

SPOKANE COMMUNITY COLLEGE

NURSING PROGRAM STUDENT HANDBOOK

CONCEPT BASED CURRICULUM



SPOKANE COMMUNITY COLLEGE NURSING DIVISION
Handbook policies, schedules, and paperwork are subject to change.

Revised August 2021

Contents

1. INTRODUCTION	1
1.1 Purpose of Handbook	1
1.2 Overview of the Nursing Program	2
1.3 Philosophy	4
2. METHODS OF INSTRUCTION	7
2.1 Instructional Settings	7
3. CCS POLICIES ON NONDISCRIMINATION.....	8
3.1 Persons with Disabilities Statement.....	8
3.2 Veterans	8
3.3 Rights and Responsibilities.....	9
4. PROGRAM POLICIES	10
4.1 Dress Code Policies	10
4.2 Math Policies	11
4.3 Student Conduct Expectations	13
4.4 Academic Integrity.....	14
4.5 Dismissal Policy.....	14
4.6 Withdrawal.....	15
4.7 Re-admission Policy	15
4.8 Time Period for Completion of Program.....	16
4.9 Course Failure Policy.....	16
4.10 Clinical Medication Administration Policy	20
4.11 Social Media Policy	22

4.12 Class Representative Role and Responsibilities	27
4.13 Clinical Orientation Required Attendance Policy.....	28
4.14 Handbook Disagreement Policy	28
5. GUIDELINES FOR THEORY AND CLINICAL EVALUATION.....	29
5.1 Theory Evaluation	29
5.2 Clinical Evaluation.....	29
5.3 Clinical Attendance Policy	31
5.3a Quarantine Related Absence.....	32
5.3b COVID-19: Second Year Students ONLY: Plan for Patient Care	32
5.4 Simulation.....	32
5.5 Computer requirements.....	33
5.6 Quarterly Skills Return Demonstration	33
5.7 Laboratory Skills Requirements.....	34
5.8 Laboratory Evaluation	35
5.9 Laboratory Attendance Policy	35
5.10 Incident Report	36
5.10a Clinical Incident Policy.....	36
5.11 Blood-borne Pathogen Exposure Guide.....	36
5.12 Pregnancy	36
5.13 Injuries and Surgeries.....	37
5.14 Electronic Devices	37
5.15 Scope of Practice Decision Tree.....	37
5.16 Licensure Information	39
6. REQUIRED DOCUMENTATION.....	40

6.1 Clinical Passport.....	40
6.2 Criminal Background Check.....	42
6.3 Drug Screening.....	43
7. CURRICULUM	43
7.1. Course Schedule.....	43
7.2 Textbook Policy.....	45
7.3 Grading Policy	46
7.4 Testing Policy	47
7.5 Grading Scale	47
7.6 Paper Organization	47
7.7 Pinning.....	48
7.8 Graduation.....	48
7.9 Guidelines for Addressing Student Concerns.....	48
8. MISCELLANEOUS INFORMATION.....	50
8.1 Counseling	50
8.2 Career Services/Job Placement	50
8.3 Student Nursing Employment Opportunities	50
8.4 Learning Resources	52
8.5 Holidays/School Closures.....	52
8.6 Financial Aid.....	53
8.7 Visitors and Children.....	53
8.8 Vocational Clubs/Campus Activities.....	53
8.9 Nursing Club.....	53
8.10 Student Services.....	53

8.11 Telephones	53
8.12 LRC – Learning Resource Center	54
8.13 Smoking, Eating, and Drinking.....	54
8.14 Licensing Exams Option (NCLEX-PN® and NCLEX-RN®)	55
9. APPENDIX	56
9.1 Passport Form.....	56
9.2 Video Consent Form.....	58
9.3 SCC Student Clinical Contract	59
9.4 Medical Accident/Emergency Form	61
9.5 Clinical Agreement Form.....	62
9.6 Sample Clinical Poster	64
9.7 Incident/Accident Report.....	65
9.8 Log of Events.....	66
9.9 Student Conduct Incident Report	68
9.10 Student Academic Progress Report	69
9.11 Clinical Conduct and Performance Contract	70
9.12 Course Failure/Withdrawal Form	71
9.13 Student Concerns Form and Guidelines.....	73
9.14 Student Supporter Acknowledgement Form	78
9.15 VA Medical Center Medication Policies and Procedures	79
9.16 DEACONESS MEDICAL CENTER MEDICATION POLICIES AND PROCEDURES.....	88
9.17 Providence Medication Policies and Procedures	91
9.18 Valley Hospital Medication Policies and Procedures	96
9.19 Invasive Procedures Consent Form	98
9.20 COVID-19 Safety Training	102

9.21 Student Handbook Signature Page.....	104
--	------------

SPOKANE COMMUNITY COLLEGE NURSING DIVISION

STUDENT HANDBOOK 2021-2023

1. INTRODUCTION

Note: Changes can occur in any policy or guideline, including date of implementation, at any time. If this occurs, affected students will be notified through the Spokane Community College (SCC) learning management system, via posting announcements and in class announcements.

1.1 Purpose of Handbook

The SCC Nursing Division Student Handbook explains the policies and guidelines of the Nursing Program. Students are responsible for familiarizing themselves with the handbook, as faculty will refer to it throughout the program. Students need to sign and submit the Student Handbook Signature Page (see Appendix), located on the last page of this document, indicating that they have read, understood, and will follow all the policies of the handbook. The signed and completed “Student Handbook Signature Page” must be uploaded into American Data Bank on the first day of each academic quarter. Students must go to American Data Bank and e-sign the Signature Page on the first day of each quarter.

Brief History of the Nursing Program

The Practical Nursing Program (PN) began in 1950 at Spokane Technical and Vocational School in what is now Building 1 on Mission Street. The Associate Degree Program (ADN) began in 1970 at Spokane Community College with thirty enrolled students and three full-time faculty. This was in response to a national trend initiated by nursing leader Mildred Montague to place nursing education in collegiate settings, specifically community colleges. During this time, the Nursing Department was comprised of two separate programs, the PN and ADN tracks. The PN program consisted of four quarters and the ADN of six quarters, with admission restricted to Fall Quarter.

Nursing faculty revised the curriculum in 1985, instituting a ladder concept that facilitated progression from LPN to RN and resulted in admissions during both Fall and Spring quarters. In 1987, the Upward Mobility track was added, which allowed practicing LPNs to complete their RN degree. In 1999, an articulation agreement was developed with Washington State University’s College of Nursing to create a bridge enabling Associate Degree graduates to complete their Bachelor of Nursing Science. In 2008, SCC developed a simulation and learning laboratory to enhance student performance.

In 2014, Spokane Community College as well as several other colleges and universities in Washington state began working on adopting the new Associate in Nursing Direct Transfer Agreement/Major Related Program (DTA/MRP). This program degree streamlined the number of credits required for an Associate degree in Nursing and decreased the time and cost to earn a BSN degree. The Nursing Program implemented the DTA curriculum in Fall 2015.

The Nursing Program explored a new curriculum in 2014. After considering different models, a concept-based curriculum was chosen for delivery of the program and was started in fall of 2016.

Accreditation/Approval

The Nursing Program is approved by the Washington State Care Quality Assurance Commission, 310 Israel Rd, Tumwater, WA 98501, and is fully accredited as of November 2011 by the Accreditation Commission for Education in Nursing (ACEN) (formerly the NLNAC), 3390 Peachtree Road NE, Suite 1400, Atlanta, GA 30326. SCC Nursing accreditation is in affect through the next scheduled site visit in Fall of 2024.

1.2 Overview of the Nursing Program

Purpose

SCC's Nursing Program provides students who have completed their prerequisites in nursing with the opportunity to advance their education in the nursing profession as registered nurses. The curriculum supports the required knowledge base. SCC encourages diversity by actively recruiting both traditional and non-traditional students.

The Nursing Program curriculum uses the concept-based approach to learning which allows for a focus on the understanding of broad concepts that are applied to specific exemplars. Students learn to recognize features of a condition and apply what they have learned to a variety of situations. Students are introduced to learning material prior to class. Classroom time focuses on interactive learning, where the student deepens their understanding of the content through discussion with peers and problem-solving activities facilitated by instructors.

Mission Statement of the Nursing Program

SCC's Nursing Program meets community needs by preparing graduates for entry-level practice in a variety of healthcare settings. The Nursing Program offers quality, student-centered education, emphasizing critical thinking skills, clinical reasoning, patient-centered care, and lifelong learning. Nursing students are provided with the opportunity to succeed in a supported environment that enhances individual and professional growth through academic, personal and professional development. Nursing graduates are well prepared to transfer their nursing degree credits in pursuit of their next step in their educational plan. The nursing program reflects SCC's Mission in its support of a diverse community of adult learners.

Vision

The SCC Registered Nurse Program aims to:

- Utilize and expand on students' previous knowledge and life experiences with education and further acquisition of knowledge
- Bridge conceptual practice models with physical healthcare work environments
- Foster scientific inquiry and research to achieve evidenced-based care

- Develop nurse leaders and overall professionalism by inspiring a passion for excellence through interdisciplinary collaboration, teamwork, and the effective utilization of resources and technology
- Promote lifelong learning

Additionally, SCC's Nursing Program emphasizes SCC's Student Learning Outcomes:

The Student Learning Outcomes Initiative at Spokane Community College is committed to enriching the educational environment so that the power and growth of learning are valued by all members of the college. We are dedicated to seeing our students demonstrate the following critical Student Learning Abilities as they relate to our institution and the larger community. SCC faculty has identified four ability areas that we believe all students need to succeed beyond their formal education: responsibility, communications, critical thinking, and global awareness.

- **Responsibility:** Students will develop the ability to recognize, understand and accept ownership for their learning by self-assessing, demonstrating, and evaluating behaviors that support the learning situation.
- **Communication (oral and written):** Students will demonstrate the ability to create meaning between themselves and their audience; learn to listen, read, speak, and write effectively using graphics, electronic media, computers, and quantified data.
- **Critical Thinking:** Critical thinking is the purposeful and self-regulatory process of conceptualizing, interpreting, applying, analyzing, synthesizing, and evaluating information gathered from or generated by observation, experience, reflection, reasoning, or communication as a guide to belief and action.
- **Global Awareness:** Students will demonstrate an awareness and appreciation of the world; its scientific complexity, its social diversity, and its artistic variety.

Mission Statement of Spokane Community College

The mission of Spokane Community College is to offer educational opportunities in college readiness, workforce training, and university transfer that meets the needs of diverse communities we serve. SCC is committed to student success through active learning, dynamic relationships and supportive environments.

The college has identified four core themes to further define the mission which are used to evaluate mission fulfillment.

- **Workforce Development**
SCC's professional technical certificate and degree programs are industry standard, preparing students for entry-level positions in their discipline.
- **Academic Transfer**
Students enrolled in Academic Transfer courses are well prepared and successful as they transfer their coursework and/or Associate degrees in pursuit of the next step in their education plan.

- **College Readiness**
College Readiness programs meet the needs of students and prepare them for college-level courses while empowering them to succeed academically, personally, and professionally.
- **Student Success**
Students are provided with the opportunity to succeed in a supported environment that enhances individual and professional growth through academic, personal and professional development.

1.3 Philosophy

The Nursing Program at SCC operates in accordance with the mission and values of SCC and the Community Colleges of Spokane (CCS), District 17. The faculty believes that it is the responsibility of the Nursing Program to provide equal opportunities for all persons through lifelong learning. Furthermore, the Nursing Program provides students with the knowledge and skills to become professional and safe nurses in the ever-changing healthcare environment.

Nursing is an applied science that includes theory-based courses and practical application of knowledge. Professional nursing practice is grounded in the social, biological and the physical sciences. Nurses possess a unique body of knowledge based on critical thinking and reasoning; utilization of the nursing process; principles of caring and collaboration; evidence-based scientific and behavioral knowledge; accountability and integrity; and teaching and learning in meeting the needs of patients. SCC's Nursing Program prepares each student to care for diverse individuals, families, and communities across the lifespan in a variety of inpatient, ambulatory, and community-based settings.

Central to SCC's nursing philosophy is caring and collaboration. Each patient is viewed as a unique human being with innate dignity and worth. Nurses manage care through prioritization based on the principles of delegation, supervision, resource management, and information technology for patients in a variety of settings. The faculty believes nurses create partnerships with patients that are the source of control in providing compassionate care based on respect for the patient's preferences, values, and needs. Furthermore, nurses coordinate care between the patient and other members of the healthcare team in order to achieve optimal patient, societal, and organizational outcomes. Nurses demonstrate effective clinical decision-making through the utilization of current evidence-based practice and clinical judgment; this ensures patient, staff, and system safety.

Evidence-based practice is a fundamental component of providing optimal care. Nurses need to become proficient in acquiring knowledge and information literacy as well as applying best practices. The Nursing Program incorporates the Institute of Medicine Report, "The Future of Nursing: Leading Change, Advancing Health" (2010), which emphasizes the need for quality, safety, education, and knowledge across the health care system (QSEN, 2014). The faculty values continuous improvement in clinical practice as a central component of lifelong learning, acquisition of new knowledge and patient-centered care. The program participates in on-going evaluation and quality improvement that contribute to care and patient outcomes.

The faculty believes that integrity and accountability are integral components in the performance of safe care, where vigilance and monitoring of student and faculty performance are critical to providing patient-centered care. Faculty believes that students need the tools to discuss and actualize the impact of national patient safety resources, initiatives, and regulations. The program promotes a just culture within the learning environment and encourages open communication strategies, error reporting, and remediation.

Based on the theories of Malcom Knowles, the faculty acknowledges that nursing education is an active, continuous process manifested in psychosocial, developmental, and measurable changes in student behavior. Motivation, attitude, and abilities are essential components of effective student learning. The teaching and learning process is a shared activity between faculty and students. Faculty strives to recognize and foster the unique talents of every student while encouraging students to take responsibility for directing their own learning.

Nursing education is a dynamic process that promotes competence, independence and collaboration to improve the quality of health care. Faculty are committed to develop individualized teaching methodologies that facilitate student learning and skills needed to be safe novice professional nurses in a rapidly evolving healthcare environment. The curriculum allows graduates to embrace lifelong learning and move from one level to the next, including advancement to the Bachelor of Science, Masters, or Doctoral Degree in Nursing.

Spokane Community College Nursing Program Graduate Outcomes:

- Performance on NCLEX-RN will be at or above 80%.
- Program completion rate will be at or above 70% within 150% of time.
- 80% of graduates who respond will report that they were satisfied with their education on the Graduate Satisfaction Survey at 6-12 months post-graduation.
- 85% of employers who respond will report being satisfied with our graduates' performance on the Employer Satisfaction Survey at 6-12 months post-graduation.
- 80% of graduates from the SCC nursing program will be employed in the field of nursing within 12 months of graduation.

Spokane Community College Nursing Program Learning Outcomes:

- **Professionalism:** The graduate will demonstrate accountability and integrity while utilizing legal standards and ethical values that govern professional nursing practice.
- **Collaboration:** The graduate will coordinate care with the patient, significant support systems, and other members of the healthcare team to achieve optimal patient and organizational outcomes.
- **Clinical Decision Making:** The graduate will utilize best current evidence-based practice and clinical judgment to ensure patient, staff and system safety in a variety of healthcare settings.

- **Caring:** The graduate will create partnerships with the patient as the source of control in providing compassionate care based on respect for the patient's preferences, values, and needs.
- **Management of Care:** The graduate will prioritize care based on principles of delegation, supervision, resource management, and information technology for patients in a variety of settings.

Standards of Nursing

I. Washington Administrative Code (WAC)

The Washington Administrative Code (WAC) is "regulations of executive branch agencies that are issued by authority of statutes" (Washington Administrative Code). Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency. The online version of the WAC is updated twice a month and can be accessed at RCW: Revised Code of Washington (www.apps.leg.wa.gov/wac/).

The law relating to nursing care sets forth the legal standard of care for healthcare professionals in the state of Washington. Health care professionals, including registered nurses, licensed practical nurses, certified nurse assistants and nurse technicians, are held to these laws and can be disciplined for non-compliance according to the Uniform Disciplinary Act. Nurses need to be aware of and follow the law. The online version can be accessed at <http://www.doh.wa.gov/portals/1/Documents/2900/uda.pdf>. Comments, concerns and/or complaints may be initiated electronically at hpqa.csc@doh.wa.gov or by mail at Board of Nursing, Washington State Nursing, P.O. Box 47864, Olympia, WA 98504-786; in person at 111 Israel Rd SE, Tumwater, WA 98501; or by phone 360.236.4700 or fax at 360.236.4818.

II. American Nurses Association (ANA) Code of Ethics

The American Nurses Association developed the profession's code for ethics called the Code of Ethics for Nurses. ANA Nursing Ethics is part of The Center for Ethics and Human Rights, which maintains the ANA Nursing Code of Ethics: American Nurses Association, Code of Ethics for Nurses with Interpretive Statements, Washington DC: American Nurses Publishing, 2015, www.nursingworld.org.

As a registered nurse, you will be held to this standard of practice, which will guide your ethical conduct and assist you in discharging your professional responsibilities to the public, other members of the health team, and to the profession. It is expected that as a graduate of the Nursing Program you will model your practice based upon the Code of Ethics as outlined below:

- **Provision 1:** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- **Provision 2:** The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.

- **Provision 3:** The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- **Provision 4:** The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- **Provision 5:** The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- **Provision 6:** The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- **Provision 7:** The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development and the generation of both nursing and health policy.
- **Provision 8:** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- **Provision 9:** The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession and integrate principles of social justice into nursing and health policy.

2. METHODS OF INSTRUCTION

2.1 Instructional Settings

SCC incorporates a variety of teaching strategies to create a positive learning environment within the following instructional settings:

- **Classroom:** Students are expected to actively participate in the classroom experience. Theory courses provide students a base of knowledge to build upon as they progress each quarter. If mandated by the college or State of Washington, the college may require that some classes are offered virtually. Students may be required to submit assignments electronically.
- **Hybrid:** Students will attend required on campus classes as well as complete assigned online activities and assignments per the syllabus and course calendar
- **Nursing Lab:** Learning nursing skills in a laboratory setting is an essential part of the curriculum. Prior to caring for patients in the clinical setting, students practice in the lab to facilitate learning and safety. It is here that students are introduced to skills, concepts and procedures they will apply in their clinical settings. Students utilize the nursing skills lab to practice basic and advanced nursing skills during faculty supervised classes and demonstrations as well as during independent practice time. Simulation is included as a learning tool throughout the program.
- **Clinical:** The clinical component of the program gives students the opportunity to put into practice both lab skills and theory content. Students provide patient care through clinical

practice in a variety of settings in Spokane and the surrounding areas. SCC nursing faculty supervises clinical rotations.

3. CCS POLICIES ON NONDISCRIMINATION

The Community Colleges of Spokane, both as a public institution of higher education and as an employer, recognizes its responsibility in providing cultural and social leadership and to uphold the laws of the United States and the state of Washington regarding nondiscrimination. In that regard, the fostering and developing of values that promote open-mindedness, awareness, sensitivity, and respect for differences including perspectives of those of a different race, color, sex, religion, creed, age, marital status, national origin, sexual orientation, disability, and veteran status will be encouraged.

The understanding of social and cultural traditions of different minority groups, women and disabled persons in both classroom and working environments is a fundamental role of this college district.

Prejudice and bigotry; including racism, sexism and any other bias that creates barriers, perpetuates stereotypes or promotes ignorance, is contrary to the mission and obligations of the community colleges and has no value or place in this academic community.

Confirmed violations of this policy by any student or academic, classified or administrative employee may lead to corrective discipline including suspension and dismissal.

3.1 Persons with Disabilities Statement

In accordance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, accommodations for students with disabilities will be considered at the student's request. The student will be required to register with the Disability Support Services office and provide documentation of disability. Once the Director of Disability Support Services qualifies the student as having a disability, requested accommodations will be considered. Accommodations for the classroom, laboratory, or clinical setting will be considered according to reasonableness. The disability services office will provide an official Letter of Accommodation to nursing faculty. Accommodations will not be considered without an official Letter of Accommodation from the disability services office. Accommodations that compromise patient care, or that fundamentally alter the nature of the program or activity, are not considered to be reasonable. A student who believes they have been denied accommodation(s) may follow the CCS grievance procedures, which can be found here: <https://scc.spokane.edu/For-Our-Students/Student-Resources/Disability-Support-Services/Grievance-Procedure>.

3.2 Veterans

SCC appreciates students who have served our country and understands that students with military experience may face unique challenges in completing their educational goals. The

Veteran's One Stop can be found in the Lair Student Center (Building 6, Room 0112), or can be contacted at (509) 533-7027 or (509) 533-7274. Additionally, lists of faculty who are registered as "Veteran Friendly Contacts" are posted in all buildings on campus. More information, including a complete list of Veteran Friendly Contacts, can be found at: <http://www.scc.spokane.edu/?vetaffairs>.

3.3 Rights and Responsibilities

Classroom Conduct (WAC 132Q-10-101)

Admission to the Nursing Program within CCS carries with it the assumption that students will conduct themselves as responsible members of the academic community. This includes an expectation that students will obey the law; comply with policies, procedures, and rules of the district, the colleges, and their departments; maintain a high standard of integrity and honesty; and respect the rights, privileges, and property of other members of CCS.

Classroom Conduct (WAC 132Q-10-500)

- Faculty members have the authority to take appropriate action to maintain order and proper conduct in the classroom and to maintain the effective cooperation of students in fulfilling the objectives of the course.
- Bringing any person, thing or object to a teaching and learning environment that may disrupt the environment or cause a safety or health hazard, without the express approval of the faculty member, is expressly prohibited.
- Faculty members or college administrators have the right to suspend any student from any single class or program, up to three instructional days, if the student's misconduct creates disruption to the point that is difficult or impossible to maintain the decorum of the class, program or the learning and teaching environment. The faculty member or college administrator shall report this suspension to the chief student services officer and in collaboration with the nursing administrator may set conditions for the student upon return to the class or program.
- The student may appeal the classroom suspension to the Dean of Student Services who may authorize an earlier return by the student only after consultation with the faculty member or appropriate administrator. The chief student services officer's decision is final.

What constitutes disruptive behavior?

Examples include anything that prevents an instructor from effectively conveying information to the class, such as:

- Sleeping
- Rudeness to peers, faculty, staff, or guest speakers
- Talking in class

- Unwanted physical contact
- Any form of sexual harassment toward others
- Offensive personal hygiene
- Excessive questioning or commenting
- General disruption
- Personal use of cell phones/texting

Disciplinary Action for classroom, lab, and clinical setting (WAC 132Q-30-400)

Discuss with student, instructor, department chair, and Associate Dean of Nursing the incident that occurred and, if warranted, forward for college discipline. A Student Conduct Incident Report will be completed and placed in their file (see appendix). Sanctions that may be imposed include:

- Disciplinary warning
- Reprimand
- Disciplinary probation
- Dismissal

Drugs and drug paraphernalia banned (WAC 132Q-30-228)

Use, possession, manufacture, or distribution of marijuana, narcotics, or other controlled substances, and drug paraphernalia except as expressly permitted by federal, state, and local law.

For additional information, see the Washington State Community College District #17, Rules of Conduct and Procedures of Enforcement and Summary Suspension Rules, or the college catalog.

4. PROGRAM POLICIES

4.1 Dress Code Policies

College Classroom

Students will wear appropriate dress for all college classes. Proper attire and appearance enhance personal credibility and that of Spokane Community College with patients, their families, and the facility personnel.

Clinical and Lab

- Students are expected to dress in a professional manner at all times and uniforms are to be worn for clinical and lab classes. The SCC nursing uniform must be worn while visiting clinical facilities when researching clinical assignments. The uniform policy will be handed out during orientation; only the specific style numbers and colors with SCC logo are permitted.
- Students may wear professional business attire and closed-toe shoes or their student uniform when attending open lab.

SCC nursing students bear the responsibility to conduct themselves and dress in a manner that reflects professionalism. Cell phones or pagers are permitted only if the clinical policy permits.

Students not following these dress code requirements will be sent home from clinical or lab:

- Clean, neat and the proper sized garments with SCC logo scrubs
- SCC blue scrub jacket (optional)
- Photo I.D. must be worn at all times
- Wedding rings allowed but no large stones in rings, which can catch on linens or scratch patients
- Plain posts may be worn for pierced ears. No other visible body jewelry or facial piercings are allowed
- Hair must be neat, clean, and off the collar or tied back (plain elastic hair accessory)
- Hair color must be a natural color and facial hair must be neat and trimmed
- Makeup must be applied in a professional manner
- Socks must be a solid color of either white, navy blue, or black
- A solid color blue or white shirt, with short/long sleeves may be worn under SCC scrub top
- Shoes must be a plain white, black, brown or navy (coupled with black or navy blue socks), impervious material, with closed toe and back and minimal logos
- Nails must be natural, unpolished, trimmed, and short
- Body tattooing must be covered with natural color bandages or makeup
- Cologne, perfume, or offensive odors (such as smoke smell or body odor) are not permitted
- Chewing gum is not permitted.

Psychiatric Mental Health

Students do not wear their uniform on the psychiatric units. Professional attire is required—casual attire such as jeans, shorts, sweatshirts, t-shirts, leggings worn as pants and sandals is not permitted

4.2 Math Policies

- Math exams will begin on the first day of class for all quarters except the first quarter of the program. The math exam for the first quarter will be arranged per the instructor
- Math related to intravenous fluid and medication administration is included in math exam given at the beginning of the fourth quarter.
- Students must pass the math test each quarter at 100%
- Students who fail to achieve 100% on the second exam will retake a third complete exam; failure to obtain 100% on the third exam will result in failure for the course
- Students must wait 24 hours between attempting the next proctored exam
- The final math test must be completed by the 10th day of the quarter, with the exception of the first quarter of the program.

- You may not pass medications in the clinical setting if you have not successfully passed the math test with 100%; it is the student's responsibility to inform the clinical instructor of their status of the math test.

Guidelines for Math Problems

- Clinical calculations are included on nursing exams. A non-programmable calculator is allowed. Rounding rules for clinical calculations are as follows:
- 1. If the answer is less than one (1), take it out to the thousandth place (3 places) and round to the hundredth place (2 places).
- 2. If the answer is greater than one (1), take it out to the hundredth place (2 places) and round to the tenth place (1 place).
- 3. If the problem is a time problem with an answer such as 3.462 hours, you have to figure minutes, after taking the answer out to three places. Do not round until the end. (Ex: $0.462 \times 60 = 27.72 = 28$ minutes)
- 4. For tablets, if you have a problem that results in an answer of 0.5 tablet, do not round up. If there is a question that results in a partial tablet(s) tablets may only be cut when they are scored.
- 5. Capsules are different. You cannot give a part of a capsule; therefore, capsules have to be a whole number.
- 6. For converting lbs. to kg for weight-based medications, the answer should be carried out to the hundredth position and not rounded until the end of the problem. Rounding early in the problem results in at least double rounding and will give you the wrong answer in the end. Note: the only acceptable conversion from lbs. to kgs is to divide the lbs by 2.2 or from kg to lbs is to multiple the kgs by 2.2.
- 7. For IV fluids being administered by gravity (gtts/min), the number of gtts must be expressed as a whole number. Therefore, you would round to the nearest whole drop. **(Ex: $34.5 = 35$ gtts/min, $38.4 = 38$ gtts/min)**
- 8. For IV fluids being administered by an IV pump (ml/hr) the number of mls is expressed to the nearest tenth. Therefore, you would round to the nearest tenth. **(Ex: $21.67 = 21.7$ ml/hour or $21.42 = 21.4$ ml/hr)**
- 9. Pediatric medications require precise calculations. Therefore, regular rounding rules apply for the rates of IV fluids to be administered by an IV pump to patients under age 12 or weighing less than 65 lbs. **(Ex: 24.58 ml/hr = 24.6 ml/hr, 52.32 ml/hr = 52.3 ml/hr)**
- 10. Do not include a trailing zero. **(Ex: 12.0 ml would simply be expressed as 12 ml)**
- 11. Be sure to include a leading zero for all numbers less than one. **(Ex: $.25$ ml should be expressed as 0.25 ml)**

4.3 Student Conduct Expectations

Students will maintain a professional attitude at all times and conduct themselves as mature adults. Instructors, as well as hospital or college staff, are not responsible for unprofessional or unsafe student behavior. Instructors can expect reasonable and acceptable student behavior at all times, in the classroom and at clinical sites. All code of conduct information can be found on the CCS website: [CCS Student Code of Conduct](#)

As adult learners, students enrolled in the Nursing Program are expected to behave in the following ways:

- Follow all policies outlined in the Nursing Student Handbook and SCC College Catalog
- Attend clinical, lecture and lab as scheduled
- Practice both newly- and formerly acquired skills as well as apply critical thinking to scenarios in the nursing lab
- Treat patients and family members, faculty, peers, clinical facility and school personnel with utmost respect and dignity
- Maintain confidentiality for patients, their family members, and other clinical situations according to HIPAA guidelines and security policies as specified by clinical agencies
- Participate in the clinical simulation exercises specific to course in which student is enrolled
- Practice in the clinical setting using legal and ethical principles consistent with the scope of nursing practice
- Follow the policies of the SCC Nursing Program and applicable clinical agencies.

The following are violations considered just cause for **immediate suspension**:

- Stealing, willfully destroying or damaging any property of patients, other employees or of the organization
- Disobedience and insubordination
- Disorderly conduct at clinical or any behavior that results in the rescinding of the facility's contract with the SCC Nursing Program
- Duties performed under the influence of alcohol, drugs and/or other substances.
- Gross negligence in performance of duty
- Release of privileged information or violation of HIPPA
- Any dishonesty, cheating, or falsifying documents
- Unprofessional or irresponsible behavior.

Additional Information

Students are responsible for keeping SCC, the current Web Platform, and their instructors advised of changes of name, address or telephone number. This information is vital if an instructor, the College, or a clinical facility must contact a student. Student information forms can be found on the SCC website.

Students have the right to disagree with a clinical or lecture grade. The concern can be addressed by utilizing the Student Grade Change Request Form: [Student Grade Change Request Form](#)

Other student concerns can be addressed by following the CCS Code of Conduct Policy: [CCS Student Code of Conduct](#)

Students must tactfully decline any gifts or tips for services from any patient. Gifts to faculty by students are discouraged.

4.4 Academic Integrity

Academic integrity is taken very seriously in the SCC Nursing Program. Students may **not** copy or distribute any intellectual property of the course instructor. This includes but is not limited to: powerpoint presentations, handouts, and assignments. In order to maintain integrity of intellectual property, audio and video recording and still photography are not allowed in class.

Students are expected to review and comply with “Standards of Conduct for Students” and all associated WAC sections, see Standards Of Conduct For Students: [Standards Of Conduct For Students](#). Plagiarism, cheating, and any other violations of the Standards of Conduct for students will be reported to the SCC Student Conduct Officer.

Sanctions for academic integrity violations may include receiving a failing grade for the assignment or examination, or possibly a failing grade for the course. In some cases, the violation may also lead to the student’s dismissal from the Nursing Program and/or the college.

4.5 Dismissal Policy

Course failure results when the student fails to achieve all of the behaviors on the clinical evaluation tool, when the student has unsatisfactory performance in the laboratory learning objectives, or when the student does not have a passing grade in the theory portion of the course (A minimum of 78% of total weighted points within the course AND a minimum cumulative grade of 78% on the midterm and final exams). Additionally, students who fail to meet the clinical requirements for CDC immunizations and background check standards for clinical access before the clinical rotation begins and the due date required by the Clinical Placement Manager/facility will be dismissed from the clinical portion of the course and therefore, will not successfully complete the course with a 78% or 2.0 GPA. Such students will then need to look to the Re-admission Policy for re-entry. See “Course Failure Policy” in [section 4.9](#) of this document.

It is the student’s responsibility to keep track of his/her clinical/lab performance and theory grades on the SCC Learning Management System. If a student’s score is less than 2.0 or 78% in a nursing course at midterm, the faculty member will notify the student of the failing grade. The faculty member will attempt to arrange a meeting to address the student’s needs for academic success and provide them with a Student Academic Progress Report. The student is responsible for adhering to the plan of action outlined in the Student Academic Progress Report, see Appendix.

However, a maximum of **one nursing course** may be repeated in the Nursing Program.

Any student who achieves a final grade below 2.0 in a nursing course will be dismissed from the nursing program at that time. See Re-admission Policy in [section 4.7](#) of this document.

In instances where a student is dismissed due to behavior considered “*Just Cause for Immediate Suspension and Dismissal*” as identified in each clinical evaluation tool, the faculty will determine, on a case-by-case basis, whether the dismissal is permanent with no option to return to the nursing program.

Dismissal from the Nursing Program is not an expulsion from CCS. Dismissal from the program includes dismissal from all nursing courses for the quarter. Students enrolled in dual numbered courses (Nurs/Phil 202, Nur/Phil 207, Nurs/Psych 106, Nurs/Psych 113), may complete those courses.

4.6 Withdrawal

If a student withdraws from the Nursing Program after the tenth day of the quarter and he/she is not passing any required nursing course (clinical, laboratory, theory), it will be considered a failure in terms of the SCC Nursing Re-admission Policy. All students wishing to withdraw from a nursing course must contact the Associate Dean of Nursing if they wish to withdraw or to determine if they are eligible to return to the program and must complete the withdrawal documentation Course Failure/Withdrawal Form (see Appendix). It is important to refer to the current College catalog to be apprised of the timeline to drop a course.

4.7 Re-admission Policy

Any eligible student achieving less than 2.0 in a nursing course, or who withdraws from the Nursing Program, may seek one re-admission. Re-admission is based on space available in the repeating course, consecutive courses with an emphasis on clinical space. A maximum of one nursing course may be repeated in the nursing program regardless of year or quarter.

If a student fails or withdraws the first quarter of the program, he/she must reapply through the competitive admissions process. Any other course after the first quarter of the program, the student must be placed on the waitlist with a return no later than two years. It is the student’s responsibility to contact the registrar to be placed onto the advanced placement list.

If a student fails N133/134 (Care of the Developing Family) or N138/139 (Care of the Mental Health Patient) in the first half of the quarter they will be allowed to complete the second course in the quarter. A failure also in the second half of the quarter will result in the student being ineligible to return to the program as the student has failed two courses in the program.

If the student is offered a slot in the correct quarter and the student declines one offer or fails to meet clinical requirements within one week of re-admission, then the student forfeits his/her right to program entry and will need to go through the competitive admissions process for re-entry into the nursing program starting in first quarter of the program.

A student will be allowed two attempts to complete SCC Nursing program. An attempt is either a failure of course or withdrawal from SCC Nursing Program.

4.8 Time Period for Completion of Program

Once enrolled in first quarter of Nursing program (NURS 101, NURS 102 & NUTRI 251), the student must complete the first year within three years. Once enrolled in the fourth quarter of Nursing program (NURS 200, NURS 201, NURS 202, NURS 203 & NURS 204), the student must complete the second year within three years.

4.9 Course Failure Policy

Spokane Community College
Nursing Program
Academic Standards and Course Failure Policy

Introduction:

Spokane Community College Nursing Program students shall achieve established academic standards to successfully complete the Nursing Program including: a series of dosage calculation exams; a series of non-associated classes which include Nutrition, Psychosocial Issues I & II; Ethics and Policy in Healthcare I and II; and series of associated classes, which include a combination of theory, skills labs, and clinical practicums. The following course failure procedures apply if a student fails to meet the established academic standards.

Academic Standards Dosage Calculation Exam:

Students shall pass the dosage calculation exam with a score of 100% to progress in the Nursing Program. A student who fails to pass the dosage calculation exam after three (3) attempts will be dismissed from the attending quarter. If the student wishes to continue in the program after three (3) unsuccessful math exam attempts, which is considered a “first fail,” the student must follow the College’s readmission process. Students will only receive one opportunity to seek readmission to the Nursing Program after a first fail.

Academic Standards Coursework, Clinical Practicums, and Skills Labs:

A. Inter-relationship of Courses:

Theory, skill labs, and clinical practicum courses are academically interrelated. Clinical practicum and skills labs associated with a theory course provide students the opportunity to practice and demonstrate implementation of content presented in the theory course. The Nursing Program faculty members are responsible for evaluation of student performance to determine if the student has developed an adequate foundation of knowledge to permit the student to progress without interruption in the Program. The student will receive the grade that they have earned in each course each time a course is attempted. When a student fails to achieve a 2.0 or higher

in a nursing theory class, or does not receive a “pass” in a skills lab or practicum course, the student will need to repeat all three courses, theory, skills lab, and clinical practicum, regardless of the grades the student achieved in the related classes. For example, if a student achieves a 3.6 in theory, a pass in clinical practicum, and a fail in skills lab, the student will have to retake theory, practicum and skills lab despite his/her success in two of the three courses.

B. Academic Standard Criteria

Students enrolled in the Nursing Program must complete all nursing theory courses with a grade of 78% or 2.0 or higher and all skills lab and clinical practicum courses with a “Pass” in order to progress without interruption in the Program (see criteria below).

Criteria for successful completion of a course are identified in the syllabus for each course and are as follows:

In order to pass a course, each student must successfully achieve the following:

1. A minimum of 78% of total weighted points within this course AND
2. A minimum cumulative grade of 78% on all quizzes, unit tests, and final.
3. A minimum of 100% proficiency after third attempt on the dosage calculation exam.
4. A minimum of 78% on lab quizzes, (the lowest quiz score is dropped).
5. Students must demonstrate competency in the performance of identified skills each quarter as part of the clinical requirement.
6. Students must demonstrate competency in the performance of the identified core competencies in the clinical and lab skill evaluation tools and the course objectives.
7. Receive a PASS in pass/fail courses by meeting 100% of the lab/clinical objectives.

C. Midterm Failure Procedures

It is the student’s responsibility to keep track of his/her clinical/lab performance and theory grades on the SCC Learning Management System. If a student scores less than 2.0 or 78% in a nursing course at midterm, the faculty member will notify the student of the failing grade. The faculty member will attempt to contact the student via email and arrange a meeting to address the student’s needs for academic success and provide them with a Student Academic Progress Report form. The student is expected to cooperate in coordination of the meeting and is expected to attend and participate in the meeting. If after three attempts to contact the student by email the student fails to respond, the instructor will have met his/her responsibility to coordinate the meeting. During the meeting the instructor and student will review and discuss the plan of action outlined in the Student Academic Progress Report form, if the student has any questions or needs clarification, it is the student’s responsibility to seek and obtain clarification from the Instructor. The instructor and the student will sign the form once an action plan has been discussed. The

student is responsible for adhering to the plan of action outlined in the Student Academic Progress Report. All students will receive written evaluations and conferences regarding clinical performance at midterm and at the end of clinical course by their clinical instructor. Final evaluations will be shared with the student by the clinical instructor, signed by both student and instructor, and then placed in the student's file.

D. Final Failure Procedures

The faculty will attempt to contact the student via email, inform them of the failed grade, and arrange a meeting. The student is expected to cooperate in coordination of the meeting and is expected to attend and participate in the meeting. If after three attempts to contact the student by email the student fails to respond, the instructor will have met his/her responsibility to coordinate the meeting. During the meeting, the faculty and student will meet and review, discuss, and sign the form. If the student has any questions or needs clarification about the form, it is the student's responsibility to seek and obtain clarification from the instructor. The faculty or Instructor will send a copy to the Associate Dean of Nursing. The instructor will advise the student to meet with the Associate Dean to discuss future program progression. The student is responsible for contacting the dean's office to coordinate a meeting. The faculty will develop a plan to address identified learning needs of the student and to support the student's future success. As explained above, because the courses in a quarter are closely related, the plan will include a requirement for student to repeat all **associated** courses from the quarter where the student was unsuccessful regardless of grade earned in the associated courses.

E. Opportunities to Repeat Courses and for Program Readmission

1. Repeat Courses:

If a student fails a nursing course, the student may repeat that course and must repeat the **associated** courses. Students may repeat a nursing course a maximum of one time throughout the Nursing Program. A second failure results in dismissal from the program.

2. Readmission:

If a student fails the first quarter of the Nursing Program or fails the dosage calculation exam after three attempts, the student will need to reapply to the Nursing Program. Nursing students shall only receive one opportunity for readmission into the Nursing Program.

Note: To see the instructions on how to file a complaint, see section 7.7 and the forms in the appendix.

Summary of Course Academic Standards and Course Failure Policy

- If student does not meet grade of 78% or 2.0, consistent with the course syllabus, student fails class
- If student does not meet a minimum cumulative grade of 78% on the midterm and final exam AND a minimum of 78% of total possible weighted points within the course, the student fails the class
- If student does not pass lab or clinical, student fails class
- If student does not pass the dosage calculation exam with 100% proficiency after third attempt student fails class, but must reapply if they want to complete the program
- If a student does not meet a minimum of 78% on lab quizzes, with the lowest quiz score being dropped
- Student can only fail one course throughout the program
- Student may only repeat one course throughout the program* (note if Student fails an associated nursing course, then student will retake lab, clinical, and theory which is considered one repeat)
- If student fails in the first quarter, student must reapply if they want to complete the program
- Student may only reapply a total of one time to the Nursing Program after either a first quarter failure or a math exam failure
- A student will be allowed 2 attempts to complete SCC Nursing program, an attempt is either a failure of course or withdrawal from SCC Nursing Program.

*Associated Nursing Courses include lab, clinical, and theory and if a student fails an associated Nursing Course, the student shall retake lab, clinical and theory which is considered one repeat.

- Quarter 1:
 - NURS 101
 - NURS 102
- Quarter 2:
 - NURS 104
 - NURS 105
- Quarter 3:
 - NURS 134
 - Nurs 135
 - Nurs 138
 - Nurs 139
- Quarter 4:
 - NURS 181
 - NURS 182
- Quarter 5:
 - NUR205
 - NUR206
- Quarter 6:
 - Capstone NUR 208

- Simulation NUR 210

Non-Associated courses include the following and will not need to be repeated if the student receives a passing grade of 2.0/78%:

- Quarter 1:
 - Nutrition 251
- Quarter 2:
 - NUR 106 Psychosocial Issues I
 - NUR 110 Pharmacology
- Quarter 3:
 - NUR 113 Psychosocial Issues II
- Quarter 4:
 - NUR 202 Ethics and Policy in Healthcare I
- Quarter 5:
 - NUR 207 Ethics and Policy in Healthcare II
- Quarter 6:
 - NUR 209 Leadership Principles in Nursing Care

4.10 Clinical Medication Administration Policy

Nursing Students: Access and Administration of Medications Policy

POLICY STATEMENT:

Nursing students administer medications under the supervision of the clinical faculty or the Supervising Nurse.

Only Nursing Capstone Students have access to the automated dispensing cabinets.

Nursing students obtain medications directly from their Supervising Nurse.

Nursing Capstone Students access the automated dispensing cabinets to obtain non-controlled substance medications for patients. Nursing Capstone students are defined as Nursing Students who are assigned to a capstone experience on a designated unit as a final clinical experience prior to graduation.

IMPLEMENTATION:

1. Functions NOT permitted to be performed by nursing students: There are some medication administrations and monitoring skills that nursing students are not permitted to perform under any circumstances. These include the following situations:
 - a. Confirm, release, or acknowledge medication orders in the electronic medication administration record

- b. Administer medications that are not confirmed or acknowledged in the electronic medication administration record
 - c. Administer oral or parenteral chemotherapy
 - d. Administer oral or parenteral controlled substances
 - e. Administer conscious sedation or assume monitoring responsibility for patients undergoing procedural sedation
 - f. Administer or adjust oxytocin for laboring or postpartum patients
 - g. Administer or adjust medications that require advanced training (e.g., medications restricted to the critical care areas)
 - h. Administer medications via an epidural or spinal catheter
 - i. Peer check any medication dosing
2. Accessing electronic programs used to support medication administration (e.g., automated dispensing cabinets, electronic medication administration records):
- a. Access to the electronic medication administration record is granted to Nursing Students and Nursing Capstone Students.
 - b. Access to the automated dispensing cabinets is granted to Nursing Capstone Students.
 - c. SCC Clinical Placement Coordinator will provide Educational Services Coordinator at each clinical facility with the following information to obtain access to the applicable programs:
 - i. Last name, first name, middle initial
 - ii. Last four digits of the social security number
 - iii. Name of facility and unit where student is placed
 - iv. Start and end dates for clinical experience
 - v. Type of clinical experience (Nursing Senior Practicum Student or Nursing Student)
3. Prior to access and using the electronic medication administration record or the automated dispensing cabinet, the students complete required training.
4. Obtaining Medication Administration Supplies:
- a. Nursing students may obtain necessary medication administration supplies by accessing medication rooms and/or supply rooms.
5. Administration of Medications:
- a. Nursing Students administer medications to patients after ensuring the medication is correct for the patient.
 - b. Nursing Students administer medications under the direct supervision of the clinical faculty until deemed competent to administer medications. Nursing Student competency is determined by the clinical faculty.
 - c. Once deemed competent in medication administration, the Nursing Student may administer medications without direct supervision (see exceptions below related to Controlled Substances and High-Risk Medications).

- d. Nursing Students utilize the electronic medication administration record to correctly identify patient, medication, and document medication administered.
- 6. Administration of high-risk medications by all Nursing Students – Nursing Capstone Students:
 - a. High risk medications include the following:
 - i. All heparin, warfarin, t-PA, low molecular weight heparin, bivalirudin, dabigatran, and other anticoagulants
 - ii. All insulin formulations. This includes both SQ and IV insulin doses and all insulin IV infusions.
 - iii. IV Sodium Chloride at concentrations greater than 0.9% (normal saline).
 - b. The supervising nurse obtains the high-risk medication for the nursing student and the nursing student administers the medication only under the direct observation and supervision of the supervising nurse.
- 7. Medication Errors:
 - a. Following the discovery of a medication error, or in the event that a Student Nurse is involved in a medication error, the Student Nurse immediately notifies:
 - i. Patient's Assigned Nurse
 - ii. Clinical Faculty
- 8. The Student Nurse completes an online event report (e.g., Quantros) together with the Supervising Nurse or Patient's Assigned Nurse and clinical faculty.
- 9. The Student Nurse must also complete any additional reporting requirements as defined by their School of Nursing, see Incident Report in the appendix.

RATIONALE:

To provide consistency in accessing and administering medications by Nursing Students and ensure compliance with applicable hospital policies and Washington State Law. (See sample student medication administration policies in the appendix)

*See Appendix for facility specific medication administration policy.

4.11 Social Media Policy

Spokane Community College Nursing Program Social Media Policy

In accordance with industry and profession standards, the Spokane Community College Nursing Program recognizes the need to adopt a policy in regard to student and faculty use of social media and social networking. This policy covers social media internet sites (Facebook, MySpace, Twitter, Google+, Instagram, LinkedIn, YouTube, blogs, and any other similar sites active now or in the future) as well as the use of personal electronic devices (smartphones, iPads, tablets, etc.). The following policy and Agreement regarding compliance with this Policy was created in

accordance with the National Council of State Boards of Nursing (NCSBN) guidelines for the use of social media for nurses (National Council of State Boards of Nursing [NCSBN], 2012).

Policy Purpose:

- To assist students and faculty to have a mutual understanding of the proper use of social media as a professional nurse by providing standards, and expectations of behavior.
- To protect the privacy of all patients cared for by Spokane Community College Nursing students.
- To protect the integrity and respect of fellow students, nursing faculty, and Spokane Community College.
- This policy is not intended to interfere with the individual rights of a student or faculty member as protected by law.

Policy

- In consideration for participation in the Nursing Program which includes access to health care patients whose rights to privacy are governed by affiliate policies, and state and federal law, Spokane Community College Nursing Program students will be required to sign an “Agreement Regarding Use of Social Media” upon admission to the program. Student signature on the signature page of this document indicates acknowledgment and adherence to this social media policy.

Terms of the Agreement include:

- Student’s acknowledgment of training and introduction to patient privacy/HIPAA.
- Student’s agreement to comply with local agency, state, and federal requirements concerning patient confidentiality and privacy per HIPAA rules when communicating to peers, friends, family, or the public via social media outlets.
- Student’s agreement that a violation of such rules constitutes a breach of generally recognized standard of practice governing the nursing profession which student is pursuing as an educational goal. Such violations are processed under the Standards of Conduct for Students Chapter 132Q-10 WAC and may result in: student’s prohibition from clinical sites, student’s inability to successfully complete degree requirements, and student’s dismissal from the Nursing Program.
- Student’s agreement that the use of personal mobile devices to take photographs of patients or any part of their medical record, with or without patient identifiers, is a violation of patient privacy and agreement to not engage in such behavior.

- As a potential future nurse, student agrees to comply with the following expectations for nurses using social media as recommended by the NCSBN, 2012:
 - Students must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
 - Students must not transmit, by way of any electronic media, any patient-related information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the patient.
 - Students must not share, post, or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
 - Students must not identify patients by name, or post or publish information that may lead to identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
 - Students must not refer to patients in a disparaging manner, even if they are not identified.
 - Students must not take photos or videos of patients on personal devices, including mobile devices.
 - Students must maintain professional boundaries in the use of electronic media.
 - Students must consult with clinical agency policies or an appropriate leader within the organization for guidance regarding clinical agency-related postings governing patient confidentiality and the use of social media.
 - Students must promptly report any identified breach of confidentiality or privacy. Student may anonymously report any suspected violation of a classmate or faculty member in order to fulfill the expectation of reporting breaches of confidentiality or privacy.
 - Students must be aware of and comply with SCC and affiliate policies regarding use of SCC and affiliate-owned computers, cameras, and other electronic devices and use of personal devices in clinical agency sites.
 - Students must not make disparaging remarks about affiliate staff, instructors or student colleagues.

- Agreement that, as students, disparaging remarks regarding fellow students, the nursing program faculty, Spokane Community College, any clinical agency, or any clinical agency staff will be considered a violation.
- Student's acknowledgment and agreement that violation of this Policy is a breach of a generally recognized standard of practice governing the nursing profession which constitutes a violation of Community Colleges of Spokane's Standards of Conduct for Students, WAC 132Q-10-210 (2). Violations of this type are processed under the Standards of Conduct for Students Chapter 132Q-10 WAC and the possible consequences of such a violation, whether intentional or unintentional, include but are not limited to dismissal from the SCC Nursing program.

Spokane Community College Nursing Program Agreement Regarding Use of Social Media

As a student of the Spokane Community College ("SCC") Nursing Program, I understand that I will have access to health care patients, whose rights to privacy are governed by clinical agency policies, state law, and federal law. I understand and agree that maintaining patient confidentiality is a generally recognized standard of practice governing the nursing profession and agree to comply with this "Agreement Regarding the Use of Social Media" ("Agreement") in the event I choose to participate in the use of social media. I acknowledge and agree that SCC has provided me with training on patient privacy and HIPAA. I understand the state and federal requirements concerning patient confidentiality and privacy, including the HIPAA rules.

This Agreement is made in consideration of the following:

- I. **SCC Responsibilities:** SCC agrees to provide access to third-party clinical sites for students, including sites which may provide students with access to health care patients, to facilitate the student's health care educational opportunities.
- II. **Student Responsibilities:** Student agrees:
 - A. To comply with local clinical agency, state, and federal requirements concerning patient confidentiality and privacy, including HIPAA rules, when communicating to peers, friends, family, or the public via social media outlets.
 - B. That the use of personal mobile devices to take photographs of patients or any part of their medical record, with or without patient identifiers, is a violation of patient privacy and agree to not engage in such behavior.
 - C. To maintain patient privacy and confidentiality at all times based on ethical and legal obligations.

- D. To not transmit, by way of any electronic media, any patient-related information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the patient.
 - E. To not share, post, or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
 - F. To not identify patients by name, or post or publish information that may lead to identification of a patient; and that limiting access to postings through privacy settings is not sufficient to ensure privacy.
 - G. To not refer to patients in a disparaging manner, even if they are not identified.
 - H. To not take photos or videos of patients on personal devices, including mobile devices.
 - I. To maintain professional boundaries in the use of electronic media.
 - J. To consult clinical agency policies or an appropriate leader, charge nurse, assistant nurse manager, or nurse manager, within the organization for guidance regarding clinical agency-related postings governing patient confidentiality and the use of social media.
 - K. To promptly report any identified breach of confidentiality or privacy to the Nursing Department Chair(s). Student may anonymously report any suspected violation of a classmate or faculty member in order to fulfill the expectation of reporting breaches of confidentiality or privacy.
 - L. To comply with SCC and clinical agency policies regarding SCC or affiliate-owned computers, cameras, and other electronic devices and use of personal devices in clinical agency sites.
 - M. To not make disparaging remarks about clinical agency staff, SCC instructors or student colleagues.
 - N. To not make disparaging remarks regarding fellow students, the Nursing Program faculty, Spokane Community College, any clinical agency, or any clinical agency staff.
- III. **Termination from Nursing Program:** Student understands and agrees that a violation of Section II. A through N is a violation of Community Colleges of Spokane's Standards of Conduct for Students, WAC 132Q-10-210 (2). It is a breach of a generally recognized standard of practice governing the nursing profession which student is pursuing as an educational goal. These violations are processed under the Standards of Conduct for

Students Chapter 132Q-10 WAC and the possible consequences of such a violation, whether intentional or unintentional, include but are not limited to dismissal from the SCC Nursing Program.

- IV. **Agreement Term:** This Agreement shall remain effective from the date of execution until such time as the student completes the Nursing Program or terminates the program, whichever is earlier.

Student signature indication receipt and understanding of the student handbook also is inclusive of receipt and understanding of the Social Media Policy.

4.12 Class Representative Role and Responsibilities

Class Representatives

Responsibilities of the Class Representative

The Class representative will:

1. Attend scheduled 1st nursing faculty meeting of each month, acting as a liaison between the class and the faculty.
2. In the event of illness or other absence by the class representative, the alternate shall assume the duties of class representative.
3. Represent the class regarding issues to the appropriate nursing faculty.
4. Attend Health Science Division meetings as requested by the Department Chair, including the nursing department advisory committee meetings.
5. Schedule and hold class meetings as necessary.
6. Take charge of updating class bulletin boards.
7. Coordinate activities for pinning if desired, e.g., appoint committees, organize fund-raising events.
8. Educate peers on importance of participating in Nursing Program surveys to aid in quality improvement activities.

Election Procedure:

1. Nominations are to be held during lecture class early in the first quarter of the nursing program and at the beginning of the fourth quarter of the program, and at any time there is a resignation of a class representative.
2. Nominations will be limited to 4 individuals.
3. Nominees will be allowed a maximum of three minutes during lecture class to give a campaign speech.
4. The election will be conducted by a current class representative and will be secret ballot.

5. The nominee with the most votes shall assume the position of class representative.
6. The nominee with the next highest number of votes will be designated alternate class representative.
7. In the event of a tie, the two candidates receiving the highest number of votes may submit to a second vote or may co-chair the office.
8. The term of office shall be 3 academic quarters for first year and 3 academic quarters for second year.
9. In the event of a resignation by the class representative, the alternate will assume the representative position and a new alternate will be elected. If no alternate is available a new election will take place.

Procedures for Class-Faculty Communication:

1. The class representative shall be provided with a schedule of nursing class times for the current quarter to enable the scheduling of class meetings.
2. The class representative will negotiate appropriate times with the instructor when announcements must be made to the class.
3. The class representative will communicate with the appropriate faculty person.

4.13 Clinical Orientation Required Attendance Policy

Orientations within the nursing program require mandatory attendance for nursing students. This includes any and all orientation activities; whether required by the nursing program or by any of the clinical facilities that are utilized by the Nursing Program.

The first day of clinical/orientation is mandatory for students. If a student does not attend clinical/orientation or any facility required orientation, the student will not be allowed to attend clinical for the rest of the quarter, resulting in withdrawal from the quarter.

4.14 Handbook Disagreement Policy

- Process regarding disagreements with Student Handbook:
 - Communicate concern to Class representative.
 - Class representative will bring disagreement to a faculty meeting.
 - Faculty will discuss disagreement and decide if there will be a change.
 - Faculty will communicate the decision to the class representative to disseminate to the student body.
- Students cannot petition the Student Handbook or sections of the Student Handbook.
- If students do not want to abide by the Student Handbook policies and refuse to sign the Student Handbook signature page, the student will not be able to continue in the Nursing Program.

5. GUIDELINES FOR THEORY AND CLINICAL EVALUATION

5.1 Theory Evaluation

Students are evaluated in theory using a variety of methods including written assignments, quizzes, exams, and professional behavior.

The student must achieve a minimum of 78% (GPA 2.0) in theory and PASS the lab/clinical course by meeting 100% of the lab/clinical objectives identified in the course. Percentage points will NOT be rounded up to reach the required 78% (see criteria below).

Criteria to pass theory:

- A minimum of 78% of total weighted points within the course AND
- A minimum cumulative grade of 78% on the midterm and final exams.
- Receive a PASS in pass/fail courses by meeting 100% of the lab/clinical objectives.

ATI NCLEX Predictor

In order to better evaluate student ability to successfully pass NCLEX exam, students in the second year of the program are required to take the ATI NCLEX Predictor. Students are responsible for paying the current cost of the predictor exam. A score that reflects 85% or higher correlates to a high probability of passing the NCLEX exam on the first attempt. Failure to achieve this score means that the student will be required to complete remediation assignments during quarter 6 in N209 Leadership class.

Students may also purchase the preparation course of his/her choice. Examples of these classes include, but are not limited to: ATI NCLEX preparation, Kaplan NCLEX preparation, Pearson NCLEX Review and Hurst Review. The student is responsible for the cost of this course and the completion of this course.

5.2 Clinical Evaluation

Clinical instructors evaluate student progress on an on-going basis in order to document issues and monitor progress. A clinical evaluation tool specific to each course is used to guide this evaluation process. The competencies on the clinical evaluation tools constitute the minimum level of practice that a student must achieve by the completion of the course in order to receive a passing grade. At midterm and the end of each course, a formal written evaluation is completed and is signed by both the instructor and the student. Students are requested to sign the clinical evaluation tool, which acknowledges receipt of the clinical evaluation but does not imply the student agrees with the evaluation; the student can add comments as well. A student who receives a “needs improvement” mark in any of the competency requirements at mid-term will be counseled by the clinical instructor and a Clinical Conduct and Performance Contract will be completed, identifying an improvement plan to assist the student in meeting competency requirements by the end of the quarter (see appendix).

A student who does not meet all the competencies by the end of the quarter will fail the clinical/lab portion of the course. Students must pass the theory, lab and the clinical portion of each course in order to receive an overall passing grade for the course. At the completion of the quarter, the completed clinical evaluation tool and skills checklists are filed and kept for one year after the student graduates. The student may review his/her file by contacting the Associate Dean of Nursing.

Clinical instructors have the responsibility to remove any student from the clinical area if the student is unable to demonstrate the ability to maintain the safety, comfort, and well-being of a patient. The clinical instructor is ultimately responsible for the actions of the student.

A student may be suspended from the clinical area for any unsafe or unethical practices, including the failure to:

- Adhere to standard precautions
- Properly identify patients
- Assess and report significant changes in the patient's condition
- Validate with the instructor when nursing actions vary from what has been presented in the classroom or textbook theory
- Recognize and report unsafe environmental conditions
- Correctly administer all medications
- Maintain appropriate medical and/or surgical asepsis
- Recognize own limitations and abilities
- Maintain patient safety
- Maintain the student's personal clinical file requirements.

In addition, a student may be suspended for any of the following reasons:

The following are some of the violations considered “just cause” for immediate suspension or dismissal:

- Failure to:
 - Adhere to standard precautions.
 - Properly identify patients.
 - Assess and report significant changes in the patient’s condition.
 - Validate with the instructor when nursing actions will vary from what has been presented in the classroom or textbook theory.
 - Recognize and report unsafe environmental conditions.
 - Correctly administer all medications.
 - Maintain appropriate medical and/or surgical asepsis.
 - Recognize own limitations and abilities.
 - Maintain patient safety.
- Failure to maintain the student’s personal clinical file requirements.
- Any dishonesty, cheating or falsifying of documents.
- Any unprofessional or irresponsible behavior.
- Disobedience or insubordination.

- Stealing, willfully destroying or damaging property of patients or others.
- Disorderly conduct that might result in the rescinding of the clinical facility's contract with the SCC Nursing Program.
- Release of privileged information.
- Duty performance under the influence of drugs, alcohol or other substances.
- Inadequate preparation for participation in the clinical experience.
- Gross negligence in the performance of duty.

Additional criteria are available for review on the clinical evaluation tool associated with each clinical rotation.

Documentation of the above behaviors will be reflected in the clinical evaluation. When any performance occurs that could jeopardize life, impede recovery, or interfere with the maintenance of the patient's current health status, a conference will be held as soon possible with the student, faculty, and Associate Dean of Nursing. Students may be dismissed from the program for unprofessional behavior as well as academic failure.

5.3 Clinical Attendance Policy

Clinical attendance is required, and clinical assignments are made either in advance or in real time in compliance with the clinical agency's needs. Clinical assignments are not negotiable and are made to be equitable for all students. Switching assignments is not allowed. Clinical assignments for future quarters will be posted prior to the end of the current quarter that the student is enrolled in. Clinical re-assignment may occur due to the following reasons: student works on the unit they are assigned to, student failed a course with the faculty they are being assigned to, clinical agency has restricted access or assigned clinical day conflicts with military duties, or religious affiliations. If a student is reassigned and declines the reassignment, they will be dropped from the program and will have to return based on the Re-admission Policy.

A Clinical absence may result in failure of the course due to the inability to complete clinical objectives. If a student misses more than one clinical during the quarter, it is very difficult to complete clinical objectives, and this may result in a failure of the course. Clinical attendance is vital to ensure that clinical objectives and clinical hours, per the Nursing Commission, are met.

There is no provision for making up clinical absences. Conferences will be held at midterm, end of the quarter and as needed with each student to discuss his/her progress in achieving clinical objectives. Students are not allowed to attend any clinical or lab sections other than the specific sections that they have been assigned and registered for.

The first day of clinical/ orientation is mandatory for all students. If a student does not attend clinical/orientation, the student will not be allowed to attend clinical for the rest of the quarter, resulting in withdrawal from the quarter.

5.3a Quarantine Related Absence

Community Colleges of Spokane and the School of Nursing follow Spokane Regional Health District (SRHD) and the Center for Disease Control (CDC) protocols concerning public health concerns.

If a mandated public health absence is required preventing a student from meeting program educational objectives, the absence may result in student withdrawal from the Nursing Program. The student will be allowed to re-enter the program without re-application in quarter 1. The student will be allowed to re-enter the next space available in quarters 2-6. These withdrawals will not count as attempts to complete the nursing program.

Students must follow the SCC policies regarding public health found on the SCC website. Nursing students will be informed of further mandatory requirements about public health on either canvas or in emails by the Nursing Program.

This policy is subject to change as the college follows the CDC and SHRD guidelines.

5.3b COVID-19: Second Year Students ONLY: Plan for Patient Care

Spokane Community College of Nursing is committed to the growth and development of its students. The COVID-19 pandemic has not changed this perspective as the nursing profession is essential to the health and welfare of the community. ALL second-year students are required to complete FIT testing for N95 masks. This will allow for proper education and protection to care for patients requiring airborne precautions. Second year students serving at Providence hospitals (Sacred Heart and Holy Family) are encouraged to care for all patients, even those who are positive for COVID-19 or are awaiting test results for COVID-19. The nursing profession allows very limited times a nurse may challenge an assignment. Please refer to the Washington State Nurses Association (WSNA) link: <https://cdn.wsna.org/assets/entry-assets/3215/assignments-guidelines-2012.pdf>. With regard to the unique situation of COVID-19 and safety and health protocols in place, Spokane Community College of Nursing is allowing students three specific options. 1. Care for COVID-19 patients. 2. Set time with open lab staff to review comfort of PPE use before caring for COVID-19 patients. 3. Opt-out of caring for COVID-19 patients. Option 2 will require a one paragraph self-reflection. Option 3 will require a one-page self-reflection and understanding of nursing professional assignments. Paperwork to sign and pick your option will be given out by your fourth quarter clinical instructor, with the reflection papers to be turned into your fourth quarter coordinator (see Appendix). Both the FIT test and the COVID-19 patient options (unless wanting to change) will carry throughout the second year.

5.4 Simulation

Simulation is used as a learning tool throughout the Spokane Community College Nursing Program. Simulation scenarios are chosen based on the student learning outcomes for a student

group as they progress through the Nursing Program. The faculty believe that simulation provides a realistic clinical experience so that students will gain knowledge, skills, and attitudes to manage similar situations in the clinical setting. Attendance for simulation is mandatory. The Simulation Center is in building 16 on the SCC campus.

Simulations are scheduled in coordination with the course coordinator and the dates and times for simulation are included on the student schedule for the upcoming quarter. Schedules are posted on the student learning platform prior to the start of the upcoming quarter.

Student Expectations for simulation are:

- Come prepared by completing any pre-assigned work
- Be on time
- Be willing to suspend your disbelief and treat simulation as if it were a real-life encounter
- Be fully engaged in the simulation as well as the pre-briefing and debriefing sessions
- Be respectful of the participants
- Adhere to the clinical dress code
- Maintain confidentiality regarding the scenario and all aspects of the session
- Notify the simulation faculty if going to be absent so that an alternative date can be assigned for simulation

5.5 Computer requirements

Students in the Nursing Program are required to obtain a computer with following components:

- Microphone: any microphone, either internal or external
- Webcam: 320x240VGA resolution (minimum) internal or external
- Desktop or laptop computer (no iPads, tablets, or phones) with the ability to install Proctorio Google Chrome extension
- High-speed internet

5.6 Quarterly Skills Return Demonstration

As part of the clinical requirement, students must demonstrate competency in performing identified skills each quarter. Students must attend the assigned nursing skill lab. There is no provision for making up the missed hours in skills lab. Students may attend another skills lab (with the permission of the instructor and dependent on available space) to obtain the content, however, such attendance will not be considered a make-up for missing the assigned lab. Students may also be required to attend assigned practice sessions in the lab. Students should refer to course syllabi for additional skills lab requirements each quarter. Quarterly Skills Return Demonstration forms will be available through the web-based communication platform (CANVAS), and these forms must be completed and turned in to the clinical instructor on the assigned date.

Certain lab skills may require practicing a particular skill on another student (IM injections, finger sticks, etc.). Students have the option to conduct these skills on each other in a supervised setting. In order to practice these skills, an Invasive Procedures Form must be completed (see appendix).

5.7 Laboratory Skills Requirements

Laboratory Instructors: Students are required to show competency in the laboratory setting before attempting any of the skills in the clinical setting. During laboratory time, the student will practice the skill until he/she feels ready to demonstrate the skill in front of the instructor. The student must demonstrate appropriate/safe completion of the skill before being checked off by the lab instructor. If the student requires prompting or is unsuccessful in demonstrating the skill, he/she will continue practicing. When ready, the student will have a second chance to demonstrate the skill. If the skill cannot be demonstrated successfully on the second try, the student will fail the course.

Student: All skills must be competently demonstrated in the laboratory setting before being attempted in the clinical setting. It is your responsibility to show your clinical instructor the check-off sheet to verify that you have done the skill in lab. All skills must be signed off by the end of the quarter to successfully pass the clinical portion of the course. You will not always have the opportunity to demonstrate all the skills in the clinical setting; however, at a minimum, they need to all be signed off in lab. If possible, attempt to have them all signed off in clinical as well.

Clinical Instructors: Students are not allowed to attempt skills in the clinical setting until you have verified that they have been checked off on the skill in the laboratory setting. By signing above, you are verifying that the student showed competency with the skill and did not require your assistance or cueing. If they did not perform the skill adequately, do not sign off. It is the student's responsibility to keep track of this form. All skills need to be signed off by the clinical instructor, not by a facility nurse. Please return this form to the course coordinator so it can be filed in the student's clinical file at the end of the quarter with their evaluation.

Students: Attendance is required for *all clinical/lab rotation days*. In the event of an emergency or illness, one clinical/lab absence during a quarter may be excused, subject to review by the Course Coordinator and the Associate Dean of Nursing. All skills must be competently demonstrated in the laboratory setting before being attempted in the clinical setting. It is your responsibility to show your clinical instructor the check-off sheet to verify that you have done the skill in lab. All skills must be signed off by the end of the quarter to successfully pass the clinical portion of the course. You will not always have the opportunity to demonstrate all the skills in the clinical setting; however, at a minimum, they need to all be signed off in lab. If possible, attempt to have them all signed off in clinical as well.

5.8 Laboratory Evaluation

Students will take a quiz prior to each laboratory session in order to ensure that they have done the preparatory readings/videos. The lowest quiz score will be dropped. Students must maintain an average of 78% on remaining quizzes in order to successfully pass the laboratory portion of the course. If a student does not maintain a 78% average on the remaining quizzes, he or she will fail the lab course and be required to repeat the laboratory/clinical course as well as the associated theory course.

Students must demonstrate competency in the performance of identified skills each quarter as part of the clinical requirement. Skill lab is considered part of the clinical experience. Students will be required to be in SCC approved uniform and will be asked to leave the lab if not in uniform (no coffee, food or drinks will be allowed in lab) Absence from skill lab will be considered a clinical absence. Students must attend their assigned nursing skill lab. There is no provision for making up skill lab. Students may attend another skill lab with the permission of the instructor and if space is available to obtain the content, but it will not be considered a make-up for missing their assigned lab. Students may also be required to attend assigned practice sessions in the lab. Students should refer to course syllabi for details on the skill lab requirements for each quarter. See Canvas for quarterly skills check-off forms. Skills Check-Off forms must be completed and turned in to the clinical instructor on the assigned date.

- It is expected that you are prepared for lab by having completed the assigned reading/prior to lab class. Individual lab instructors will discuss how you will be evaluated. Your success in lab is also measured by your participation in lab and your demonstrated competencies on the skills.
- Competency will be measured by your return demonstration of the assigned skill. During lab you will receive ongoing feedback concerning your competency in skills with the chance to remediate certain skills if necessary.
- Failure to successfully demonstrate clinical skills within 2 attempts in the laboratory setting will result in a course failure. Due to patient safety this will result in immediate removal from the clinical setting.
- At the end of every lab course will be a summative skill return demonstration. Failure to successfully demonstrate these skills in and on the allotted time and day, will result in course failure.

Laboratory instructors evaluate student progress on an on-going basis in order to document issues and monitor progress on the weekly comment forms. Students not meeting the lab objectives may be placed on a clinical contract. Failure to meet the conditions of the contract may result in course failure. A laboratory skills evaluation tool specific to each course is used to guide this evaluation process.

5.9 Laboratory Attendance Policy

All skills must be completed satisfactorily and checked off by an instructor for the student to pass lab. If a student misses lab, it is their responsibility to go to open lab, practice the skill(s) that were covered in class and have the skill(s) checked off by their lab instructor. Skills may also be

checked off by the open lab instructor with the approval of the main instructor. The skill(s) must be checked off before the next lab class and more than one (1) lab absence may result in a failure of the class.

5.10 Incident Report

When accidental injuries and/or work-related injuries and illnesses occur, and Incident/Accident Report will be completed (see Appendix). This form is routed to the Associated Dean of Nursing who reviews and places the form in the student's file. It will remain in the student's file until graduation. If the injury or illness occurs at a site off campus, the instructor will need to complete the Facility's Incident Report and the student will receive the appropriate follow-up instruction.

5.10a Clinical Incident Policy

The Washington State Nursing Quality Commission requires that Nursing education Programs "report events involving a student or faculty member that the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances." (WAC 246-840-513). The WAC code related to reporting and record keeping requirements for Nursing education Programs is located on the back of the Log of Events form (see Appendix). The faculty will notify the course coordinator and Associate Dean of Nursing as soon as they are able to do so and complete the Log of Events form (see Appendix) which is then sent to the Associate Dean of Nursing. The Associate Dean of Nursing will notify The Nursing Commission of the incident. In addition, the instructor will need to complete the facility's incident report and the student will receive the appropriate follow-up instruction.

5.11 Blood-borne Pathogen Exposure Guide

When a blood-borne pathogen exposure occurs, the following procedure is recommended:

- Notify the clinical instructor immediately
- Follow standard precautions for exposure (the latest CDC guidelines):
 - Wash needle sticks and cuts with soap and water
 - Flush splashes to the nose, mouth, or skin with water
 - Irrigate eyes with clean water, saline, or sterile solution

Students must report the incident to the charge nurse. An incident report may need to be completed. Most facilities will follow the protocol for management of occupational exposure to blood-borne pathogens. Students need to ask the clinical instructor about this, and source testing should be discussed. If the student needs emergency care, the student is responsible for payment of that care. Many facilities require their employees to go to the Emergency Department.

Students must complete the SCC Incident/Accident Report and the Incident Report (Clinical Incident Policy (see Appendix and previous section 5.10 and 5.10a).

5.12 Pregnancy

It is the student's responsibility to notify the Associate Dean of Nursing and the course faculty of a pregnancy. During the pregnancy, students must be under the care of a Primary Care Provider

who supplies a “release note” each quarter allowing the student to attend clinical, laboratory learning, and – after delivery – to fully participate in the clinical setting (full participation includes, but is not limited to, long periods of standing, heavy lifting and long hours). Clinical agencies may also require their own copies of a Primary Care Provider release to participate in clinical settings.

Pregnant students are encouraged to use every precaution to avoid exposure to radiation and any other defined medical teratogens in school/clinical settings by informing the facilities of the pregnancy.

When choosing to withdraw from the program, whether due to pregnancy or post **partem** needs, the student will be put on the wait list for the next available spot to resume the program. The withdrawal will not count as an attempt to complete the program.

5.13 Injuries and Surgeries

Students who sustain an injury or undergo a surgical procedure during the program are required to provide a “release note” from their Primary Care Provider stating that they are allowed to return and fully participate in laboratory/clinical learning. Participation in clinical is based on facility policies regarding allowing students to provide patient care with devices in place such as a splint, cast, brace, etc.

5.14 Electronic Devices

Due to the distraction caused by items such as cellular phones, pagers, PDAs, and other audible electronic devices in the classroom, students are required to turn these devices off during class time. The faculty member teaching must approve recording of any lecture or class in advance, and the faculty member has the right to decline the request. Students requiring recording for American Disabilities Act (ADA) needs must provide the request in writing from the ADA counselor in advance.

5.15 Scope of Practice Decision Tree

1. Describe the act to be performed. Review the scope of practice for your licensure level:

RN

Assessment, nursing diagnosis, setting goals, planning care strategies, implementing care, delegating care to qualified others, supervising, evaluating, teaching, managing care, maintaining client safety, collaborating with other healthcare members.

LPN

Contributing to assessment, participating in development of plan of care, implementing aspects of care as directed, maintaining client safety, participating in evaluating care, and delegating care to qualified others.

ARNP

Assessing clients, synthesizing and analyzing data, understanding and applying nursing principals at an advanced level; providing expert teaching and guidance; working effectively with clients,

families and other members of the healthcare team; managing clients' physical and psychosocial health-illness status; utilizing research skills; analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem, and selecting appropriate treatment; making independent decisions in solving complex client care problems; performing acts of diagnosing, prescribing, administering and dispensing therapeutic measures; and recognizing limits of knowledge and experience, planning for situations beyond expertise, consulting with or referring to other healthcare providers as appropriate.

Scope of Practice Decision Tree

Identify, describe, or clarify the activity, intervention, or role under consideration.



Used with Permission from National Council State Boards of Nursing: Scope of Nursing Practice Decision-Making Framework, Journal of Nursing Regulation, Volume 7, Issue 3, October 2016.
[Chapter 18.79 RCW Nursing Care](#) • [Standards of Nursing Conduct or Practice WAC 246-840-700](#)
 Contact Us: NursingPracticeConsultation.ncqac@doh.wa.gov or 360-236-4725 DOH 669-305 March, 3 2017

5.16 Licensure Information

- Nursing Technician: Washington State Department of Health Website:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/NursingTechnician>

Applications

The following forms are required for completing the application process.

Please download and print forms.

Application Form (PDF)

Education Verification Form (PDF)

Employment Verification Form (PDF)

Make all checks payable to "Department of Health". All fees are non-refundable.

- Licensed Practical Nurse: Washington State Department of Health Website:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/LicensedPracticalNurse>

Applications:

The following forms are required for completing the application process.

Please download and print forms.

Examination Application (PDF) - trained in United States

How to apply for a license by examination - trained in United States

Examination Application (PDF) - trained outside United States

How to apply for a license by examination - trained outside United States

Endorsement Application (PDF)

How to apply for a license by endorsement

Expired/Inactive Re-activation (PDF)

How to apply for reactivation

- Registered Nurse: Washington State Department of Health Website:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/RegisteredNurse>

Applications

The following forms are required for completing the application process.

Please download and print forms.

Examination Application (PDF) - trained in United States
How to apply for a license by examination - trained in United States
Examination Application (PDF) - trained outside United States
How to apply for a license by examination - trained outside United States
Endorsement Application (PDF)
How to apply for a license by endorsement
Expired/Inactive Re-activation (PDF)
How to apply for reactivation
Non-Traditional Training Preceptorship (Word)

6. REQUIRED DOCUMENTATION

6.1 Clinical Passport

In order to attend clinical, students must have written documentation of completed clinical requirements uploaded into American Data Bank/Complio. Students who are not current with clinical requirements may be subject to dismissal. It is student's responsibility to monitor status and keep in compliance with clinical requirements.

Seasonal Flu Vaccine: Obtain on or before **October 15** each fall quarter

CPNW Clinical Passport Document:

The CPNW Clinical Passport Document is a two-sided form with detailed definitions and timelines for immunizations, titers, and other requirements for clinical placement. Students are to study both sides of the CPNW passport to help collect proper documents from their health care provider or clinic. A hard copy of the passport is for students to use for their own records. (see Appendix for example)

Students upload complete passport-required documents into American Data Bank (Complio). If documents are not legible or do not meet requirements for accuracy, the clinical placement coordinator will mark the upload as "not accepted" and the student will be required to re-submit the correct forms.

Proof of immunizations and titers must show the five items below on the verification document:

1. Student's name
2. Identification of clinic or pharmacy
3. Electronic or handwritten signature of provider/pharmacist
4. Vaccination administered, date
5. Titer tested, date - results clearly identified

Student Responsibilities for Complio and CPNW

Complio: After initial set-up, students are responsible to monitor their American Data Bank–Complio account routinely. **Fulfill expiring sections before expiration dates.** (Sign reviewed signature handbook page AFTER the expiration date.)

CPNW: After initial set-up, students are responsible to monitor their CPNW account. E-learning modules are valid for one year. **Watch for expiring learning modules.** Upload a pdf copy of all passed modules into American Data Bank – Complio.

Passport Renewals for 3rd Quarter Nursing Students

CPNW requires Clinical Passport Items to be 100% compliant prior to each clinical rotation.

During 3rd Quarter – 8 weeks before 4th quarter starts:

1. Renew annual TB testing
2. Re-take annual cpnw.org e-learning modules
3. Re-apply for True-Hire Background Check-WATCH
4. Re-sign SCC Criminal Disclosure Form – Complio software

If due to expire: BLS CPR must be renewed 8 weeks before the next quarter starts:

Requirement	Initial Due Dates	3 rd quarter due dates (by the 8 th week)	Each Fall
Initial TST or TB Gold	orientation	Annual TST or TB Gold	
Hepatitis B series/titer	orientation		
MMR 1 and 2 or M.M.R. positive titers	orientation		
Varicella 1 and 2 or positive titer	orientation		
Tdap	orientation		

AHA/BLS certification- valid 2 years	orientation		
CPNW.org e-learning all modules- passed	orientation	CPNW.org e-learning all modules- passed	
Seasonal flu vaccine	orientation		by October 15
SCC Criminal History Disclosure Form	orientation	SCC Criminal History Disclosure Form	
True-Hire National Background Check + WATCH	orientation	True-Hire WATCH	

6.2 Criminal Background Check

Federal Law, Washington State law (R.C.W. 43.43.830 through 43.43.840) mandates that criminal background checks be conducted on all students entering clinical agencies. This law also stipulates that any student nurse with a criminal history of “crimes against persons” is not allowed to work in a nursing home. “Crimes against persons” include conviction for offenses such as theft, murder, kidnapping, assault, rape, robbery, arson, burglary, manslaughter, extortion, incest, indecent liberties, vehicular homicide, prostitution, or criminal mistreatment.

Federal law and SCC policy requires that each student complete a Criminal History Disclosure form. This document is included in the documents within the Complio (AKA American Data Bank) electronic records program. Students must upload both pages of the document and provided printed name, signature, and date as indicated on the form

The clinical and capstone rotations are held in both acute care and nursing homes agencies; these clinical experiences are an integral part of the nursing curriculum. Students with a criminal history of “crimes against persons” may not be able to attend clinical, which could affect their progress in the Nursing Program. Some agencies may require copies of student background checks to be on file at the clinical site; copies will be sent to these agencies upon request with the written consent of the student.

The CHILD AND ADULT ABUSE INFORMATION LAW of January 1, 1988, requires the organizations that care for children or developmentally disabled persons must have prospective caregivers disclose whether the applicant has been convicted of certain “crimes against persons.” This disclosure must be made in writing and signed by the student.

All students must complete the necessary Background Authorization forms upon admission to the Nursing Program and prior to starting the 4th quarter. Any student returning to the program will also need to complete the form. The student is responsible for any cost associated with background checks.

6.3 Drug Screening

Spokane Community College does not require drug testing of students for admission to the college or to any program of the college. However, some clinical agencies used by the college's Nursing Program require drug testing of students for clinical practicum placement. If a student is assigned to a clinical site that requires drug testing, the student will be required by that clinical site to submit to drug testing. The student is responsible for paying for the test. If the student is not accepted by a clinical site for drug-related reasons, the student will be dismissed from the Nursing Program.

A non-qualify drug screen is a drug screen that has positive results without a doctor's note. Prescriptions for THC compounds are not allowed. A positive drug screen that is non-qualifying will result in a withdrawal from the program. If this is the student's first attempt, then the student will be able to put their name on the waiting list to return to the program. If this is the student's second attempt, then this will result in a final dismissal from the program. (*Please review Re-Admission Policy 4.7*).

The college is committed to maintaining an environment of teaching and learning that is free of illicit drugs and alcohol. Any student who—while in any college facility or participating in a college-related program—uses, possesses, consumes, is demonstrably under the influence of, or sells any narcotic drug or controlled substance as defined in RCW 69.50.101, in violation of law or in a manner which significantly disrupts a college activity, shall be subject to discipline. A separate student brochure with drug and alcohol information is available through Human Resources.

All nursing students must understand that despite Washington State's recreational and medical marijuana laws, *marijuana remains a controlled substance under federal law*. Drug screening conducted by clinical sites will test for evidence of use of several controlled substances including marijuana and cannabis products. Persons failing clinical site drug screening tests will not only subject themselves to the Office of Student Standards disciplinary process, they will also disqualify themselves from training at the clinical site, which conducted the test. Moreover, positive drug testing results may result in the inability to receive a state-issued license to practice nursing even if the student is not dismissed from the Nursing program and/or the college for use of a controlled substance. If students are not able to complete their clinical practice experiences, they may not be able to graduate and therefore would not be eligible for licensure.

7. CURRICULUM

7.1. Course Schedule

The scheduled curriculum for the Nursing Program is as follows:

QTR	Course Name	Total Credits	Lecture Credits/ Hours	Lab Credits/ Hours	Clinical Credits/ Hours
1	N101 Foundational Principles in Nursing	3	3 (3 hours)		
1	N102 Application of Foundational Principles in Nursing	5		2 (4 hours)	3 (9 hours)
1	NUTRI 251 Nutrition in Healthcare	5	5 (5 hours)		
2	N104 Nursing Care of Patients across the Lifespan	3	3 (3 hours)		
2	N105 Application of Nursing Care of Patients across the Lifespan	5		2 (4 hours)	3 (9 hours)
2	N106 PSYC 106/Psychosocial Issues in Healthcare I	2	2 (2 hours)		
2	N110 Pharmacology in Nursing Practice	2	2 (2 hours)		
3	N133 Care of the Developing Family (1/2 quarter)	3	3 (3 hour)		
3	N134 Application of Care of the Developing Family	2		0.5	1.5 1.5
3	N113 PSYC 113/Psychosocial Issues in Healthcare II	3	3 (3 hours)		
3	N138 Care of the Mental Health Patient (1/2 quarter)	3	3 (6 hours)		
3	N139 Application of Care of the Mental Health Patient (1/2 quarter)	2		0.5 (2 hours)	1.5 (9 Hours)
4	N202 PHIL 202/Ethics and Policy in Healthcare 1	3	3 (3 hours)		
4	N181 Nursing Care of the Acute Patient		4 (4 hours)		
4	N182 Application of Nursing Care of the Acute Patient	5		(4 hours)	3 (9 hours)
5	N205 Nursing Care of the Critically Ill Patient	5	5 (5 hours)		
5	N206 Application of Nursing Care of the Critically Ill Patient	6		2 (4 hours)	4 (12 hours)

5	N207 PHIL 207/Ethics and Policy in Healthcare II	2	2 (2 hours)		
6	N208 Capstone Experience in Nursing	6			6 (18 hours)
6	N209 Leadership Principles in Nursing Care	4	4 (4 hours)		
6	N210 Simulation in Nursing	2		2 (4 hours)	

7.2 Textbook Policy

The SCC Nursing Program utilizes the two-year Nursing Concepts 3 volume MyLab, Pharmacology Text and Drug Guide from Pearson. Per Pearson, this is a 6-quarter package and students are required to pay for the entire package. Students must also purchase NurseThink for Students: The Notebook and CLEX-RN Conceptual Review Guide. SCC Nursing courses require that students have access to these resources for the entirety of the Nursing Program. Information about the approximate cost of these materials and bookstore information is on the next page. Costs are subject to change based on the book publisher. The package must be purchased from the SCC bookstore for consistency and cost. Please note, at new student orientation a current cost sheet will be distributed to students.

Nurs 101 required materials:

- Nursing Concepts 3V MyLab, Pharm Txt & Drug Guide, ISBN: 9780136800316
a. Price: \$375.20
- NurseThink for Students: The Notebook, ISBN: 9780998734767
a. Price: \$64.00
- NCLEX-RN Conceptual Review Guide, ISBN: 9780998734743
a. Price: \$64.00

Total pricing w/tax: \$547.98

Bookstore information:

Website: SCC.BNCOLLEGE.COM
Phone: # 509-533-7083
Address: 1810 N. Greene St. Building #6
Spokane, WA 99217
Store hours: Monday-Thursday: 8am-5pm
Friday: 8am-2pm

Please note: At new student orientation, the current cost sheet will be distributed to the students. Costs are subject to change.

7.3 Grading Policy

In order to pass a course, students must achieve all the following:

- A minimum of 78% of total weighted points within the course AND,
- A minimum cumulative grade of 78% on the midterm and final exam.
- A minimum of 100% proficiency after third attempt on the dosage calculation exam.
- A minimum of a cumulative score of 78% on the lab quizzes, the lowest quiz score is dropped.
- Students must demonstrate competency in the performance of identified skills each quarter as a part of the clinical requirement.
- Students must demonstrate competency in the performance of identified core competencies in the clinical and lab skill evaluation tools and course objectives.
- Receive a PASS in pass/fail courses by meeting 100% of the lab/clinical objectives.

Percentage points will NOT be rounded.

Students must achieve a 78% average on the midterm and final exams in order to accumulate points for any additional assignments. If a student fails to achieve a 78% average on the midterm and final exams, the student's final course grade will be recorded as the student's exam percentage (<2.0).

If the student fails the theory course, the student will earn a grade for the course in one of the following ways. If students fail to earn 78% on the midterm and final exams, they will be assigned the grade percentage calculated by totaling the student's individual points attained on the exams divided by the total exam points possible. If students fail because they do not have enough total points to pass the course (even if they passed their exams), they receive the grade they earned based on the weighted grading system.

If clinical/lab is failed, the student will earn a FAIL. The student must meet all points of evaluation as noted in the syllabus in order to PASS a PASS/FAIL course. Students that receive a FAIL in clinical/lab must retake all components of the course (theory and clinical/lab).

When retaking a failed nursing course, all components (theory and clinical/lab) must be repeated.

It is the student's responsibility to keep track of his or her clinical/lab performance and theory grades on the SCC web-based learning system (CANVAS). If a student's score is less than 2.0 or 78% in a nursing course at midterm or receives at least one NI (needs improvement) in a clinical/lab course, the faculty member will notify the student of the failing grade. The faculty member will attempt to arrange a meeting to address the student's needs for academic success and provide them with a Student Academic Progress Report or Clinical Conduct and Performance

Contract (see Appendix). The student is responsible for adhering to the plan of action outlined in the Student Academic Progress Report of Clinical Conduct and Performance Contract.

7.4 Testing Policy

All students are expected to take scheduled exams on the scheduled day and time. You will not be allowed to take a test early or late without prior approval of the instructor. The student will need to notify the instructor if he/she is unable to take the test. All make-up tests must be completed within one week. Any early or late tests, excluding those due to medical, legal, military, or religious reasons, will be subject to a 10% deduction and may be given in a different format (e.g. essay, short answer) at the discretion of the instructor. Natural disasters or acts of war or terrorism that result in multiple road closures or infrastructure destruction may result in rescheduling of tests.

7.5 Grading Scale

Grades are converted to the 4.0 scale from percentages based on the following chart:

Grading Scale	G.P.A.	Score
Superior Achievement "A"	4.0	97-100
	3.9	96
	3.8	95
	3.7	94
	3.6	93
	3.5	92
Above Average Achievement "B"	3.4	91
	3.3	90
	3.2	89
	3.1	88
	3.0	87
	2.9	86
	2.8	85
Average Achievement "C"	2.7	84
	2.6	83
	2.5	82
	2.4	81
	2.3	80
	2.2	79
	2.0	78
GRADES BELOW 78% ARE NOT SUFFICIENT TO PROGRESS IN THE NURSING PROGRAM		

7.6 Paper Organization

APA format is required for all formal papers and reference citations in the Nursing Program. For information on APA formatting, see <http://owl.english.purdue.edu/owl/resource/560/01/> APA uses

“clearly readable” fonts including Times New Roman, Courier New, and Arial – all 12-point fonts. Font choices must be consistent throughout the paper.

When submitting documents online, files must be compatible with Microsoft Word.

7.7 Pinning

A pinning ceremony may be held at the completion of the sixth quarter. The students, under the direction of the Student Activities, organize this ceremony. This ceremony is a non-academic celebration that honors the spirit of nursing. Being non-academic, students and faculty attire is business attire

7.8 Graduation

It is the student's responsibility to be sure that all courses required for their certificate/degree are satisfactorily completed. Counselors are available if there are questions about the student's status in the program. Each student is required to submit a Petition for Graduation to the Admissions Office at least one quarter before graduating. This is required for the Associated Degree of Nursing (ADN).

In celebration of the academic success, upon completion of the nursing program, the college has one graduation ceremony at the end of the Spring Quarter. All students are encouraged to participate in the ceremony. Students that participate in the college graduation ceremony wear caps, gowns, and any academic honor regalia such as honor cords.

7.9 Guidelines for Addressing Student Concerns

It is the belief and practice at SCC that the best way for students to solve problems is to first meet with the instructor or staff member involved and attempt to resolve the problem. This often resolves the issue quickly and effectively.

The following steps are to be followed by the student when seeking review of an informal concern involving a faculty member of Community Colleges of Spokane. The student is asked to remember:

1. This is an informal process, requiring no paperwork or forms. The intent is to establish a dialogue between the student and the faculty member that results in resolution of the concern.
2. Concern(s) must be initiated within 10 instructional days of the start of the quarter following the quarter during which the alleged action(s) occurred. An informal concern may be initiated in summer quarter if the faculty member and student mutually agree.
3. The review of concern(s) must proceed from the lowest level of review to higher levels of review.
4. The student will make reasonable effort to complete the informal concern process within 20 instructional days. The student has a right, with advance notice, to a supporter* during any meeting.

5. At any point during the informal process, the department chair and/or dean may call an informal meeting between the student and faculty to attempt resolution.
6. Group concerns will not be considered.

Step 1: The student communicates with the faculty member with whom they have the concern and describes the concern. The faculty member has 5 instructional days to respond after hearing the student's informal concern. There is no need for further action if the concern is resolved at Step 1.

Step 2: If the informal concern is not resolved at Step 1, the student next speaks with the faculty member's department chair. The department chair will first ascertain if the student made attempts to contact the faculty member for step one resolution. If so, then the chair will attempt to facilitate an acceptable resolution between faculty member and student. The chair will have 5 instructional days to respond after hearing the student's informal concern. There is no need for further action if the concern is resolved at Step 2.

Step 3: If the informal concern is not resolved at Step 2 and or is determined by the faculty member's dean to be appropriately advanced to this step the student next speaks with the dean.** Upon the dean determining that appropriate steps were followed, the dean will attempt to informally resolve the concern. The dean will respond to the student within 10 instructional days of receiving the concern; the dean will inform the faculty member and department chair of the response. If the concern cannot be resolved at this informal level and the issue warrants formal action, the student may proceed to the Formal Process for Addressing Student Complaints.

Special Circumstances: If at any point during the concern process it's determined the concern may involve violation of federal/state law or Board policy, the concern may be forwarded to the appropriate office.

Formal Student Complaint Process: If a student concern has not been resolved to the student's satisfaction following the informal resolution process, the student may file a formal complaint utilizing the form, in the appendix of this document. The form must be submitted to the dean's office within ten (10) instructional days of the dean's Step Three response. Failure to do so causes the complaint to be denied as untimely. A copy of the Formal Complaint Form is available in appendix.

*Supporter is a *non-employee* who provides support to the complaining student but otherwise *does not speak or provide legal counsel* on the student's behalf

**The student may initiate the informal concern directly at Step 3 provided the cause for the student not proceeding through Step 1 and Step 2 is ascertained and found credible by the dean.

8. MISCELLANEOUS INFORMATION

8.1 Counseling

Educational, vocational, and personal counseling services are available to all students through various SCC satellite counseling sites. If personal or school-related problems arise that a student and his or her continuation and/or performance in the program, the following assistance is available:

- Clinical or theory instructors
- Health Science Counselors
- Nursing Department Chair
- Associate Dean of Nursing

8.2 Career Services/Job Placement

The Student Success and Career Services office is located in the Student Center (Lair, Building 6). It is available to all students and alumni to assist in locating employment opportunities, developing resumes/cover letters, strengthening interview techniques, and performing other job-search skills. In addition to the student services listed in the Appendix, SCC offers an employment database known as “Bigfoot Jobs”; it allows students to activate their own profiles, post resumes, search for employer-posted jobs, etc. Job opportunities listed in “Bigfoot Jobs” for Health Science students/graduates are posted in various areas of the Health Science Building and on the nursing program website.

8.3 Student Nursing Employment Opportunities

Timeline Eligibility for Nursing Certifications and Licenses

- Nursing Assistant Certified (NAC): Student is eligible to become certified *after completion of the first quarter.*
- Nurse Technician: Student is eligible to become registered *after completion of the second quarter.*
- Licensed Practical Nurse: Student is eligible to become licensed *after completion of the fourth quarter and completion of a Personal and Vocational Relationship class (an online course is offered at WSU).*
- Registered Nurse: Student is eligible to become licensed *after completion of the sixth quarter.*

These Certifications/Licenses are optional, and students must complete an application to become certified or licensed. These applications can be found on the Nursing Care Quality Assurance Commission Washington State website:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>

Nursing Technician: Definition

- a. Definition:** WAC 246-840-840

- i. The purpose of the nursing technician credential is to provide additional work-related opportunities for students enrolled in an ADN or BSN program, within the limits of their education, to gain valuable judgment and knowledge through expanded work opportunities.
 - ii. The nursing technician is as defined in WAC 246-840-010(19):

“Nursing technician” means a nursing student preparing for registered nurse licensure who is employed in a hospital licensed under chapter 70.41 RCW or a nursing home licensed under chapter 18.51 RCW, and who
 - iii. Is currently enrolled in good standing and attending a Nursing Program approved by the commission and has not graduated; or
 - iv. Is a graduate of a Nursing Program approved by the commission who graduated within the past thirty days; or within the past sixty days and has received a determination that there is good cause to continue the registration period.
 - v. Approved schools for nursing technicians include the list of registered nursing programs (schools) approved by state boards of nursing as preparation for the NCLEX-RN® examination and listed in the NCLEX bulletin as meeting minimum standards. Approved schools do not include nontraditional schools as defined in subsection (16) of this section.
 - vi. The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of their authorization under chapter 18.79 RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program.
 - vii. The nursing technician shall work directly for the hospital or nursing home and may not be employed in these facilities through a temporary agency.
- a. Functions: RCW 18.79.350**
- Nursing technicians are authorized to perform specific nursing functions within the limits of their education, up to their skill and knowledge, but they may not:
- i. Administer chemotherapy, blood or blood products, intravenous medications, or scheduled drugs, or carry out procedures on central lines.
 - ii. Assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients.
 - iii. Function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel; or
 - iv. Perform or attempt to perform nursing techniques or procedures for which the nursing technician lacks the appropriate knowledge, experience, and education.

- v. Nursing technicians may function only under the direct supervision of a registered nurse who agrees to act as supervisor and is immediately available to the nursing technician. The supervising registered nurse must have an unrestricted license with at least two years of clinical practice in the setting where the nursing technician works.
- vi. Nursing technicians may only perform specific nursing functions based upon and limited to their education and when they have demonstrated the ability and been verified to safely perform these functions by the nursing program in which the nurse technician is enrolled. The nursing program providing verification is immune from liability for any nursing function performed or not performed by the nursing technician.
- vii. Nursing technicians are responsible and accountable for their specific nursing functions.

8.4 Learning Resources

No food or beverages are allowed in the computer labs or the learning resource locations, including nursing labs and nursing simulation labs.

Students will find that basic computer skills, such as accessing online information for courses or the college, are necessary for all students enrolled in the nursing program. Students will need a computer or access to a computer on a regular basis. If students are enrolled in an online course, they may need to use various tools, such as discussion boards, email, or web-based videos for the course. All students need access to the college's web-based management system (CANVAS) for all courses. (See section 5.5 *Computer Requirements* for further guidance).

A computer lab is available to all students. It is equipped with internet access and limited printing capabilities. The computer lab is located in the Health Science Building, Room 008. Other computer labs are available throughout campus for student use.

Areas for individual and group study are available in the Learning Resource Center (Building 6).

The Nursing Lab in Room 146 in the Health Science building and Room 145 in the Jenkins Wellness building are skills practice and simulation areas. Check schedules quarterly. Hours are posted outside the lab door and on the college's current learning management system.

Tutoring is available every quarter through the counseling department. Tutors are vetted senior nursing students with a 3.5 GPA or higher who have applied to be a paid tutor. Tutors are trained and monitored by the counseling department. They are there to assist fellow nursing students be successful. Students can be referred by faculty or self-refer to use the tutoring services.

8.5 Holidays/School Closures

All classes and clinical rotations will follow the college calendar, with the exception of Summer Quarter, which runs 8 weeks. In the event of a school closure related to inclement weather or other CCS-sanctioned closures, there will be no nursing classes, clinical, or labs, including capstone clinical

assignments. Students are advised to sign up for the CCS alerts and to check CCS website and operations hotline.

8.6 Financial Aid

The Financial Aid program includes work scholarships, educational opportunity grants, and part-time employment. Application forms for financial aid and part-time employment are available in the Financial Aid Office located on the SCC Campus. See the Financial Aid Office to answer any additional questions.

8.7 Visitors and Children

Visitors, including children, cannot be in the classroom without prior approval from instructor. A request must be sent and approved prior to start of the quarter. Children cannot be left unattended or unsupervised by parents/or guardians at any time.

8.8 Vocational Clubs/Campus Activities

Students are encouraged to participate in campus activities, including the student government, campus activities, student organizations, the Nursing Club, the National Student Nurses Association (NSNA), and other social activities. Check the SCC website for additional student clubs.

8.9 Nursing Club

Active membership in the Nursing Club is open to members of the SCC student body who are currently enrolled in the SCC Nursing Program. The club's purpose is to promote an interest in the field of nursing, to foster a sense of service within club members, to promote health awareness, and to allow club members to play a proactive role in their community. Members participate in fundraising activities and receive funds from the SCC Associated Student Government for club activities such as travel to conventions and regional workshops. Members sponsor educational guest speakers, community projects and events, and they attend meetings of the SCC Associated Student Government and participate in school-sponsored activities. Officers are elected for the club and include the President, Vice-President, Secretary and Treasurer. The club advisor is a nursing faculty member.

8.10 Student Services

SCC's student center, the Lair, is the center of student activities and services. The college store and the cafeteria are located in the Lair.

The Student Health Clinic is located in the Jenkins Wellness Center (Building 7). It is open to all currently registered SCC and SFCC students. There are regularly scheduled hours during Fall, Winter, and Spring Quarters, with limited hours during Summer Quarter. Students may schedule appointments to be seen or may walk in for services.

8.11 Telephones

A non-pay phone is available in the Health Science Building for short, local calls. In the clinical area, the instructor will identify the location of phones that may be used.

Students must inform family members and/or employers not to call the college or the clinical facility **except in an emergency**.

8.12 LRC – Learning Resource Center

SCC has an extensive library with a variety of multimedia resources for Health Sciences students located in building 16. Instructions on accessing the approved nursing resources are posted on the college's learning management system each quarter.

8.13 Smoking, Eating, and Drinking

Smoking, including electronic cigarettes, is not allowed in the Health Science Building or within 25 feet of any state building. Non-alcoholic beverages and food are allowed only with permission of the instructor.

WAC 132-Q-10231

Use of tobacco, electronic cigarettes, and related products.

Use of tobacco, electronic cigarettes, and related products are prohibited in all Community Colleges of Spokane facilities and motor pool vehicles with no exception.

(1) Smoking and tobacco use are also prohibited:

- (a) Within twenty five feet of entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking and tobacco use are prohibited; and (b) Where designated on college premises.

(2) "Smoking" means:

- (a) Inhaling, exhaling, burning, carrying or possessing any lighted tobacco product, including cigarettes, cigars, bidi, clove cigarettes, pipe tobacco, and any other lit tobacco products; or
- (b) Use of electronic nicotine delivery devices and related products including, but not limited to, electronic cigarettes, vapor cigarettes, hookahs, water-pipes or similar products.

(3) "Tobacco use" means the personal use of:

- (a) Any tobacco product, which shall include smoking, as defined in subsection (2) of this section, as well as use of an electronic cigarette or any other device intended to simulate smoking;
- (b) Smokeless tobacco, including snuff, chewing tobacco, smokeless pouches, or any other form of loose-leaf, smokeless tobacco.
- (4) "Facilities" means a district owned or controlled property, building, or component of that property/building.
- (5) "Motor pool vehicles" means vehicles assigned to specific college departments or programs; vehicles used for instructional purposes; vehicles dispatched to staff and students on a reserved, single-use basis; and vehicles assigned to specific faculty and staff.

[Statutory Authority: RCW 28B.50.140. WSR 1515161, § 132Q10231, filed 7/21/15, effective 8/21/15.]

8.14 Licensing Exams Option (NCLEX-PN® and NCLEX-RN®)

Students, who successfully complete the first four quarters of the Nursing Program, successfully complete the Washington State University (WSU) Personal and Vocational Relationship course and are deemed safe to work as an LPN are eligible to take the NCLEX-PN® examination. WSU offers the Personal and Vocational Relationship course online. Successful completion of this course is required in order to be eligible for the NCLEX-PN. This is a 15-hour self-directed course. If interested, you should contact the Professional Development Office at Washington State University.

Students who want to take the LPN test must do the following: 1) complete the LPN application on the DOH website; 2) contact the SCC registrar's office to arrange forwarding of official transcripts to the testing body; and 3) contact the Associate Dean of Nursing via email to request a written statement to be forwarded to the DOH. This statement will confirm that the student is safe to practice as an LPN. If the student has a history of unsafe practice during the Nursing Program, further evaluation will be required before statement is submitted. Further application information is available at <https://www.ncsbn.org/nclex-application-and-registration.htm>.

Students who successfully complete both years (six quarters) are eligible to write the NCLEX-RN® examination. Applications for the exams are available on the Department of Health website. It is the student's responsibility to complete the forms and pay the exam fees. The Associate Dean of Nursing will electronically submit a certificate of completion to the Department of Health.

9. APPENDIX

9.1 Passport Form



Clinical Placements Northwest

Student/Faculty Clinical Passport Requirements

This is a digital PDF and should not be handwritten.

By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in the clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements at all times.* Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE	SUBMITTED EVERY YEAR
<p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> Initial 2-step TST is required AND confirmation of initial 2-step completion. If no records of previous positive TB tests or more than 12 months since last TST then 2-step TST OR Negative TB IGRA test within 12 months OR If negative TST within 12 months → 1-step TST If newly positive TST or TB IGRA → F/U healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire If history of positive TST → provide results of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check If history of BCG vaccine → TST Skin Testing as above or TB IGRA. If negative → OK; If positive → follow-up as above <p>HEPATITIS B</p> <ul style="list-style-type: none"> Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion. If negative titer, then repeat series (consisting of doses #4—#6) and repeat titer 6-8 weeks after #6 dose. OR obtain challenge dose #4 and re-titer after 6-8 weeks OR Provide results of positive titer (anti-HBs or HepB Sab) OR Signed declination for students/faculty who decline vaccination Specific healthcare institutions may require vaccination without exception (i.e., no declination) <p>MMR (Measles, Mumps, Rubella)</p> <ul style="list-style-type: none"> Proof of vaccination (2 doses at appropriate intervals) OR Proof of Measles immunity by titer and Proof of Mumps immunity by titer and Proof of Rubella immunity by titer <p>VARICELLA</p> <ul style="list-style-type: none"> Proof of vaccination (2 doses administered at least 4 weeks apart) OR Proof of immunity by titer <p>TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)</p> <ul style="list-style-type: none"> Tdap required once after age 11 Td required every 10 years after Tdap <p>AUTHORIZATION FOR RELEASE OF RECORD</p> <ul style="list-style-type: none"> Kept on file by education institution <p>MILITARY IMMUNIZATION</p> <ul style="list-style-type: none"> If immunization occurred during Military service <p>ADDITIONAL REQUIREMENTS (if applicable) <i>Some healthcare settings may have additional requirements, such as the following:</i></p> <ul style="list-style-type: none"> Vehicle Insurance (for access to VA & Military Facilities) Personal Health Insurance Drug Screen Hepatitis A Vaccine Current First Aid Card Proof of U.S. Citizenship Color Vision Test Food Handlers License <p><i>Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met.</i></p>	<p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> Annual TST OR Annual TB IGRA test If newly positive TST/IGRA results → F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire. Previously documented positive TST results and prior negative chest X-ray results. Complete Annual Symptom Check Form. If any "yes" responses → F/U with healthcare provider. <p>INFLUENZA</p> <ul style="list-style-type: none"> Proof of seasonal vaccination(s) OR Signed declination for student/faculty who decline vaccination Specific healthcare institutions may require vaccination without exception (i.e., no declination) http://flushot.healthmap.org/ <p>BACKGROUND CHECKS</p> <ul style="list-style-type: none"> National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on: <ol style="list-style-type: none"> OIG http://exclusions.oig.hhs.gov/ (conducted bi-monthly by CPNW) GSA http://www.sam.gov (conducted bi-monthly by CPNW) Washington State Patrol Background Check (WATCH annually thereafter) Criminal History Disclosure (annual) and kept on file by education institution <p>LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)</p> <ul style="list-style-type: none"> Current Unencumbered <p>INSURANCE</p> <ul style="list-style-type: none"> Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual) <p>CPR</p> <ul style="list-style-type: none"> You are required to complete an American Heart Association (AHA) BLS Provider Course and have a current Course card/eCard. AHA BLS Provider Resuscitation Quality Improvement Program (RDI) meets this requirement. <p>REQUIRED EDUCATION</p> <ul style="list-style-type: none"> Each healthcare organization will communicate to faculty and students any required educational content to be completed prior to participation in the clinical experience.

Clinical Placements Northwest ©2020



Clinical Placements Northwest

Student/Faculty Clinical Passport Requirements

This is a digital PDF and should not be handwritten.
All dates should be submitted in the following format: mm/dd/yyyy

Student/Faculty Name:		DOB:
College:		
Program:		
Form Verified By:	Name:	Date:
	Name:	Date:
	Name:	Date:
	Name:	Date:

SUBMITTED ONCE	SUBMITTED EVERY YEAR
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TUBERCULIN STATUS A. Two-step TST#1 Place Date: _____ Read Date: _____ Result _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos Two-step TST#2 Place Date: _____ Read Date: _____ Result _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos OR B. TB IGRA Date: _____ Result: _____ C. If New Positive TST or IGRA Exam/X-ray Date: _____ OR D. History of Pos. TST or IGRA/Neg X-ray Date: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> HEPATITIS B (3 primary series shots [at 0, 1, 6 months] plus titer confirmations 6-8 weeks later) A. Vaccination Dates 1. _____ Titer: _____ 2. _____ Date drawn: _____ 3. _____ Result: <input type="checkbox"/> Neg <input type="checkbox"/> Pos OR B. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer 4. _____ Titer: _____ 5. _____ Date drawn: _____ 6. _____ Result: <input type="checkbox"/> Neg <input type="checkbox"/> Pos OR C. Immunity by titer (anti-HBs or HepB SAb) Date: _____ D. Signed declination Date: _____ E. History of disease Date: _____ F. Medical immunity per military code <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> MMR (Measles, Mumps, Rubella) A. Vaccination Dates 1. _____ 2. _____ OR B. Immunity by titers: Measles titer Date: _____ Mumps titer Date: _____ Rubella titer Date: _____ C. Medical immunity per military code <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> VARICELLA (Chicken Pox) A. Vaccination Dates 1. _____ 2. _____ OR Immunity by titer Date: _____ B. Medical immunity per military code <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TETANUS/DIPHTHERIA/PERTUSSIS (Tdap required after age 11) A. Tdap Date: _____ B. Td Date: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> AUTHORIZATION FOR RELEASE OF RECORD (School keeps this on file) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> MILITARY IMMUNIZATION (medical immunity) <ul style="list-style-type: none"> Exempt status for certain vaccines according to military code Click here... </div> <div style="border: 1px solid black; padding: 5px;"> ADDITIONAL REQUIREMENTS (If Applicable) The healthcare organization may have additional requirements that must be completed. _____ Date: _____ _____ Date: _____ _____ Date: _____ </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TUBERCULIN STATUS A. Annual TST (given less than one year from previous TST) Place Date: _____ Read Date: _____ Result _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos Place Date: _____ Read Date: _____ Result _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos Place Date: _____ Read Date: _____ Result _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos B. Annual TB IGRA (drawn less than one year from previous IGRA) Date: _____ Result: _____ Date: _____ Result: _____ Date: _____ Result: _____ C. If New Positive TST or IGRA Exam/Chest X-ray Exam Date: _____ X-ray Date: _____ D. For Known History of Positive/Possible Treatment: Complete Annual symptom check Date: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> INFLUENZA (Effective Dates: 8/31/20XX-6/30/20XX) A. Healthcare administered seasonal vaccination Provider: _____ Date: _____ Provider: _____ Date: _____ Provider: _____ Date: _____ B. Signed Declination Date: _____; _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> BACKGROUND CHECK A. National Criminal Background Check Including the Exclusion Provider Search on OIG and GSA upon admission. Date: _____ B. Provider Search: OIG/GSA – Automatically (run bi-monthly on 1st and 15th of every month per CPNW) Student on-boarded before cycle: manually run on _____ C. Washington State Patrol Check (WATCH) upon admission and then annually. Date: _____; _____ D. For Known History Disclosure (School keeps this on file) Date: _____; _____; _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> LICENSE (Any healthcare license, registration) A. State: _____ License# _____ Expiration date: _____; _____; _____ OR B. <input type="checkbox"/> Not Applicable </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> INSURANCE A. Professional Liability Policy Expiration Date: _____; _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> AHA/BLS COURSE (Course must be American Heart Association (AHA) BLS provider.) A. Expiration Date: _____ Date: _____ </div> <div style="border: 1px solid black; padding: 5px;"> REQUIRED EDUCATION All students and faculty must complete ALL student learning modules on the CPNW website. Any questions, please consult your program. </div>

9.2 Video Consent Form



Nursing Division

VIDEO TAPING RELEASE FORM

I, _____ the undersigned, do hereby consent and agree that Spokane Community College (SCC), its employees, or agents have the right to take videotape recordings of me, during the simulation lab or other lab experience, while I am a student of the Associate Degree of Nursing Program and to use these for the purpose of:

Educational deliberation for the students involved in the video only

I understand that my name and identity will not be revealed therein or by descriptive text or commentary.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I understand that the video will be deleted after the participants have had the opportunity to view and discuss the contents with the simulation instructor.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Please indicate below with an "X" in the box whether you agree or disagree to be videotaped.

- ☐ AGREE
- ☐ DISAGREE

Note: by marking "disagree" I understand that I will not be able to participate, in any capacity, in the simulation scenarios during the simulation clinical lab experience.

By my signature on this document, I acknowledge that I understand the above information regarding videotaping during the simulation lab experience.

Print Name _____ Quarter of Entry _____

Signature of Student

Date

SCC Video tape consent 2013-2014hss

9.3 SCC Student Clinical Contract

Spokane Community College Nursing Division

To ensure safe nursing practice and accountability for professionalism in the clinical setting, students will meet the guidelines outlined in this contract. Failure to do so will adversely affect the student's clinical grade and may result in disciplinary action and/or a failure in the course.

Documentation:

Students will document the medical record as per facility policy. Correctly documenting the forms, including proper location and descriptions, are important, as well as obtaining any faculty review or co-signatures as required by the facility. Students may be required to submit their written documentation to their instructor for approval prior to entry in the medical record. Upon instructor approval, the student will then enter the documentation in the medical record.

Clinical Prep Sheet:

The clinical prep sheet is due at the start of clinical and is to be completed as designated by the instructor (note: this may vary based on course and clinical setting). The instructor will review the prep sheet and return it to the students. The completed prep sheet assists students in being prepared to provide safe care to assigned patients.

Preparation for Clinical:

The instructor will give a variety of assignments to facilitate student learning in the clinical setting. These may include but are not limited to: research on a patient diagnosis, medication, or diagnostic test; preparation of a presentation for post conference; and completion of prep sheets including patient assessment data, patient care plan and a concept map. Failure to complete any clinical assignment may result in the student being sent home from clinical and may result in a failure for the course.

Punctuality and Attendance:

Punctuality is expected in the setting as well as a demonstration of professional behavior. Students are expected to be on time and to report to pre-conference or their assigned unit at the time designated by their instructor. If an unexpected event occurs, students should contact the instructor as soon as they determine that they will not arrive on time. At the discretion of the instructor, tardiness may result in the student being sent home from clinical and receiving an unexcused clinical absence.

The student is responsible for notifying the clinical instructor of an absence prior to the clinical start time. Approval of an excused absence is at the discretion of the instructor.

Identification:

Students and faculty must wear their Spokane Community College (SCC) identification badge at all times while in the clinical facility. Identification badges are required to ensure patient and staff security. Students reporting to clinical without proper identification will be sent home for the day and will receive an unexcused clinical absence.

Appearance:

Students must wear the approved SCC uniform. Hair must be tied back, and students must be neat and clean. Students are to refer to the handbook for additional information on appearance. Students are representing SCC while in the clinical setting and are expected to present a professional appearance.

Required Materials and Equipment:

Valuables should be on the student's person rather than left in a break or report room. Items left in a car should be hidden. Theft does occur and students should secure the belongings to reduce the risk of loss.

Students must bring the following:

- Identification Badge
- Notebook and pen
- Stethoscope
- Watch with second hand or digital second feature
- Penlight
- Bandage scissors (per facility policy)
- Reference books, as needed, if not provided in the clinical setting

Cell Phone Use:

Students are to adhere to the cell phone policy of the clinical facility. Failure to do so may result in removal from the clinical setting.

I have read and understand these expectations. I also understand that this signed document will be placed in my SCC student file.

Student Name (print)

Date ____/____/____

Signature

Instructor Name (print)

Date ____/____/____

Signature

9.4 Medical Accident/Emergency Form

Spokane Community College

Health and Environmental Sciences

MS 2090 ▪ N. 1810 Greene St. ▪ Spokane WA 99217-5399
(509) 533-7294 ▪ FAX (509) 533-8621 ▪ TTY (509) 533-7482 ▪ www.scc.spokane.edu



Spokane Community College

Health and Environmental Sciences Division

In the event of an accident or medical emergency, it is the student's option whether or not to seek medical care or go to an Emergency Department. If the incident involved blood or body secretion contamination, it is recommended that the student immediately obtain an HIV, Hepatitis B, and Hepatitis C determination (testing fees may apply). This can be done through a regular family medical care provider.

Medical care is the financial responsibility of the student. If a student chooses to seek medical care, go to an Emergency Department, or obtain HIV or Hepatitis testing, the student is responsible for these costs.

Student signature _____

Date _____

9.5 Clinical Agreement Form

SPOKANE COMMUNITY COLLEGE NURSING PROGRAM

CLINICAL AGREEMENT

I, the student, understand that it is my responsibility to complete all of the required documentation listed in this agreement in order to participate in a clinical experience. I understand that it is my responsibility to keep a copy of all documentation. I understand that the documentation I submit becomes property of the Spokane Community College Health & Environmental Sciences Division and will not be returned to me or copied for me. It includes:

Clinical Passport Requirements:

- TB Test-Tuberculin Test
- HepB vaccine (or disclaimer)-Hepatitis B; *must sign disclaimer until series is completed.*
- MMR - Measles, Mumps, Rubella
- Varicella vaccine
- TDaP-Tetanus, Diphtheria, and Pertussis
- Copy of CPR card (American Heart Association Health Care Provider)
- CPNW E-Learning Modules
- Flu or Declination form
- Background authorization forms
- Current medical insurance
- Drug test (if required by the clinical site)
- Orientation modules of specific agencies

Please read the clinical requirements explanation prior to completing them.

I understand that when I attend clinical, I am obligated to follow the college and clinical site policies and that I am to wear appropriate uniform/clothing with an official SCC Clinical ID. I understand that when I attend clinical, I remain a student and am not an employee of the clinical site and am not entitled to any monetary or other remuneration for services performed. **I understand that if I am injured or have an incident involving contamination, I am responsible for the cost of any health care services, and I agree to participate in the appropriate follow-up testing as needed. I understand that I am responsible for any medical expenses that may occur me while I am a student at Spokane Community College.**

In consideration for Community Colleges of Spokane/Spokane Community College allowing me to participate in the clinical experience, I hereby release Community Colleges of Spokane, Spokane Community College, its Board of Trustees, employees, agents, representatives, and contractors from and against any and all claims and damages arising out of, or in connection with, my participation in the clinical experience.

I have reviewed this clinical agreement and agree to all of its terms.



(Print Name)

(SID)


(Student Signature)

(Date)

9.6 Sample Clinical Poster

 Spokane Community College of Nursing Clinical Guidelines for Students Course: _____ Qrt/Yr: _____ Facility: _____		
Instructor Name: _____		Cell Phone# _____
Instructor Email: _____		
<p style="text-align: center;">Clinical Day and Times:</p> <p>Wednesday: _____</p> <p>Thursday: _____</p> <p>Friday: _____</p> <p>Saturday: _____</p>	<p style="text-align: center;"><u>NEVER DO THE FOLLOWING:</u></p> <ul style="list-style-type: none"> Administer blood or blood products, including cosigning verification of information about the blood or blood product Co-sign the set-up of a patient-controlled analgesia machine (PCA) or Administer a bolus dose or change the program of a patient-controlled analgesia (PCA) Administer conscious sedation Titrate IV medications independently Administer any controlled substances or chemotherapy agents Co-sign for the waste of a narcotic Administer medications via an epidural or spinal catheter, including direct administration of dose and adjustment of infusion rate 	
Students are prepared to do the following:		
INDEPENDENTLY	WITH FACULTY	
<p>After Skills Lab Check-off Complete and student is cleared by clinical instructor: ➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____ ➤ _____</p>	<p>After Skills Lab Check-off Complete:</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p>	
Course Outcomes (Will Vary Per QUARTER)		
<p>N 102 Examples:</p> <p>Professionalism: _____</p> <p>Collaboration: _____</p> <p>Clinical Decision Making: _____</p> <p>Caring: _____</p> <p>Management of Care: _____</p>		

9.7 Incident/Accident Report



INCIDENT/ACCIDENT REPORT

including accidental injuries and work-related injuries and illnesses (PLEASE PRINT LEGIBLY)

THIS REPORT IS TO BE ROUTED AS SOON AS POSSIBLE OR WITHIN 24 HOURS OF INCIDENT

1. Name of affected person_____ Age_____ Gender: ☐ M ☐ F

2. Status: ☐ Student (including Head Start children) ☐ Student work-study ☐ CCS employee ☐ Visitor

3. Unit: ☐ District Administration ☐ SCC ☐ SFCC ☐ IEL ☐ Other_____

4. Home address_____ Phone_____

5. Time incident occurred: Hour_____ ☐ AM ☐ PM Date_____

6. Exact location_____
(For example: SCC, Main Building, Room 232 or SFCC, parking lot P-9)

7. Describe factually what occurred prior to and during the incident, the nature of the injury and exact injury location
(for example: left hand, index finger):

8. Was incident caused by an unsafe condition or act (wet floor, machinery, weather)? Please explain:

9. Signature_____ ☐ Injured party ☐ Witness

10. Remarks on treatment (if medical attention was required, please give name of ambulance service, hospital and/or physician):
☐ Medical treatment was declined at this time

11. Witnesses to the incident
Name_____ Phone_____
Name_____ Phone_____

12. Person making this report_____ Phone_____

13. Supervisor's signature_____ Date_____
Mail stop_____

Attention Supervisor: Send original to Environmental Health and Safety, MS 1004. Make copies as needed.

CCS 1220 (Rev. 5/09) Marketing and Public Relations

9.8 Log of Events

1

Log of Events

Date of incident:

Name of student or faculty involved:

Name of clinical faculty responsible for the student's clinical experience:

Type of Event e.g., patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances

Assessment and findings:

Suspected causes related to the incident or root cause analysis:

Nursing Education program corrective action:

Remediation plan:

Clinical Incident Policy

If there is a clinical incident please notify the course coordinator and Associate Dean of Nursing as soon as you are able. Fill out the Log of Events form and review/follow the below WAC. The Associate Dean of Nursing will notify the commission.

WAC 246-840-513

Reporting and recordkeeping requirements for nursing education programs.

(1) Within two business days, nursing education programs shall report to the commission, on forms provided by the commission, events involving a student or faculty member that the program has reason to believe resulted in **patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances.**

(2) The nursing education program shall keep a log of all events reported by a patient, family member, student, faculty or a health care provider resulting in patient harm, an unreasonable risk of patient harm, or allegations of diversion, and medication errors. The log must include:

- (a) The date and nature of the event;
- (b) The name of the student or faculty member involved;
- (c) The name of the clinical faculty member responsible for the student's clinical experience;
- (d) Assessment of findings and suspected causes related to the incident or root cause

analysis;

- (e) Nursing education program corrective action; and
- (f) Remediation plan, if applicable.

(3) The nursing education program shall use the principles of just culture, fairness, and accountability in the implementation and use of all incident reporting logs with the intent of:

- (a) Determining the cause and contributing factors of the incident;
- (b) Preventing future occurrences;
- (c) Facilitating student learning; and
- (d) Using the results of incident assessments for on-going program improvement.

9.9 Student Conduct Incident Report



Spokane Community College STUDENT CONDUCT INCIDENT REPORT

Student's name _____ Date _____

Address (if known) _____ SID no. _____

City _____ State _____ ZIP _____

Your name _____ ☐ Student ☐ Faculty ☐ Staff ☐ Administrator

Office/division _____ Mail stop _____

E-mail address _____ Phone _____

☐ Warning ☐ Disciplinary action ☐ Suspension from: _____ for _____
class/campus number of days up to 3

Please "✓" one or all that apply to WAC 132Q-30- and attach a narrative describing the incident

- ☐ **Academic dishonesty** — Including but not limited to: cheating, counterfeiting, plagiarism and falsification of records. (210)
- ☐ **Disruption or obstruction** — of teaching, administration, disciplinary proceedings, other college activities or authorized non-college activities occurring on campus. (212)
- ☐ **Abuse of self or others** — physical abuse, threats, intimidation and/or other conduct, which threatens or endangers the health or safety of any person, including one's self. (214)
- ☐ **Theft or damage to property** — of the college or property of a member of CCS or other personal or public property, on or off campus. (216)
- ☐ **Hazing** — engaging or participating in any activity expected of someone joining a group that causes or is likely to cause a risk of mental, emotional and/or physical harm. (218)
- ☐ **Failure to comply with college officials** — acting in performance of their duties and/or failure to identify one's self to these persons when requested to do so. (220)
- ☐ **Unauthorized keys or unauthorized entry** — possession, duplication, or use of keys to any college premises, or entry to or use of college premises. (222)
- ☐ **Violation of CCS policy, procedure, rule or regulation** — Violation of policies, procedures, rules or regulations of CCS, its colleges and departments. (224)
- ☐ **Violation of law** — Violation of any federal, state or local law. (226)
- ☐ **Drugs and alcohol** — use, possession, manufacture, or distribution of alcohol or any other controlled substances, and/or drug paraphernalia. (228 and 230)
- ☐ **Firearms and dangerous weapons** — including explosives or dangerous chemical. (232)
- ☐ **Disorderly conduct** — lewd or indecent actions, disturbing the peace, or assisting or encouraging another person to disturb the peace. (234)
- ☐ **Unauthorized use of electronic or other devices** — making an audio or video record of any person while on campus without his/her prior knowledge, or without his/her consent. (236)
- ☐ **Abuse or theft of CCS information technology** — violating any of the computer and electronic information use rules and regulations, including prohibited access into sexually explicit Internet sites. (238)
- ☐ **Abuse of the student conduct system** — willful falsification of information or filing fraudulent charges and any other misconduct in regard to the student conduct board or system. (240)
- ☐ **Discrimination** — against race, ethnicity, age, sex, marital status, veteran's status, sexual orientation or disability. (242)
- ☐ **Sexual misconduct** — including rape, indecent liberties, assault, voyeurism or unwanted contact. (244)
- ☐ **Harassment** — conduct sufficiently severe, pervasive or persistent so as to threaten an individual or limits their ability to work, study or participate in activities of the college. (246)
- ☐ **Stalking** — intentionally and repeatedly harassing or following a person and placing them in fear of physical harm to self or property. (248)
- ☐ **Reckless endangerment** — conduct that creates an unreasonable risk of harm to another person or property. (250)
- ☐ **Trespassing** — Any person who has been given written notice excluding him/her from college property is not licensed, invited or otherwise privileged to enter or remain on college property without explicit written permission by a college official. (252)
- ☐ **Violation of a disciplinary sanction** — Violation of any term or condition of any disciplinary sanction constitutes a new violation and may subject the student to additional sanctions. (254)

CCS 5761 (Rev. 4/08)

Original — Student

Copy — Originator

Copy — Associate Dean

Marketing and Public Relations

9.10 Student Academic Progress Report

Spokane Community College Nursing Division			
Student Academic Progress Report			
Name		Date	
Program			
GRADE -			
Comment:			
Area of Evaluation	Satisfactory	Needs Improvement	
Attendance/Participation			
Able to Prioritize Tasks			
Manages Time			
Organized			
Prepared for class/clinical			
Completes/Submits Homework			
Participates in class/clinical			
Stays on Task			
Asks for help			
Professionalism			
Attitude/Outlook			
Confidence			
Interactions with Faculty and Peers			
Assessments			
Specific Areas to Seek Outside Assistance			
I want to meet with:		Reading/Writing tutoring	Math tutoring
My Instructor	Counselor	Homework Support/Study Skills	Technology
Comments			
Plan of Action			
Student Signature		Date	
Instructor/Counselor Signature		Date	
ALERT:	Dean	Counselor	
	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing Division Progress Reports 092513			

9.11 Clinical Conduct and Performance Contract

Clinical Conduct and Performance Contract

Instructor: _____ *Student:* _____ *Course:* _____ *Quarter:* _____

Assessment: Based on the five clinical evaluation Student Learning Outcomes explain clinical area(s) needing improvement:

Diagnosis: Reason for contract:

Plan: Goals/Outcomes—Measurable outcomes to achieve improvement:

Implementation: Selection of interventions to achieve the outcome(s). Measurable activities that student will need to complete regarding improvement of clinical competency e.g., student will go to open lab two times and successfully follow doctors med orders and give medication in a safe, quality manner.

Instructor or Clinical Manager Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Clinical Conduct and Performance Contract: Part 2

Evaluation: Student must meet the outcomes/goals at the end of the quarter, or at the designated time given by the instructor to successfully pass clinical.

Instructor or Clinical Manager Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

9.12 Course Failure/Withdrawal Form

Spokane Community College Nursing Program	
Course Failure/Withdrawal Form	
Student Name:	Student SID #
Course failed / withdrawn from: Course number Course item number	
Course Name Quarter/date:	
<input type="checkbox"/>	Withdrawal: Course grade at time of withdrawal (percentage/GPA)
<input type="checkbox"/>	Failure-- Reason:
<input type="checkbox"/>	Theory Failure to achieve 78% Average on tests: Failure to achieve 78% Average Final score (%):
<input type="checkbox"/>	Laboratory <input type="checkbox"/> Failure to achieve 78% average on quizzes <input type="checkbox"/> Failure to meet lab objectives <input type="checkbox"/> Safety concerns <input type="checkbox"/> Excessive absences
<input type="checkbox"/>	Clinical <input type="checkbox"/> Failure to meet clinical objectives <input type="checkbox"/> Safety concerns <input type="checkbox"/> Excessive Absences
Other	
<input type="checkbox"/> Second failure/withdrawal (attempt) cannot return to program.	
Faculty Signature	Student Signature
Dean or Clinical Placement Manager Signature	Date:
Registrar copy sent <input type="checkbox"/> student copy received <input type="checkbox"/>	
Nursing course failure/withdrawal form revised 10/01/18	

- I. I understand that my ability to return to the SCC Nursing Program is contingent upon the available space in the course.

Student Initials: _____

- II. I understand that it is my responsibility to meet all clinical passport requirements to re-enroll in the SCC Nursing Program.

Student Initials: _____

- III. I understand that the theory and clinical portions are not mutually exclusive. Failure of one component of the course requires repetition of all components of the nursing course in the returning quarter.

Student Initials: _____

- IV. I understand that I have a maximum of two years to re-enroll in the program. This two year period begins as of the date of failure from a course.

Student Initials: _____

- V. I understand that two failures/withdrawals in any of the nursing courses will result in a permanent expulsion from the nursing program. Remediation will not be an option.

Student Initials: _____

- VI. I understand that I must contact Wolters Kluwer Customer Service to cancel or put my textbook contract on hold.

Student Initials: _____

Nursing course failure/withdrawal form revised 10/01/18

9.13 Student Concerns Form and Guidelines



STUDENT GRADE CHANGE REQUEST FORM

Name:

Student ID:

Email:

Phone:

This form is intended to address student concerns regarding the **final grade** given for a completed course at either Spokane Community College or Spokane Falls Community College. This process must be initiated no later than the tenth instructional day of the quarter following the quarter of the appealed grade course (excluding summer quarter).

☐ Students should have completed the following steps before initiating a grade change request:

☐ Student is enrolled at either SCC or SFCC.

☐ Student has communicated their concern to the instructor that issued the grade, but their concern has not been resolved.

This form is being initiated no later than the tenth instructional day of the quarter following the graded course that is being appealed (excluding summer quarter).

Course Taken: _____ Instructor Name: _____

Quarter Taken: Fall ☐ Winter ☐ Spring ☐ Summer ☐ Year: ____ Grade Received: _____

Explanation of concern and basis of grade change request:

- ☐ Extraordinary Circumstance: Please check this box if there is an absence of the instructor for which the grade change is being sought, or an extraordinary circumstance exists that has prevented the student from initiating this request prior to the tenth instructional day of the quarter following the graded course that is being appealed.

Explanation of Extraordinary Circumstance:

Student Signature: _____

Date: _____

Once completed, this form is to be turned in to the Division Dean for the course grade being challenged. Students will receive written notification describing the outcome of their petition, i.e., approved or denied.

FOR OFFICE USE ONLY			
Grade Change Request: Granted	Denied	Final Grade Assigned	_____
Dean's Signature: _____		Date: _____	

Appeals of Dean's decision should include a copy of the decision notification and be submitted to the Chief Academic Officer for the appropriate campus, as outlined in the Grades Procedure 4.40.01 A. The student will receive written notice of the outcome of their petition, i.e., approved or denied.



STUDENT CONCERNS FORM AND PROCEDURES

Informal Guidelines For Addressing Student Concerns

The following steps are to be followed by the student when seeking review of an informal concern involving a faculty member of Community Colleges of Spokane. The student is asked to remember:

1. This is an informal process, requiring no paperwork or forms. The intent is to establish a dialogue between the student and the faculty member that results in resolution of the concern.
2. Concern(s) must be initiated within 10 instructional days of the start of the quarter following the quarter during which the alleged action(s) occurred. An informal concern may be initiated in summer quarter if the faculty member and student mutually agree.
3. The review of concern(s) must proceed from the lowest level of review to higher levels of review.
4. The student will make reasonable effort to complete the informal concern process within 20 instructional days. The student has a right, with advance notice, to a supporter* during any meeting.
5. At any point during the informal process the department chair and/or dean may call an informal meeting between the student and faculty to attempt resolution.
6. Group concerns will not be considered.

Step 1: The student communicates with the faculty member with whom they have the concern and describes the concern. The faculty member has 5 instructional days to respond after hearing the student's informal concern. There is no need for further action if the concern is resolved at Step 1.

Step 2: If the informal concern is not resolved at Step 1, the student next speaks with the faculty member's department chair. The department chair will first ascertain if the student made attempts to contact the faculty member for step one resolution. If so, then the chair will attempt to facilitate an acceptable resolution between faculty member and student. The chair will have 5 instructional days to respond after hearing the student's informal concern. There is no need for further action if the concern is resolved at Step 2.

Step 3: If the informal concern is not resolved at Step 2 and or is determined by the faculty member's dean to be appropriately advanced to this step** the student next speaks with the dean. Upon the dean determining that appropriate steps were followed, the dean will attempt to informally resolve the concern. The dean will respond to the student within 10 instructional days of receiving the concern; the dean will inform the faculty member and department chair of the response. If the concern cannot be resolved at this informal level and the issue warrants formal action, the student may proceed to the Formal Process for Addressing Student Complaints.

Special Circumstances: If at any point during the concern process it's determined the concern may involve violation of federal/state law or Board policy, the concern may be forwarded to the appropriate office.



FORMAL STUDENT COMPLAINT PROCESS FORM

Student Complaint

Date of Dean's Step Three Response to Informal Student Concern: _____

Date of Student's Formal Complaint: _____

Student Statement/Complaint:

(attach additional pages as necessary)

Dean Intake and Assessment: The dean assesses the formal complaint and makes a determination of whether the complaint is appropriate for further consideration.

Date the Dean Received the Student's Formal Complaint: _____

☐ The student's complaint *is not* appropriate for further consideration.

- Notify the student in writing not later than ten (10) instructional days after receipt of the formal complaint. Attach response to this form. Complaint is terminated and may only be considered further by appeal to Vice President (see below).

Date of Dean's Determination Notification: _____

☐ The student's complaint *is* appropriate for further consideration.

- Within ten (10) instructional days of receiving the formal complaint send a copy to the faculty member and AHE.

Date Dean Forwarded Copy of Complaint to Faculty Member: _____

Faculty Response: The faculty submits to dean a written response to the formal complaint within ten (10) instructional days of being notified by the dean. Attach written response to form. The faculty can either:

- ☐ assert the informal process was not followed, or
☐ provide the dean a written response to the complaint.

Date Faculty Member Received Dean's Notification: _____

Date of AHE Notification: _____

Date of Faculty Member's Response to Complaint: _____

Division Response: A meeting to discuss the complaint and draft the division's official response is scheduled by dean within ten (10) instructional days of receiving the faculty's written response. Meeting includes the dean, faculty and AHE representative. Others may participate at the mutual agreement of the dean and faculty.

Date Dean Received Faculty Member's Written Response: _____

Date of AHE Notification: _____

Date of Division Response Meeting: _____

The dean will provide the division's formal response to the student within five (5) instructional days after the above meeting. Attach the response to this form. This serves as the official division response to the complaint.


Vice President Appeal: If the complaint is not resolved to the student's satisfaction, she or he may appeal to the Vice President within ten (10) instructional days after the division's response. The Vice President's response will be attached to this form and serves as the college's final official response to the complaint.

Date Student Filed Appeal to the VP: _____

Date of Vice President Response: _____

Date of AHE Notification: _____

9.14 Student Supporter Acknowledgement Form


**Community Colleges
of Spokane**

STUDENT SUPPORTER ACKNOWLEDGEMENT

Date: _____

To: _____ (Student Name)

From: _____ (Name of Employee Hearing Concern)

Subject: **Role of Student Supporter in Informal Concern Process and Waiver of Confidentiality**

Our college's student concern process provides the student right to have a supporter present during any meeting, provided advance notice is given to the other participant(s) (i.e. faculty, dean). The purpose of this informal concern process is to informally discuss and hopefully resolve the concern. The supporter's role in that process is limited to protecting your rights. The supporter does not speak or provide legal counsel on your behalf. You will have to answer any questions directly and your supporter is prohibited from answering on your behalf or otherwise interfering with our discussion. During our discussion your supporter may become aware of your otherwise confidential education information, so your signature below also provides waiver of confidentiality.

If you will have a supporter present please notify me immediately at the following contact number and inform your supporter of the above limitations. I will ask that this form be signed at the beginning of our meeting and will not proceed until that is done.

Contact Number: _____

I have read, understand and agree to comply with the above.

Student Signature	Date	Student Name (PLEASE PRINT)
Student Supporter Signature	Date	Supporter Name (PLEASE PRINT)

9.15 VA Medical Center Medication Policies and Procedures

VA Medical Center
Spokane, WA

Numbered Memorandum 118-03-13
September 23, 2013

BAR CODE MEDICATION ADMINISTRATION (BCMA)

1. **PURPOSE:** To establish preliminary Medical Center policy and procedures for BCMA. BCMA software is a point-of-care solution for validating the administration of medications. Automation of the medication administration process will reduce errors and increase the efficiency of documentation.

2. **POLICY:**

a. BCMA software will be used for documentation of medication administration for all inpatients except when the network is not available.

b. With the exception of emergent or immediate need situations, a valid provider's order must be present in Computerized Patient Record System (CPRS) prior to the administration of medication or intravenous fluids. In an emergent situation, an order for the medication will be entered as soon as practical.

c. Only qualified staff, as defined by licensure or scope of practice, will order, dispense and/or administer medications. Nursing students and select Unlicensed Assistive Personnel (UAP's) may administer medications after completion of BCMA training, assignment of BCMA menu and only under the delegation of their licensed supervisor, nursing preceptor and/or nursing instructor.

d. BCMA is not intended as a time saving device. The intent of the BCMA software is to provide the nurse with an additional check and balance system that augments but does not replace clinical judgment.

e. Pharmacy and Patient Care Services (PCS) electronically verify medication orders. These orders then display on an electronically generated Medication Administration Record (MAR) or on paper MAR only as a contingency measure. Medications are not to be given until the medication orders are verified by a pharmacist except in an emergent situation. All medications for verified medication orders will be administered using BCMA unless they meet the emergent/urgent criteria.

f. Pharmacy verification of medication orders after pharmacy hours will be done remotely by the VA Puget Sound remote pharmacist.

g. Medication errors must be reported. Medication errors will be considered the result of a chain of events, set in motion by poorly designed/poorly executed processes, procedures, or medication delivery mechanisms. Tracking and trending of errors will assist with process improvements.

2.
Numbered Memorandum 118-03-13

September 23, 2013

3. **PROCEDURES:**

a. Medications will be ordered according to the standard administration times. Clinical judgment and interdisciplinary communication/collaboration is necessary between the prescribing provider, pharmacist, respiratory therapist (RT) and nurse administering the drug. Clinical consideration should be given to the following:

(1) Patient history of last dose taken prior to admission. Provider will identify first dose in documentation.

(2) What potential harm a delay in administering a first dose could have (e.g. delay administering an anti-hypertensive, etc)?

(3) What the effect of the medication would mean for patient safety, comfort or rest if a dose is given at a different time (e.g. diuretic, insulin).

b. Medications will be administered in a window of time that is no more than 60 minutes before or no more than 60 minutes after the scheduled administration time. Variances (i.e. medications administered outside of these parameters) are often clinically valid and require documentation of a valid comment or reason for the variance in BCMA.

c. When a patient is transferred between inpatient areas, the electronic MAR should be reviewed and reported by the nurses to avoid omitting dose(s) and/or double-dosing the patient.

d. All orders to be administered on a routine basis (continuous orders) need an administration time. All "as needed" (prn) orders need a time interval [i.e. every 4 hours (Q4H) PRN] and nurses must document medication effectiveness within four hours of the administration time. By mouth (PO) and Intramuscular (IM) medication effectiveness may be cleared after 30 minutes and Intravenous (IV) medication effectiveness cleared after 15 minutes.

e. The expiration date/time will be determined by the number of days of treatment (not the number of doses) and will expire at midnight.

f. The default start time for orders is now; the default administration time is the next dose. Providers will indicate when an additional dose is desired before the next scheduled administration time by checking the box next to "Give additional dose" field in the CPRS medication ordering dialogue or by entering a separate one-time order.

g. The default stop time for one-time orders is 24 hours.

h. Acronyms and definitions (Attachment A).

3.

Numbered Memorandum 118-03-13

September 23, 2013

i. Only multi-dose medications (for isolation patients) will be kept in the lock boxes located within patient rooms. Narcotics and single dose medications will not be kept in this location. Only licensed staff and authorized UAPs with administrative privileges are to have access to the code. If the code is compromised a work order is to be submitted to change the codes for the entire unit.

j. Missing Dose Requests will be used in limited circumstances during the hours of 1630 thru 0800 daily. Missing Dose Requests are not to be submitted during the hours of 0800 thru 1630 daily (Attachment B).

4. RESPONSIBILITIES:

a. All prescribers are responsible for:

(1) Knowledge of and adherence to correct order processing methods and therapeutic effects of medications.

(2) Knowledge of standard medication schedules.

b. Pharmacy is responsible for:

(1) Knowledge of and adherence to correct order processing methods and therapeutic effects of medications.

(2) Strict adherence to standard administration times (Attachment C).

(3) Ensuring that the intent of the physician's order is carried out and completed in a manner compatible with the policies and procedures of this Medical Center.

(4) Ensuring all medications delivered to the ward for administration to patients will have a machine-readable bar code, package label, and expiration dates.

(5) Proficiency using BCMA software package.

c. All Nursing and Respiratory staff administering medications to inpatients are responsible for:

(1) Knowledge of and adherence to correct order processing methods and therapeutic effects of medications.

(2) Clarifying any order with the provider if there is any question about the order in relation to the patient's condition, medication history, or when there are other clinically prudent actions/scheduling for a specific medication. Medication administration safety is the top priority.

(3) Proficiency using BCMA software package.

4.
Numbered Memorandum 118-03-13

September 23, 2013

(4) Strict adherence to standard administration times.

(5) Administering medications in such manner as to ensure that the intent of the prescriber's order is carried out in a manner compatible with the policies and procedures of this Medical Center. Select UAPs will only administer medications as delegated in specific incidences by licensed staff on authorized units.

(6) Adherence to medication administration standards and safety requirements of the BCMA software. Circumventing safety elements of the software, such as unnecessarily bypassing the wristband scan of the patient at the bedside, will lead to preventable errors.

(7) All medication errors and near misses will be reported using the electronic Medication Event Report which is sent to the Patient Safety Manager.

(8) Nurses are responsible for unlocking and removing all unused medications as part of the discharge process. Housekeeping will clean the boxes during their terminal clean of the room.

(a) All multi-dose medications used in the care of isolation patients will remain under lock and key in the patient's room when not in use. This action is an attempt to reduce cross contamination between patients.

(b) BCMA Coordinator is responsible for: Tracking and trending variance reports for medication administration and providing support for BCMA related issues.

(c) Information Technology (IT) is responsible for:

1 Providing technical expertise for bar code technology including set up, programming, maintenance and troubleshooting for all BCMA related equipment.

2 Ensuring that a sufficient quantity of properly functioning computer hardware including wireless computers, antennae and scanners, suitable for medication administration, are available on each nursing unit.

3 Maintaining a wireless platform that will allow the nurse to log on one time for that specific medication pass and move from patient to patient.

4 Install and maintain the most current version of BCMA and Air Fortress on all BCMA equipment requiring this software.

5. **REFERENCES:** Bar Code Medication Administration Manager User Manual, Version 3.0. September, 2012.
BCMA V. 3.0 Nursing CHUI User Manual, October 2004.
Numbered Memorandum, Medication Management, 119-14-12.

5.
Numbered Memorandum 118-03-13
September 23, 2013
VISN 20 Inpatient Pharmacy After-Hours Remove Prescription
Order
Verification PM #10N20-2006-002
BCMA Contingency Plan, February 2013.
PCS Medication Administration August 2011
Medication Event Report

6. **RESCISSION:** Numbered Memorandum 11-16-10 dated January 29, 2010

7. **FOLLOW-UP RESPONSIBILITY:** Chief of Pharmacy (119), BCMA Coordinator
(118)

Concur/Nonconcur

Concur/Nonconcur

//s//

//s//

Donna Wickre, RN, MSN
Acting AD/Patient Care Services

Jacqueline Ross
Acting Associate Director

Concur/Nonconcur

Approved/Disapproved

//s//

//s//

William F. Nelson, DO, FAAFP
Chief of Staff

Linda K. Reynolds, MA, FACHE
Medical Center Director

Attachments (3)

Distribution: All services via Outlook

ES/sk

6.
Numbered Memorandum 118-03-13

September 23, 2013

ACRONYMS AND DEFINITIONS

ACRONYMS:

BCMA	Bar Code Med Admin
CHUI	Character-based User Interface
CPRS	Computerized Patient Record System
GUI	Graphical User Interface
IEN	Internal Entry Number
MAH	Medication Administration History (computerized, may be printed)
PRN	Pro Re Nata [Latin]
VISTA	Veterans Health Information Systems and Technology Architecture

DEFINITIONS:

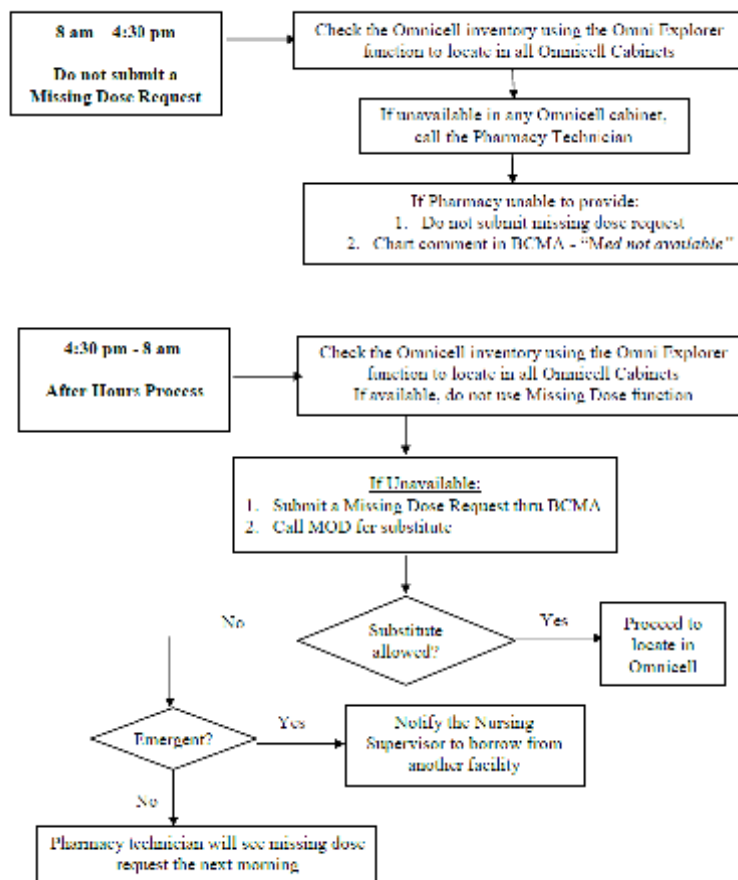
Audits	Tracking changes to records including old data, new Data and the name of the user who made the change
BCMA	A VISTA software application that will validate Medications against active orders prior to being administered to the patient.
CPRS	A VISTA software application that provides an Integrated patient record system for use by clinicians, managers, quality assurance staff, and researchers.
Given	When a medication is administered to the patient, it is considered, "Given".
IEN Drug Code	The internal drug entry number (IEN) from the drug file that is used by Inpatient Medications V.5.0
Not Given	A medication that is intentionally "Not Given" for a specified reason
Omitted	A medication that was not given during the medication pass because it was unintentionally missed.
PRN	Latin abbreviation for <i>pro re nata</i> meaning, "as needed"
Medication Error	Administration of medication to wrong patient, omitted/missed error medications without documented reason for being missed, administration of medication outside identified window of time

Attachment A

7.
Numbered Memorandum 118-03-13

September 23, 2013

Missing Dose Flowchart



REFERENCES: 1) Pharmacy Service Hours of Operation, 119-17-09, February 16, 2010
2) VISN 20 Virtual Inpatient Pharmacy Services, #10N20-2006-002, October 30, 2009

Approved by the CBCMC

February 14, 2013

Attachment B

8.
Numbered Memorandum 118-03-13

September 23, 2013

MEDICATION ADMINISTRATION STANDARD SCHEDULE

The times below have been identified as the most useful with the CPRS format. The standard variability is 60 minutes before and after each time, creating a window of 2 hours.

0200	0100-0300
0600	0500-0700
0700	0600-0800
0900	0800-1000
1200	1100-1300
1400	1300-1500
1700	1600-1800
1800	1700-1900
2100	2000-2200
2300	2200-2400

Schedule administration times:

Continuous:

5XD	0600-0900-1400-1800-2100
BID	0900-2100
BID (06-14)	0600-1400
BID (QAM/QNOON)	0600-1200
BID AC	0630-1630
BID WM	0700-1700
MO-WE-FR	0900
Q12H	0900-2100
Q15MIN	
Q18H	
Q1H	
Q24H	0900
Q2H	0200-0400-0600-0800-1000-1200-1400-1600-1800-2000 2200-2400
Q2WEEK	0900
Q30MIN	
Q36H	
Q3H	
Q3MONTH	0900
Q48H	0900
Q4H	0200-0600-1000-1400-1800-2200
Q4H WA	0600-1000-1400-1800-2200
Q6H	0600-1200-1800-2400
Q72H	0900
Q8H	0600-1400-2100
QAM	0600
QAM AC	0630
QAM WM	0700

Attachment C

9.

Numbered Memorandum 118-03-13

September 23, 2013

QDAY	0900
QDAY-2PM	1400
QHS	2100
QID	0600-1100-1800-2200
QID AC	0630-1130-1630-2030
QID WM	0700-1200-1700-2100
QMONTH	0900
QNOON	1200
QOTHER DAY	0900
QPM	1700
QPM AC	1630
QWEEK	0900
SU-TU-TH-SA	0900
TID	0600-1400-2100
TID AC	0630-1130-1630
TID WM	0700-1200-1700
TID&QHS	0700-1200-1700-2100
One-time	
Stat	within 15 min
Now	within 60 mi
On-Call	

Attachment C

9.16 DEACONESS MEDICAL CENTER MEDICATION POLICIES AND PROCEDURES

Deaconess Hospital – RHS		Spokane, WA	Page 1 of 3
Policy Title: Medication Administration & Storage			
Audience: All Patient Care Units			
References and Citations:			
ISMP: <u>Acute Care Guidelines for Timely Administration of Scheduled Medications</u> ; 2011. www.ismp.org			
<hr/>			
PURPOSE:	To outline nursing responsibility in administration of medications.		
Performed By:	Qualified Licensed Personnel (i.e., RN, LPN, RT, ARNP, etc.)		
	STEPS	KEY POINTS	
1.	Nurse must be familiar with all medications to be administered to patient <i>prior</i> to administering to said patient.	<u>This includes, but not limited to the following:</u> 1. Onset of action 2. Pharmacological action 3. Signs/symptoms of Adverse Drug Reaction. 4. Treatment of potential ADR.	
2.	Verify the 6 Rights for administration >>	<u>The 6 Rights:</u> Right Patient Right Medication Right Dose Right Time Right Route Right Indication	
3.	Medications should be administered within an appropriate amount of time based upon the hospital's acute care guidelines for scheduled items.	Refer to the table in Step 15. Guidelines are adapted from the ISMP guidelines of 2011.	
4.	Once removed, the drug must remain with the individual at all times and should not be left unattended. (Security)	Return to Pyxis if not administered within 30 minutes.	
5.	The drug should not be left on or in any area exceeding 80 degrees, including in pockets. (Storage)		
Original Effective Date: 10/1/1977		Revision Date: 7/28/2016	

Policy Title: Medication Administration & Storage

Page 2 of 3

STEPS	KEY POINTS
6. eMAR must be used to select and administer all medications.	Review eMAR at beginning of each shift. Verify each order has been double checked or acknowledged.
7. Read medication order on eMAR/Dr. Order in its entirety, including allergies.	Note route, dose and make certain that frequency and time schedules correspond. Some medication (i.e., heparin) and some patient care units (i.e., NICU); require that all medication dosages and administration times be double checked with another licensed nursing personnel.
8. <u>Identify the patient by scanning the wrist band or by using 2 patient identifiers:</u> 1) Name 2) Date of Birth	Wristband must be attached to patient.
9. Ask patient and review allergy band for any medication allergies.	To prevent known allergic reaction to any medication.
10. When administering medications, do not remove the medication from unit dose package until in patient's room. Scan the medication to be administered. May place in medication cup and hand to patient.	Scanning provides for proper identification of medication at patient's bedside. Check for expiration date.
11. <u>Administer Medication:</u> a. If oral medication, remain with the patient until it has been swallowed.	Never leave medications at bedside except as specifically ordered by physician.
12. Dispose of equipment needles and syringes in proper receptacles.	To prevent puncture injury to self / patient /family. DO NOT RECAP NEEDLES
13. Never leave medications unattended.	
14. <u>Documentation: eMAR</u>	

Original Effective Date: 10/1/1977

Revision Date: 7/28/2016

15. Acute Care Guidelines for Timely Administration of Scheduled Medications

Type of Scheduled Medication	Goals for Timely Administration
TIME CRITICAL MEDICATIONS <i>(see definitions below)</i>	
Hospital-defined time-critical medications*	Administer at the exact time indicated when necessary (e.g. rapid-acting insulin), otherwise within 30 minutes before or after the scheduled time.
NON-TIME-CRITICAL SCHEDULED MEDICATIONS	
Daily, weekly, monthly medications.	Within 2 hours before or after the scheduled time.
Medications prescribed more frequently than daily, but no more frequently than every 4 hours (e.g. BID, TID, q4h, q6h)	Within 1 hour before or after the scheduled time.

* Limited number of drugs where delayed or early administration of more than 30 minutes may cause harm or sub-therapeutic effect. Includes but not limited to:

- Medications with a dosing schedule more frequent than every 4 hours.
- Medications that must be administered apart from other meds
- Medications that require administration within a specified period of time (e.g. before, after or with meals)

Scheduled medications DO NOT include:

- STAT and Now doses
- First doses and loading doses
- One-time doses
- Specifically timed doses (e.g. pre op meds)
- Time-sequenced (chemotherapy & rescue meds)
- Drugs administered at specific times to ensure accurate levels
- PRN medications

Key Search Words: medication, schedule, medication time, medication schedule, abbreviations, meds, medicine

REVIEWED:
Med/IV Subcom 1/10

REVISED:
Med/IV Subcom: 3/08 1/12, 7/13, 7/14

APPROVED:
Standards Steering Committee: 1/06
Pharmacy & Therapeutics 4/02, 10/10
Provision of Care: 8/14
CNO: 7/13, 7/14


DISTRIBUTION: Patient Care Areas/Pharmacy

G: pcs files/Housewide Nursing Policy Manual/Med/IV Policies/M

Original Effective Date: 10/1/1977

Revision Date: 7/28/2016

9.17 Providence Medication Policies and Procedures

Current Status: Active		PolicyStat ID: 3533004	
		Implementation:	2/28/2011
		Last Reviewed:	5/16/2017
		Last Revised:	5/16/2017
		Next Review:	5/15/2020
		Owner:	Michelle Sodorff: Mgr Med Safety/Accreditation
		Policy Area:	Medication Management
		References:	
		Applicability:	WA - Providence Sacred Heart MC WA - Providence Holy Family Hospital

Nursing Students and Nursing Technicians: Access and Administration of Medications

POLICY STATEMENT:

Providence Sacred Heart Medical Center and Providence Holy Family Hospital ensure all Nursing Students, Nursing Senior Practicum Students, and Nursing Technicians comply with all applicable federal and state laws and regulations.

Nursing Students, Nursing Senior Practicum Students, and Nursing Technicians perform tasks and functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program and supervising nurse.

Nursing students administer medications under the supervision of the clinical faculty or the supervising nurse employed by the hospital.

DEFINITIONS:

Nursing student personnel: Includes Nursing Students, Nursing Senior Practicum Students, and Nursing Technicians.

- Nursing students:** Individuals enrolled in an nursing educational program in the United States or its territories that is approved by the National Council Licensure Examination-RN. Nursing students will be at hospital completing a clinical experience.
- Nursing senior practicum students:** Individuals enrolled in a nursing educational program who are assigned to a practicum experience on a designated unit as a final clinical experience prior to graduation.
- Nursing technician:** A nursing student employed by the hospital, who holds a current Nursing Technician license, and working under the supervision of an employed hospital registered nurse.

Direct supervision: The licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

Immediate supervision: The licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

Immediately available: An RN who has agreed to act as supervisor to the nursing student, is on the premises, and is within audible range and available for immediate response as needed. This may include the use of two-way communication devices which allow conversation between the nursing student and RN.

Clinical Faculty: An RN working in conjunction with a nursing school who has agreed to act as a supervisor to a nursing student or nursing senior practicum student.

Supervising Nurse: The RN employed by the hospital who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

Primary Care Nurse: The RN who is responsible for providing all nursing care to the hospitalized patient.

High Risk Medications: High risk medications include the following:

- All heparin, warfarin, t-PA, low molecular weight heparin, bivalirudin, dabigatran, and other anticoagulants
- All insulin formulations. This includes both SQ and IV insulin doses and all insulin IV infusions.
- IV Sodium Chloride at concentrations greater than 0.9% (normal saline).

IMPLEMENTATION:

1. There are some medication administration and monitoring skills that Nursing Student Personnel are **not permitted** to perform. These include the following situations:
 - a. Confirm, release, or acknowledge medication orders in the electronic medication administration record
 - b. Administer medications that are not confirmed or acknowledged in the electronic medication administration record
 - c. Administer oral or parenteral chemotherapy
 - d. Administer oral or parenteral controlled substances
 - e. Administer conscious sedation or assume monitoring responsibility for patients undergoing procedural sedation
 - f. Administer or adjust oxytocin for laboring or postpartum patients
 - g. Administer or adjust medications that require advanced training (e.g., medications restricted to the critical care areas)
 - h. Administer medications via an epidural or spinal catheter
 - i. Peer check any medication dosing
2. In addition to the above functions, nursing technicians are **not permitted** to perform any of the following tasks:
 - a. Administer or adjust IV medications
 - b. Any task that does not appear on the verification sent to the hospital by the nursing program in which the nursing technician is enrolled.
3. Accessing electronic programs used to support medication administration (e.g., automated dispensing cabinets, electronic medication administration records):
 - a. Access to the electronic medication administration record is granted to nursing student personnel.

- b. Access to the automated dispensing cabinets is granted to nursing senior practicum students, clinical faculty, and nursing technicians.
 - c. Schools provide Educational Services Coordinator with the following information to obtain access to the applicable programs:
 - i. Last name, first name, middle initial
 - ii. Last four digits of the social security number
 - iii. Name of facility and unit where student is placed
 - iv. Start and end dates for clinical experience
 - v. Type of clinical experience (nursing senior practicum student or nursing student)
 4. Prior to access and using the electronic medication administration record or the automated dispensing cabinet, the nursing student personnel complete required training.
 5. Obtaining Medication Administration Supplies:
 - a. Nursing student personnel may obtain necessary medication administration supplies by accessing medication rooms and/or supply rooms.
 6. Obtaining Medications:
 - a. Nursing students obtain medications directly from their Supervising Nurse.
 - b. Nursing senior practicum students and nursing technicians access the automated dispensing cabinets to obtain medications for patients.
 7. Administration of Medication by Nursing Student and Nursing Senior Practicum Students
 - a. Nursing student and nursing senior practicum students utilize the electronic medication administration record to correctly identify patient, medication, and document medication administered.
 - b. Nursing students and nursing senior practicum students administer medications under the immediate supervision of the clinical faculty until deemed competent to administer medications. Nursing student and nursing senior practicum student competency is determined by the clinical faculty.
 - c. Once deemed competent in medication administration, the nursing student and nursing senior practicum student may administer medications with supervision by the patient's primary care nurse or clinical faculty nurse who is immediately available. (See exceptions below related to High Risk Medications).
 - d. Prior to administering medications the nursing student/nursing senior practicum student must complete the following. If there are questions or concerns the nursing student/nursing senior practicum student must address the concerns with the clinical faculty nurse or the patient's primary care nurse.
 - i. Verify that there are no contraindications present
 - ii. Verify the medication is being administered at the proper time, in the prescribed dose, and by the correct route. This includes a review of pertinent labs.
 - iii. Address any unresolved concerns with the prescriber and/or staff involved with the patient's care.
 - iv. Verify the medication selected matches the medication order and product label

- v. Visually inspect the medication for particulates, discoloration, or other loss of integrity
- vi. Verify the medication has not expired
- vii. Inform the patient or family about any potentially clinically significant adverse drug reactions or other concerns regarding a new medication.
- e. Administration of High Risk Medications
 - a. The clinical faculty or primary care nurse obtains the high risk medication for the nursing student/nursing senior practicum student.
 - b. The nursing student/nursing senior practicum student and the clinical faculty/primary care nurse review specific items addressed above (d i - vii) to ensure the high risk medication is appropriate for the patient.
 - c. The nursing student/nursing senior practicum student administers the medication under the immediate supervision of the clinical faculty/primary care nurse. The immediate supervision of the medication administration is documented in EPIC as a "requested" co-signature.
- 8. Administration of Medication by Nursing Technicians with supervision by nurse:
 - a. Nursing Technicians function only under the direct supervision of an employed registered nurse who has agreed to act as supervisor and is immediately available.
 - b. Nursing technicians utilize the electronic medication administration record to correctly identify patient, medication, and document medication administered.
 - c. Nursing technicians administer medications under the immediate supervision of the supervising nurse until deemed competent to administer medications.
 - d. Once deemed competent in medication administration, the nursing technician may administer medications under direct supervision by the supervising nurse.
 - e. Nursing Technicians administer medications only after the medication administration task has been delegated to them by the supervising nurse.
 - i. Prior to delegating the medication administration task, the supervising nurse must:
 - Verify that there are no contraindications present
 - Verify the medication is being administered at the proper time, in the prescribed dose, and by the correct route. This includes a review of pertinent labs.
 - Address any unresolved concerns with the prescriber and/or staff involved with the patient's care.
 - ii. Prior to the medication administration task, the Nursing Technician must
 - Verify the medication selected matches the medication order and product label
 - Visually inspect the medication for particulates, discoloration, or other loss of integrity
 - Verify the medication has not expired
 - Inform the patient or family about any potentially clinically significant adverse drug reactions or other concerns regarding a new medication
 - f. Administration of High Risk Medications.
 - i. The primary care nurse obtains the high risk medication for the nursing technician.

- ii. The nursing technician and the primary care nurse review specific items addressed above (8.e. i-ii) to ensure the high risk medication is appropriate for the patient.
 - iii. The nursing technician administers the medication under the immediate supervision of the primary care nurse. The immediate supervision of the medication administration is documented in EPIC as a "requested" co-signature.
9. Medication Errors:
- a. Following the discovery of a medication error, or in the event that Nursing Student Personnel is involved in a medication error, the Nursing Student Personnel notifies:
 - i. Patient's Primary Care Nurse
 - ii. Supervising Nurse
 - iii. Clinical Faculty. Note: Nursing Technicians do not report to a Clinical Faculty member.
10. The Nursing Student Personnel completes an on-line event report (e.g., Quantros) together with the Supervising Nurse or Patient's Primary Care Nurse.
11. The Student Nurse must also complete any additional reporting requirements as defined by their School of Nursing.

RATIONALE:

To provide consistency in accessing and administering medications by Nursing Student Personnel and ensure compliance with applicable hospital policies and Washington State Law.

Policy Number#: 1-149

Attachments:

No Attachments

Approval Signatures

Approver	Date
Andrea Mullins: Site Administrator	5/16/2017
Michelle Sodorff: Mgr Med Safety/Accreditation	5/16/2017

9.18 Valley Hospital Medication Policies and Procedures

Valley Hospital

ROCKWOOD HEALTH SYSTEM

STUDENT AFFILIATION AGREEMENT- ADDENDUM 1

Patient Care Duties To Be Provided By Students

1. HOSPITAL TO COMPLETE LIST OF DUTIES AND AT IACH

TYPE OF PROGRAM: Undergraduate Nursing Program: Patient Care Clinical rotations, including Medical/Surgical, Critical Care, Emergency Department, Outpatient areas, Operating Room, Preoperative area, PACU/Recovery room, Obstetrics, labor and Delivery, Neonatal Intensive Care Unit, IV Therapy, Hemodialysis and HY@bariatric/Wound Center.

ACADEMIC LEVEL: Undergraduate degree program clinical rotation

EXPERIENCE LEVEL:

Beginner/Basic: 1st year nursing students (Med/Surg, OB and Surgical rotations)

Experienced: Level 2nd year nursing students (continued Med/Surg, Critical Care and other specialty areas)

Advanced: Senior level nursing students in capstone or Senior Practicum experiences - assigned to specialty areas by student request and with the consent of the Unit manager - assigned to an RN preceptor for direct supervision.

DUTIES TO BE PERFORMED:

Beginner Assessments: Basic head to toe assessments of patients under preceptor or instructor supervision, as appropriate to admission or shift assessments, vital signs and other data collection necessary for patient care. Documentation of assessments within electronic medical record as co-signed by nurse preceptor.

Planning of nursing care: Under supervision of Preceptor and/or instructor, identify elements of the plan of care specific to the patient as relevant from data collection in the medical record and through assessments.

Implementation of nursing interventions: Implement nursing interventions and treatments as defined by the plan of care and with the care area standards of the nursing unit. Interventions that are nurse driven are defined by the focus of care. For example, an assessment of a high risk for skin breakdown will identify a plan of skin care and positioning to reduce the chance of skin breakdown, which defines a number of skin care interventions and frequent repositioning and reassessment of skin condition for the patient. Interventions that require a Dr's order, including medication administration, restraints, insertion of Foley catheters, IV starts etc, are done at the appropriate level of training, as defined by the nursing course objectives and with the competency assessed by the instructor.

Evaluation of interventions: Evaluation of the effectiveness of the interventions requires a reassessment process appropriate to the level of the interventions implemented by the student nurse and preceptor.

Experienced: Nursing care of patient, title role of RN under the supervision of a staff preceptor RN. Management of IVs, medication administration and nursing procedures progressively increase, dependent on training level and ongoing experience and competencies determined by the clinical instructor.

STUDENT AFFILIATION AGREEMENT-ADDENDUM 2

The Following Patient Care Duties Cannot Be Provided By Students

[HOSPITAL TO COMPLETE LIST OF DUTIES NOT TO BE PROVIDED AND AT IACH]

No prescribing of medications to patients that is to be dispensed outside of the hospital
No administration of chemotherapeutic agents
No administration of blood products
No administration of IV Push medications
No signing of legal documents

9.19 Invasive Procedures Consent Form



Nursing Division Invasive Procedures Consent Form

Student Agreement for Use of Practice and Invasive Kits

I _____ have read and understand my ethical responsibilities as outlined in the American Nurses Association Code of Ethics for Nurses (refer to the last page of this document for the Code) and the Invasive Procedure Protocol. In accordance with these principles I agree to use kits intended for practice on mannequins, only on those mannequins and on equipment intended for that purpose. I also agree to use invasive kits for peer practice, on my peers only and in the presence of a SCC instructor only. I understand that the intentional misuse of this equipment will be considered unethical conduct and such conduct will be brought before the faculty for disciplinary action.

I understand the risks/discomforts and benefits of invasive procedure practice and my questions have been answered. I agree to participate as a subject in these optional learning experiences. (Check all that apply.)

☐ Intradermal injections

☐ Intramuscular injections

☐ Subcutaneous injections

Student Signature

Date

Instructor Signature

OR

I, _____ do not agree to participate as a subject in any learning activities involving invasive procedures. I understand I must complete an Alternative Learning Activity. It is the responsibility of the student to contact the instructor to arrange alternative learning activities.

Signature of Student

Date

Instructor Signature

INVASIVE PROCEDURES PROTOCOL

General Information:

During the Nursing Program you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training procedures. As part of your learning activities you may be asked to perform specific skills or be asked to be the subject of specific skill practice by other students.

Learning activities that use human subjects shall be conducted under the supervision of the instructor who has been assigned to teach the course.

Before involvement as a human subject, a student must give informed consent. If under the age of 18, informed consent must be obtained from the parent or the legal guardian unless the participant is determined to be an emancipated minor.

Benefits:

The experiences listed below have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills. An alternative experience may not provide as realistic an opportunity to practice and therefore may result in less effective learning. Specific benefits are listed below.

Risks/Discomforts:

Participation may create some anxiety for you. Some of the procedures may create minor physical or psychological discomfort. Specific risks/discomforts are listed below.

Your Rights: You have the right to withhold consent for participation and to withdraw consent after it has been given. If you withhold consent, you will be required to participate in an alternative learning experience. If you do not participate in either the planned or the alternative activity, you will not be able to successfully complete the course. You may ask questions and expect explanations of any point that is unclear.

Learning Activities

1. Finger stick to check glucose
2. Subcutaneous injections
3. Intradermal injections
4. Intramuscular (IM) injections

5. Intravenous (IV) starts

Specific Benefits

Appreciation for what it feels like to give and/or receive a finger stick

Appreciation for what it feels like to give and/or receive an injection

Appreciation for what it feels like to give and/or receive an IV

Specific Risks/Discomforts

Minimal exposure/discomfort, bruising, infection

Discomfort related to use of a needle, bruising, minimal exposure to blood, infection

ANA Nursing Ethics is part of The Center for Ethics and Human Rights, which maintains the ANA Nursing Code of Ethics.

Provision	1
The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.	
Provision	2
The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.	
Provision	3
The nurse promotes, advocates for, and protects the rights, health and safety of the patient.	
Provision	4
The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.	
Provision	5
The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.	
Provision	6
The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.	
Provision	7
The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development and the generation of both nursing and health policy.	
Provision	8
The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.	
Provision	9
The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession and integrate principles of social justice into nursing and health policy.	

Please detach and keep this copy of the Code of Ethics for Nurses.

9.20 COVID-19 Safety Training



Community Colleges of Spokane

Confirmation of COVID-19 Safety Training for Students

By signing this document, you are confirming you have watched the COVID-19 safety training video available through CANVAS and that you are aware of and agree to follow all safety protocols while on campus. Thank you for doing your part to keep CCS campuses safe and healthy!

Date

Class

Name (Printed)

Signature

SCC Nursing Student Options regarding COVID-19 patient care

The current expectation is that ALL second year SCC nursing students practicing at Providence hospitals will take care of patients who have tested positive for COVID-19, are in the process of testing, and are in either a negative pressure room or in airborne precautions. In the nursing profession, there are very limited times in which a nurse is able to challenge an assignment given to them. Please review this link from the Washington State Nurses Association (WSNA):

<https://cdn.wsna.org/assets/entry-assets/3215/assignments-guidelines-2012.pdf>.

With that understanding, please choose ONE OPTION and INITIAL the following:

Choices will be carried throughout second year.

- I choose to care for COVID-19 patients, understanding the risk/benefit and have passed the required FIT test.

☐

- I am currently not comfortable caring for patient populations who are in airborne precautions, but would like the opportunity to learn and then care for these patients. I understand that the follow requirements are in place.

☐

- Meet with the open lab instructor to gain understand and confidence in apply personal protection equipment (PPE).
 - Write a one paragraph self-reflection to be turned into the course coordinator.

- I would like to opt-out of caring for COVID-19 patients. I understand that the following requirements are in place:

☐

- Write a one page self-reflection and understanding of professional nursing assignment expectation. This will be turned into the quarter coordinator.

Regardless of this selection:

ALL students must complete FIT testing at the beginning of Quarter 4 (Second year).

Student Name (please print): _____

Student Signature: _____ Date: _____

Faculty Name (please print): _____

Faculty Signature: _____ Date: _____

9.21 Student Handbook Signature Page

STUDENT CONTRACT SIGNATURE PAGE: QUARTERLY REVIEW

SPOKANE COMMUNITY COLLEGE NURSING PROGRAM

I have read and understand the following:

1. Students are responsible to review updates to the student handbook
 - I have read and reviewed the updated student handbook changes
2. Students are responsible to review the student handbook at the beginning of each quarter.
3. Nursing Student Handbook
 - Evaluation and Grading Policy for Theory, Clinical, and Lab
 - Decimal Grading System
 - SCC Nursing Social Media Policy
 - Invasive Procedure Consent Form
4. SCC Student Policies Handbook: Washington Administrative Standard of Conduct for Students: [CCS Student Code of Conduct](#)
5. Students are responsible to review the course syllabus for each nursing course.

Student (PLEASE PRINT): _____

Student Signature: _____

Date: _____