clinical day, you are NOT permitted to attend clinical site and those hours must also be made up. Any absence beyond two will result in a failing clinical grade.

- 1) Student must arrive at the Anesthesia workroom 10 minutes before the scheduled start time

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- 2) Students must contact their assigned clinical affiliate if they are going to be late.
- 3) The student must also contact the Program Director and Clinical Coordinator if an absence must occur or if the student will be either tardy or leaving early.
- 4) Students must plan to attend clinic for the entire shift scheduled. Any situation that requires a student to leave prior to the end of assigned time the same protocol identified in #3 is to be followed.
- 5) Students must contact their assigned clinical affiliate instructor, Program Director, and Clinical Coordinator, at least one-hour (1) before the scheduled starting time, if they are going to be absent for the day.
  - a. **There are no excused absences in clinical.** All absences will be made up at the discretion of the clinical instructor and the clinical facility. Missed clinical time will be handled individually between faculty and student.
  - b. Students may not be allowed to make up absences if absences exceed more than two in the same semester.
  - c. Making up of the clinical time is based upon the discretion of the Program Director and/or Clinical Coordinator and the Clinical Instructor.
  - d. One absence will result in Clinical Warning Status; second absence will result in Clinical Warning of Failure Status; third and above absence will result in Clinical Failure Status.
  - e. Two late arrivals / early departures equates to one absence, which is Clinical Warning Status. Three late arrivals / early departures equates to Clinical Warning of Failure Status. Four or more late arrivals / early departures equates to Clinical Failure Status.
  - f. Students will be given an E grade if the above attendance requirement is not fulfilled.

**Knowledge:**

All students must pass all quizzes, midterm exam and final exam with a 70% or higher.

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## **CLINICAL POLICIES CONTINUED...**

- 6) In the case of illness, students should contact the clinical instructor/ coordinator or provide an excuse from their physician.
- 7) During clinical, no phones in the department may be used for personal calls.
  - a. Use a public phone if a call is necessary.
  - b. CELLULAR PHONES ARE NOT ALLOWED

### **Dismissal from Clinical:**

Dismissal from clinical may result for any of the following reasons at the discretion of the Program Director, Program Associate Program Director, or Clinical Instructor. All parties just mentioned must be notified of action taken immediately.

Suitable dress is important in the hospital environment for the following reasons:  
To protect the patient, insofar as possible, from microorganisms that can be brought into the hospital from home, school or outside environment to provide for your safety in a variety of clinical settings.

- Failure to comply with any college, program or hospital policies.
- Insubordination toward any faculty or other professional in the clinical setting.
- Inappropriate action towards a patient or their family.
- HIPAA violation.
- Video recordings using your cellular phone or other media device.
- Pictures of patients, anesthesia equipment, or operating room at the clinical site.
- Forging signatures, dates, initials, times, and etc. on any clinical document.

### **Clinical Schedule:**

Clinical assignments are made in advance of clinical rotations. Clinical rotation assignments are made prior to the semester of the clinical course. Copies of the schedule are distributed before the semester begins. Every attempt will be made to accommodate student's needs respective of the clinical site location and scheduling.

### **Clinical Orientation:**

There will be a mandatory clinical orientation prior to the start of each clinical semester. This orientation will be held at the NW campus and is outside of any mandatory hospital orientation that might be required (pertaining to a particular site).

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## Uniform Policies:

1. Scrub sets will be furnished by the agency along with surgical facemasks with or without eye protection, surgical caps, sterile gloves, examination gloves, isolation gowns, and surgical shoe covers.
2. Students may purchase a full length lab coat, and safety glasses. However, such items are not required for class, lab, or clinical.
3. Comfortable shoes or walking shoes are appropriate.
  - a. **None of the following are permitted:**
    - i. Canvas sneakers
    - ii. Sandals or any open-toed shoes
    - iii. Low, Mid-and-High platform shoes
    - iv. Clogs or slip-on shoes
    - v. Crocs or any other vented rubber shoes
4. All students must wear socks or stockings.
5. Minimal jewelry (*we advise none*) is recommended for two reasons:
  - a. Loss is common
  - b. Rings and other jewelry are common sources of bacteria causing cross contamination.
6. If jewelry must be worn please limit to 1 wedding ring/band and 1 small studded earring per ear.
7. Hair must be cleaned and well groomed.
  - a. Males – beards, mustaches, goatees, and/or sideburns must be neatly trimmed.
  - b. Females – extreme or exotic styles are not appropriate.
8. Fingernails must be short and clean
  - a. They are a common source of bacteria and cross contamination
  - b. No fingernail polish is permitted in the clinical setting
9. Makeup should be worn in moderation; excessive makeup is inappropriate. Colors should be subdued.
10. Students must be free of disagreeable odors.
  - a. These include
    - i. Perfumes and cologne
    - ii. Body odor
    - iii. Bad breath
  - b. Students may be requested to leave the clinical facility if attire is not according to the Uniform Code.
11. Students must also abide by any appropriate dress codes imposed by a clinical facility.
12. Eating, drinking or gum chewing is not permitted in the clinical area.
13. Smoking or smokeless tobacco is not allowed at the clinical facility.

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**Forbidden attire in classroom / lab / clinical:**

1. High heeled shoes
2. Boots
3. Torn or dirty tee-shirts
4. Torn or dirty blue jeans,
5. Faded, worn out, ill-fitting dirty clothes
6. Excessive jewelry
7. Loud perfumes
8. Shorts
9. Halter tops
10. Transparent shirts and/or blouses
11. Yoga pants
12. Long fingernails
  - a. Nails must be kept at a length which is conducive to donning gloves without puncturing the gloves.
13. Chipped nail-polish
  - a. Nails may be painted with clear polish.

Students improperly attired and/or with long nails will be dismissed from clinical and marked with an unexcused absence for that particular day, regardless of how many hours were completed.

**Drug Screening:**

Each student, at the cost of the student, must complete a mandatory drug screening thirty (30) days prior to beginning clinical education. Since clinical education begins each fall term, the student will be held responsible to complete the drug screening during the summer term.

If a failed drug test is submitted the student will not be permitted to attend clinical education and thus must temporarily withdraw from the program until the following fall term.

**Clinical Binder:**

Each student is mandated to purchase a 3-ring binder to house all clinical paperwork, per rotation. The following paperwork must be in organized within your binder

1. Timesheets (blank and completed)
2. Clinical Competencies (blank and completed)
3. Absent Document
4. Clinical syllabus
5. Student handbook
6. Mid and Final Evaluations
7. Binder Check Document
8. Preceptor evaluations

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**Clinical Case Logs:**

Students are required, per rotation, to record any and all surgical cases they have participated with or assisted the anesthesia care team with. This report is due weekly, according to the details included within the syllabi. The clinical case log is completed within an excel spreadsheet therefore, Microsoft Office is required for all clinical sections

**Clinical Warning Status:**

The student can be placed on Clinical Warning Status for any of the following reasons:

7. First clinical absence
8. Two late arrivals (tardy)
9. Two early departures
10. Failed competencies
11. Disruptive behavior

Clinical warning status will follow the student throughout the clinical rotation with continued monitoring being completed by Program Director, Associate Program Director, and Clinical Instructor. Only the Program Director can remove clinical warning from a student.

**Appeal Clinical Warning:**

Students are permitted to appeal clinical warning but must do so within two-calendar days of being placed on the warning status. To appeal; the student must follow this process:

6. Email Program Director no later than two (2) calendar days of when warning status was issued. Stating your reason to appeal. This appeal must be in Microsoft Word format and be signed / dated by the student
7. Appointment will be set by Program Director to have face-to-face meeting
  - a. Meeting will take place within seven (7) calendar days of requested appeal
8. Student must present evidence or action plan at appeal hearing
9. Program Director will investigate and report back to the student, in writing, the status of the appeal hearing.
10. A third-party non-affiliate of the program will also attend meeting and this designee will have input regarding the appeal hearing status.

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**Clinical Warning of Failure Status:**

If continued concerns are exhibited by the student, that result in additional documentation the student can be placed on Clinical Warning of Failure Status. The following reasons are listed below:

9. Second clinical absence
10. Four late arrivals (tardy)
11. Four early departures
12. Failed competencies
13. Disruptive behavior

Clinical warning of failure status will follow the student throughout the clinical rotation with continued monitoring being completed by Program Director, Associate Program Director, and Clinical Instructor. Only the Program Director can remove clinical warning of failure status from a student. Although the student could be removed from warning or failure status the student will remain on clinical warning status.

**Appeal Clinical Warning of Failure:**

Students are permitted to appeal clinical warning of failure but must do so within two-calendar days of being placed on the academic status. To appeal; the student must follow this process:

6. Email Program Director no later than two (2) calendar days of when warning of failure status was issued. Stating your reason to appeal. This appeal must be in Microsoft Word format and be signed / dated by the student
7. Appointment will be set by Program Director to have face-to-face meeting
  - a. Meeting will take place within seven (7) calendar days of requested appeal
8. Student must present evidence or action plan at appeal hearing
9. Program Director will investigate and report back to the student, in writing, the status of the appeal hearing.
10. A third-party non-affiliate of the program will also attend meeting and this designee will have input regarding the appeal hearing status.

**Clinical Failure:**

If any of the following actions occur during a clinical rotation the student will receive / earn an automatic failure for that clinical rotation.

13. Third absence
14. Fifth late arrival and/or Fifth early dismissal
15. Harassment towards patients, families, employees, hospital volunteers, and/or students
16. HIPAA violation
17. Unsafe practices
18. Improper conduct
19. Disruptive behavior
20. Unprofessional behavior
21. Unethical patient practice
22. Sleeping while on site
23. Failed competencies

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**Appeal Clinical Failure:**

Students are permitted to appeal clinical failure but must do so by following the student grievance procedure listed in the GRCC student handbook. This appeal process is completed by submitting a student inquiry. The student inquiry paperwork and drop-box is located at the front desk of the Health Science Building.

**Removal from Clinical Site:**

Student may be removed from the clinical site for any of the following reasons. If must be noted; if a student is asked to vacate the clinical site a new site will NOT be awarded to the student. In the event a student is removed from a clinical site a failing grade is earned by the student.

1. HIPAA violation
2. Unethical behavior
3. Harassment toward patients, families, employees, hospital volunteers, and/or students
4. Unsafe practices
5. Improper conduct
6. Disruptive behavior
7. Unprofessional behavior
8. Sleeping

**Appeal Removal from Clinical Site:**

Students are permitted to appeal clinical failure and removal from site but must do so by following the student grievance procedure listed in the GRCC student handbook. This appeal process is completed by submitting a student inquiry. The student inquiry paperwork and drop-box is located at the front desk of the Health Science Building.

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## Section IV: **Program Policies and Regulations:**

### **Failure or Dismissal from Anesthesia Technology Program:**

Students will be dismissed from the Anesthesia Technology Program for the following academic reasons:

1. Failure to maintain minimum attendance standards in clinical courses
2. Incompetence or failure to perform critical procedures at minimum standards as stated in the syllabus and performance objectives.
3. Failure to achieve a minimum grade requirements as described previously.
4. After dismissal from the Anesthesia Technology Program the first time or voluntarily withdrawing:
  - a. Student (s) may apply for re-entry by writing a letter to the Program Program Director at least one (1) semester in advanced that the student is wishing to re-enter.
    - i. *Example:* If a student applies for re-entry at fall term the letter for re-entry must be submitted at beginning of summer term.
  - b. Student (s) must also, if accepted for re-entry, provide updated entry requirements at the expense of the student
    - i. Criminal background check
    - ii. Negative drug screening
    - iii. Immunization records
    - iv. Updated TB examination results (must be negative)
    - v. Updated FLU vaccine (if applicable)
  - c. Student must attend remediation courses; ensuring skills are adequate for re-entry
    - i. The ANE program will not grant re-entry approval if the students' skills or objectives are not suitable (minimum standards) for success in the upcoming term

Students from the Anesthesia Technology Program, regardless of scholastic or clinical standing may be immediately dismissed for any of the following reasons, and may or may not be granted re-admission according to the decision of the Program Director and/or Provost of Health Sciences.

1. Cheating or plagiarizing
2. Leaving the clinical and lab area without permission of the clinical instructor or the OR designate.
  - a. This is an unsafe practice and unethical behavior
3. Reporting for duty or class with the odor of alcohol on breath and/ or bringing alcoholic beverages to the College or hospital premises; or under the influence of other chemical substances.
  - a. This is unsafe practices, disruptive behavior, and improper conduct
4. Bringing guns, knives or other weapons to the College or hospital premises.
  - a. This is unsafe practices, disruptive behavior, and improper conduct
5. Falsifying or misrepresenting records in any manner.

- a. This is unsafe practices, disruptive behavior, and improper conduct
- 6. Behaving in a disrespectful manner towards supervisors and instructors.
- 7. Fighting on the College or hospital premises.
  - a. This is unsafe practices, disruptive behavior, and improper conduct
- 8. Neglecting to follow hospital or Anesthesia Technology policies after a written warning
- 9. Poor attendance or constantly late for clinical.
- 10. Sub-standard classroom or clinical performance.
- 11. Disregard for personal appearance, hygiene, or dress code.
  - a. This is unsafe practices, disruptive behavior, and improper conduct
- 12. Stealing of any hospital property, and/or personal property of others.
- 13. Calling a clinical site and not following the Grievance Procedures.

**Grievance Procedures:**

1. The student must contact the instructor after the grade is issued to discuss any change in grade. You must initiate contact within 90 calendar days of the end of the semester (or session) during which you were enrolled. If you are unable to contact your instructor, contact the Campus President.
2. If the student is dissatisfied with the instructor’s response, the student may appeal the instructor’s decision by obtaining a Student Statement Grade Appeal Form from any GRCC campus Student Services (Administrative) Office, who will advise students of their Rights & Responsibilities.
3. The Student Information and Course Information section is to be filled out completely and reviewed by the Campus President.
4. The student must complete the Student Statement Grade Appeal Form according to the instructions and provide necessary documentation (copies) and any pertinent information.
5. The student returns the completed packet to the appropriate Campus President.
6. Upon receipt of the completed package, the Campus President will request the instructor to complete the Instructor’s Statement Grade Appeal Form within ten business days.
7. Upon receipt of the completed package or, upon failure to receive the Instructor’s Statement within ten business days of the mailing date, the Campus President shall either sustain the instructor’s grade or recommend a grade change to be carried out by the instructor. The Campus President will communicate the recommendation to the student, the faculty member, and the Chair of the Grade Appeal Committee within ten business days. Failure to receive a response within ten business days from the instructor does not constitute or imply a grade will be changed.
8. A recommendation to change a grade requires that the instructor complete and submit a Change of Grade Form to the Campus President within ten business days after receiving notice of the student grade appeal.
9. Either the instructor or the student may appeal the decision in writing within ten business days to the GRADE APPEAL COMMITTEE, c/o Educational Affairs.
10. If the grade is appealed, the appeal shall be heard by a grade appeal committee that is comprised of:
  - a) One faculty member in the discipline (if possible) but not the instructor whose grade is in dispute. Faculty member is appointed by the faculty collective bargaining unit.

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- b) One representative appointed by the appropriate Student Services Administrator.
  - c) A student representative.
11. Both the student and the instructor should be notified of the date, time, and place of the hearing. Both should be available to the Committee should further clarification be necessary. Attendance is not mandatory.
  12. The recommendation of the Grade Appeal Committee will be communicated to the Vice Chancellor for Educational Affairs or successor title, who will either sustain or overturn the recommendation. The student, the faculty member and the Chair of the Grade Appeal Committee will receive a notification in writing of this decision.
  13. Either the student or the instructor may appeal the Vice Chancellor's decision within ten business days to the Chancellor or designee by providing an appeal request, in writing, in care of the Vice Chancellor for Educational Affairs/Successor Title. The decision of the Chancellor or designee shall be final. The student, the faculty member and the Chair of the Grade Appeal Committee will receive a notification in writing of this decision.
  14. If an administrative Change of Grade is necessary, the signature of the Vice Chancellor for Educational Affairs/Successor Title is required.

### **Immunization Requirements:**

Each student must show proof of vaccine history and/or positive immunity from a blood examination (titer test) for entry into the anesthesia technology program. The immunization requirements are as follows:

- A. Immunizations (Titers can also be submitted in lieu of vaccines which show a positive immunity to the following):
  - i. Measles
  - ii. Mumps
  - iii. Rubella
  - iv. Tetanus/Diphtheria
  - v. Varicella (2 shot series)
  - vi. Hepatitis B (3 shot series)
- B. TB test (Monteux) must be within 6-months before clinical begins.
- C. General health, including allergies and current medications
- D. Flu vaccine (when in season)
- E. Negative drug screening (30 days before attending clinical education)

### **Lab and Classroom Requirements:**

Anesthesia technology students, when attending any anesthesia course or lab session must be dressed in full, program specific burgundy scrubs (tops and bottoms). The following must also be followed while attending classroom and/or lab areas for class

1. Women: 1 set small studed earrings, 1 ring per hand, short fingernails, closed toed shoes, make up to a minimum, no perfume, and hair placed into a ponytail if long enough. Otherwise hair must be worn up so all hair fits under a surgical cap.



2. Men: 1 set small studded earrings, 1 ring per hand, short fingernails, closed toed shoes, facial hair short and nicely trimmed, no loud colognes, hair must be in a ponytail if long enough. Otherwise hair must be worn up so all hair fits under a surgical cap.

**Forbidden attire in classroom / lab / clinical:**

1. High heeled shoes
2. Boots
3. Torn or dirty tee-shirts
4. Torn or dirty blue jeans,
5. Faded, worn out, ill-fitting dirty clothes
6. Excessive jewelry
7. Loud perfumes
8. Shorts
9. Halter tops
10. Transparent shirts and/or blouses
11. Yoga pants
12. Long fingernails
  - a. Nails must be kept at a length which is conducive to donning gloves without puncturing the gloves.
13. Chipped nail-polish
  - a. Nails may be painted with clear polish.

Students improperly attired and/or with long nails will be dismissed from clinical and marked with an unexcused absence for that particular day, regardless of how many hours were completed.

**Uniform Policies:**

1. Scrub sets will be furnished by the agency along with surgical facemasks with or without eye protection, surgical caps, sterile gloves, examination gloves, isolation gowns, and surgical shoe covers.
2. Students may purchase a full length lab coat, and safety glasses. However, such items are not required for class, lab, or clinical.
3. Comfortable shoes or walking shoes are appropriate.
  - a. **None of the following are permitted:**
    - i. Canvas sneakers
    - ii. Sandals or any open-toed shoes
    - iii. Low, Mid-and-High platform shoes
    - iv. Clogs or slip-on shoes
    - v. Crocs or any other vented rubber shoes
4. All students must wear socks or stockings.
5. Minimal jewelry (*we advise none*) is recommended for two reasons:
  - a. Loos is common
  - b. Rings and other jewelry are common sources of bacteria causing cross contamination.

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6. If jewelry must be worn please limit to 1 wedding ring/band and 1 small studded earring per ear.
7. Hair must be cleaned and well groomed.
  - a. Males – beards, mustaches, goatees, and/or sideburns must be neatly trimmed.
  - b. Females – extreme or exotic styles are not appropriate.
8. Fingernails must be short and clean
  - a. They are a common source of bacteria and cross contamination
  - b. No fingernail polish is permitted in the clinical setting
9. Makeup should be worn in moderation; excessive makeup is inappropriate. Colors should be subdued.
10. Students must be free of disagreeable odors.
  - a. These include
    - i. Perfumes and cologne
    - ii. Body odor
    - iii. Bad breath
  - b. Students may be requested to leave the clinical facility if attire is not according to the Uniform Code.
11. Students must also abide by any appropriate dress codes imposed by a clinical facility.
12. Eating, drinking or gum chewing is not permitted in the clinical area.
13. Smoking or smokeless tobacco is not allowed at the clinical facility.

#### **Anesthesia Laboratory Rules:**

1. No smoking/vaping or use of chewing tobacco at any time.
2. No food or beverages are permitted.
3. All instruments and equipment must be returned to their proper place at the end of your laboratory class.
4. Instruments and equipment must be handled carefully.
5. No instruments or equipment are to be “borrowed” or removed from the lab.
6. All drapes, trash, etc. must be disposed in proper container.
7. Each student is responsible for cleaning his/her own area.
8. Operating room furniture should be returned to its proper place.
9. Negligent use of needles, sharps, and etc. may result in an injury and removal from learning setting. Offense may include termination from course / program.
10. Negligent use of equipment may result in dismissal from the program and/or payment for repairs to damages and/or the payment to replace the damaged equipment.

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### **Anesthesia Technology Student Call-Off / Late Procedure:**

When not attending classroom, laboratory classes, clinical, and/or schedule tutoring sessions the student is required to call-off through the use of electronic communication. Such items include any of the following: cellular phone call, cell phone text message, and/or email message.

Each call-off should be completed as soon as possible, but no later than, 15 minutes before the scheduled CLASSROOM, LABORATORY, and SCHEDULED TUTORING SESSIONS. Clinical call-off procedure is listed under section III.

Properly calling-off from class exhibits professional courtesy to your instructor and dedication to learning with communication being a key importance. Continuous or specific call-off patterns are found to be true the student can face disciplinary actions up to and possibly including termination from the anesthesia technology program.

### **Classroom and Laboratory Absences:**

Exhibiting positive and continuous attendance has shown to increase knowledge, confidence, and employability for our students. Therefore, attending all scheduled courses can and will help the student become more successful. Each student is expected to attend each scheduled learning session but we understand circumstances beyond your control can prohibit that. It is expected of you, the student, to follow the below requirements to the best of your ability.

- Classroom and Laboratory absences should be no more than three (3) throughout an entire semester for classroom or laboratory class sessions.
  - An absence is defined as: “The state of being away from a place”.
    - When you’re absent from class you miss the opportunities of the following
      - Challenging quizzes (quizzes cannot be made up when absent on quiz day) - \*\*quizzes are unannounced and vary in points
      - Submission of homework (cannot be submitted after due date)
      - Challenging your examinations (cannot be made up if absent on exam day) - \*\*examinations are ALWAYS announced in advanced

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## Excessive Classroom and/or Laboratory Absences:

The following is the chain of events if excessive absences is witnessed by the student; broken down per semester.

1. Fall and Spring Semesters
  - a. Third absence:
    - i. Student is placed on Attendance Warning status and document is placed into student file
      1. At the third absence you would have missed 20% of class material
  - b. Fourth absence:
    - i. Student is placed on Attendance Warning of Failure status and document is placed into student file
      - a. At the fourth absence you would have missed 27% of class material
      2. Student **MUST** attend tutoring / remediation sessions with instructor to make up missed class time. This is documented and placed into student file
      3. Once class time has been made up the student will be removed from Warning of Failure but will remain in Attendance Warning status
    - ii. If a fifth absence occurs BEFORE previous absent time is made up the student will fail the course
  - c. Fifth absence:
    - i. Fifth absence will result in Attendance Failure status and document is placed into student file
      1. At the fifth absence you would have missed 33% of class material
    - ii. If a student is absent for a fifth (5<sup>th</sup>) class, regardless if make-up time was completed, the student will fail the course and will earn an “E” on their transcript
      1. If this occurs, the student must wait until the course is offered again, which in many cases, is one-year
2. Summer Semesters
  - a. Third absence:
    - i. Student is placed on Attendance Warning status and document is placed into student file
      1. At the third absence you would have missed 13% of class material
  - b. Fourth absence:
    - i. Student is placed on Attendance Warning of Failure status and document is placed into student file
      - a. At the fourth absence you would have missed 18% of class material
      2. Student **MUST** attend tutoring / remediation sessions with instructor to make up missed class time. This is documented and placed into student file
      3. Once class time has been made up the student will be removed

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from Warning of Failure but will remain in Attendance Warning status

- ii. If a fifth absence occurs BEFORE previous absent time is made up the student will fail the course
- c. Fifth absence:
  - i. Fifth absence will result in Attendance Failure status and document is placed into student file
    - 1. At the fifth absence you would have missed 30% of class material
  - ii. If a student is absent for a fifth (5<sup>th</sup>) class, regardless if make-up time was completed, the student will fail the course and will earn an “E” on their transcript
    - 1. If this occurs, the student must wait until the course is offered again, which in many cases, is one-year

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**ANE Student Handbook Acknowledgement:**

Student Name: \_\_\_\_\_ ID Number \_\_\_\_\_

Start Year: 20\_\_

I, (student name) \_\_\_\_\_ hereby confirm that I have access to and/or received a copy of the updated Anesthesia Technology Program STUDENT HANDBOOK. Program located at Grand Rapid Community College.

Further, I understand the responsibilities expected of me (the student) being accepted into and enrolled within the Anesthesia Technology program. The policies, procedures, rules, regulations, and practices as stated in this document; and, that all students will be held accountable for their own actions and may be subject to disciplinary protocols listed in the handbook.

Furthermore, the information presented throughout the anesthesia technology student handbook directly align with principles and guidelines of Grand Rapid Community College and the Student Handbook published by the College.

By signing this document, I acknowledge that I have received, read, and agree with the contents listed within the Anesthesia Technology Student Handbook.

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ Original copy – Student file

\_\_\_ Copy – Student

Disclaimer: The Anesthesia Technology program reserves the right to make changes to this document at any given time. You will be notified of any changes that are made and appropriate addendums will be implemented.

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