







# Petition to Require Certified Surgical Technologists

Petition summary and background	<p>Whereas, Surgery is a high risk area with more than 29.8% of all sentinel events reported in the March 31<sup>st</sup>, 2009 Joint Commission report as being associated with surgery. These harmful events included wrong site surgery, operative and postoperative complications, and retention of foreign bodies. Joint Commission has also identified key areas that require National Patient Safety Goals. National Patient Safety Goals initiated to prevent harm to the patient included recommended protocols to prevent wrong site surgery, surgical fires, foreign body retention, and surgical site infections.</p> <p>We propose that every Florida patient should receive care during invasive procedures from a properly credentialed surgical technologist or operating room technician. A Certified Surgical Technologist (CST) who has graduated from an accredited program, passed a national certifying examination and then maintained their credential through continuous education demonstrates evidence that they have met the national standard regarding the knowledge and skills necessary to function safely in the provision of safe patient care during invasive procedures.</p>				
Action petitioned for	<p><b>We, the undersigned, are concerned citizens who urge our leaders to act now to support a bill that requires persons functioning as a surgical technologist or operating room technician during invasive procedures to provide proof of current certification as a Certified Surgical Technologist (CST) to work in the State of Florida from the time this bill is passed forward.</b></p>				
<b>I am a registered voter of Florida.</b>	<p><b>Note: All information on this form becomes a public record. Under Florida law, it is a first degree misdemeanor, punishable as provided in s. 775.082 or s.775.083, Florida Statutes, to knowingly sign more than one petition for a candidate, a minor political party, or an issue. [Section 104.185, Florida Statues.] IF all information on this form is not complete, the form will not be valid.</b></p>				
<b>Printed Name as on your Fla. voter's card.</b>	<b>Signature</b>	<b>Address</b>	<b>County of Residence</b>	<b>Voter Registration Number or Date of Birth</b>	<b>Date</b>