

Chairman Nosse, members of the Committee,

My name is Katie Heistand.

I work as Certified Surgical Technologist in Portland, Oregon.

We oppose removing the requirement for accredited education from the current law.

I want the committee to know surgical technologists work independently. A vast majority of moves and decisions made during the day by surg techs are made based on our knowledge and not directions.

Before surgery, surgeons and nurses rely on surg techs to *independently* ensure the right instruments are in the room and to set up the room using perfect sterile technique. It's a really bad day when a surg techs doesn't have the right instruments and it's realized mid surgery necessary instruments are not available. Accredited programs teach instruments for every type of case.

During surgery, the surgeon's eyes are on the surgical site, not the surg tech. Nurses depend on surg techs to perform their job well and protect the patient while they are busy with many other tasks. Also, the surg tech role continues to grow in independence as surgery becomes more complex. Robotic surgery is a great example; the surgeon isn't even near the sterile field.

Surgical technologists maintain the sterile surgical field to ensure surgical team members adhere to sterile technique to prevent surgical site infections. Sterile technique becomes very complex quickly in certain cases, such as breast cancer cases with one healthy breast being removed, open abdominal cases, and combined ENT/brain surgeries in which a tumor crosses a boundary. Accredited programs give students a chance to practice sterile technique away from the patient, which is especially important with the recent outbreak of a multidrug resistant fungus.

Thank you for your time.

Katie Heistand, CST

Center for Specialty Surgery that works in collaboration with Providence.

Portland, Oregon