

Updated: January 2025



SPOKANE COMMUNITY COLLEGE

Nursing Program Student Handbook Concept-Based Curriculum

Handbook policies, schedules, and paperwork are subject to change.

Revised: December 2022

The Associate Degree Nursing program at Spokane Community College located in Spokane, Washington, is accredited by the [Accreditation Commission for Education in Nursing \(ACEN\)](#):

ACEN

3390 Peachtree Road NE, Suite 1400

Atlanta, GA 30326

404-975-5000

The Spokane Community College Nursing Program is approved by the [Washington State Board of Nursing \(WABON\)](#).

Community Colleges of Spokane does not discriminate based on race, color, national origin, sex, disability, religion, sexual orientation, pregnancy, and related conditions or age in its programs, activities, or employment.

Direct all inquiries regarding equal opportunity compliance and/or grievances to

Chief Strategy and Administration Officer,

CCS, 501 N Riverpoint Blvd,

PO Box 6000, MS 1004,

Spokane, WA 99217-6000

509-434-5037.

Direct all inquiries or grievances regarding access and Title IX to

the Chief Compliance Officer,

2917 W. Whistalks Way, MS 3027,

Spokane, WA 99224,

ccs.titleIX@ccs.spokane.edu

509-279-6012.

TABLE OF CONTENTS

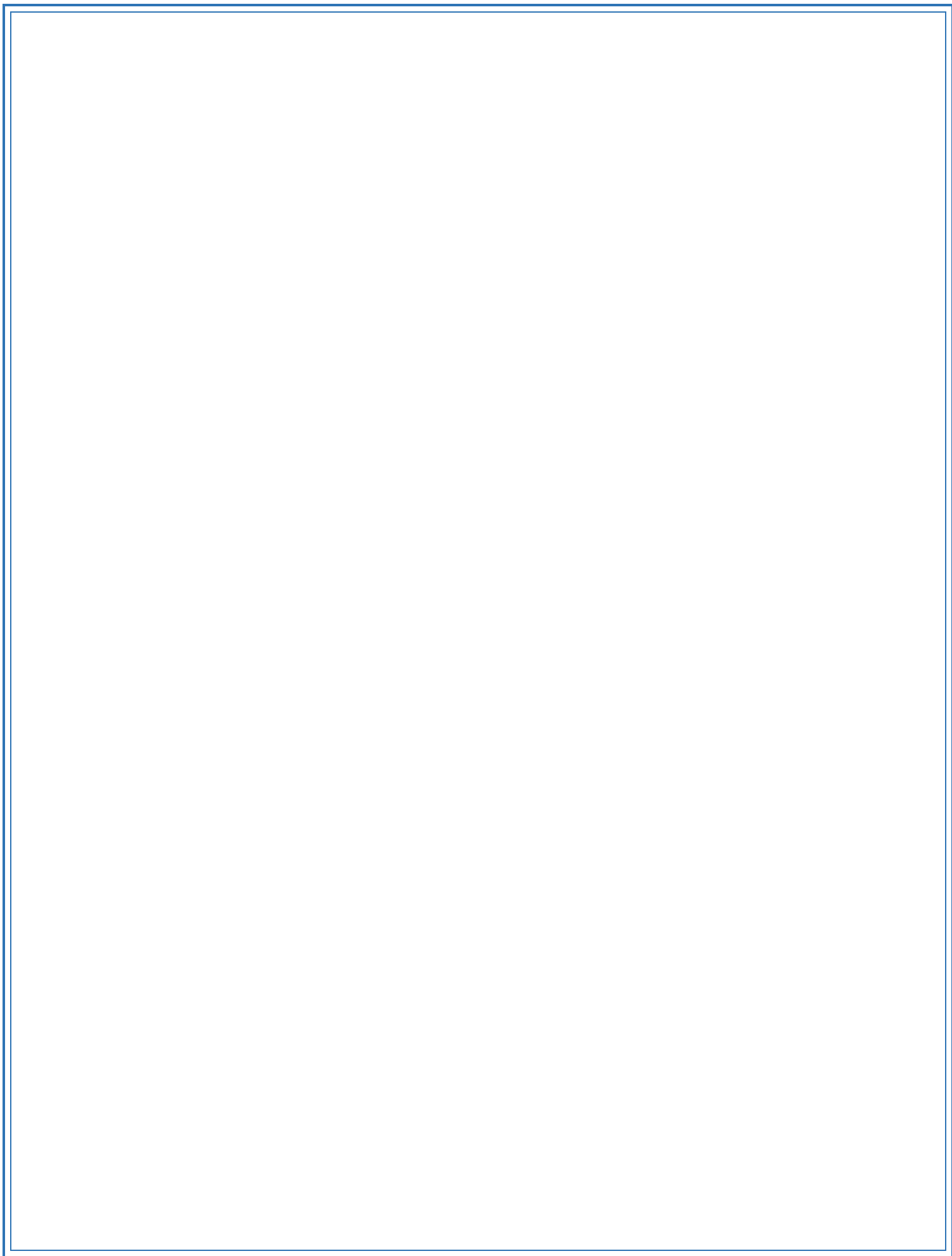
1. INTRODUCTION	1
1.1 Purpose of Handbook	1
1.2 Overview of the Nursing Program	2
1.3 Philosophy	4
2. METHODS OF INSTRUCTION.....	9
2.1 Instructional Settings	9
3. CCS POLICIES ON NONDISCRIMINATION.....	10
3.1 Persons with Disabilities Statement	10
3.2 Veterans.....	11
3.3 Rights and Responsibilities.....	11
4. PROGRAM POLICIES.....	13
4.1 Dress Code Policies	13
4.2 Math Policies	14
4.3 Student Conduct Expectations	15
4.3.1 WAC 132Q-10-210:.....	15
4.3.2. WAC 132Q-10-221.....	16
4.3.3 WAC 132Q-10-500.....	17
4.4 Academic Integrity	18
4.5 Use of Artificial Intelligence in Coursework	18
4.6 Dismissal Policy.....	19
4.7 Withdrawal	20
4.8 Re-admission Policy	20
4.9 Student Progression Committee.....	21
4.10 Confidentiality	22

4.11 Time Period for Completion of Program	22
4.12 Course Failure Policy	22
4.13 Clinical Medication Administration Policy	26
4.14 Social Media Policy	29
4.15 Class Representative Role and Responsibilities	32
4.16 Clinical Orientation Required Attendance Policy	33
4.17 Handbook Disagreement Policy.....	33
5. GUIDELINES FOR THEORY AND CLINICAL EVALUATION.....	35
5.1 Theory Evaluation	35
5.2 Clinical Evaluation	35
5.3 Clinical Attendance Policy	37
5.3.1 Quarantine-Related Absence.....	38
5.3.2 Faith and Conscience Absences.....	38
5.4 Simulation.....	38
5.5 Computer requirements.....	39
5.6 Quarterly Skills Return Demonstration.....	39
5.7 Laboratory/Clinical Skills Requirements.....	39
5.8 Laboratory Evaluation	40
5.9 Laboratory Attendance Policy.....	41
5.10 Incident Report	41
5.10.1 Clinical Incident Policy	41
5.11 Blood-borne Pathogen Exposure Guide.....	42
5.12 Pregnancy and Related Conditions	42
5.13 Injuries and Surgeries.....	43
5.14 Electronic Devices	43
5.15 Scope of Practice Decision Tree	43

5.16 Licensure Information	46
6. COVID-19 INFORMATION AND POLICY	47
6.1 COVID-19 Vaccine Requirements Regarding Clinical Sites	47
7. REQUIRED DOCUMENTATION	48
7.1 Clinical Passport	48
7.2 Criminal Background Check	50
7.3 Drug Screening	51
8. CURRICULUM	53
8.1. Course Schedule	53
8.2 Textbook Policy	54
8.2.1 Pearson	54
8.2.2 Assessment Technologies Institute (ATI)	54
8.3 Grading Policy	55
8.4 Testing Policy	56
8.5 Grading Scale	57
8.6 Paper Organization	57
8.7 Pinning	57
8.8 Graduation	57
8.9 Guidelines for Addressing Student Concerns	58
9. MISCELLANEOUS INFORMATION	60
9.1 Counseling	60
9.2 Career Services/Job Placement	60
9.3 Student Nursing Employment Opportunities	60
9.4 Learning Resources	62
9.5 Holidays/School Closures	62

9.6 Financial Aid.....	63
9.7 Visitors and Children	63
9.8 Vocational Clubs/Campus Activities	63
9.9 Nursing Club.....	63
9.10 Student Services.....	63
9.11 Telephones.....	63
9.12 LRC – Learning Resource Center	64
9.13 Smoking, Eating, and Drinking.....	64
9.14 Licensing Exams Option (NCLEX-PN® and NCLEX-RN®).....	65
10. APPENDIX	66
10.1 Student/Faculty Clinical Passport	66
10.2 Video Consent Form.....	68
10.3 SCC Student Clinical Contract	69
10.4 Medical Accident/Emergency Form.....	71
10.5 Clinical Agreement Form	72
10.6 Sample Clinical Poster	73
10.7 Log of Events	74
10.8 Student Conduct Incident Report	76
10.9 Student Academic Progress Report	80
10.10 Clinical Conduct and Performance Contract.....	81
10.11 Course Failure/Withdrawal Form	83
10.12 Student Concerns Forms and Guidelines	85
10.12.1 Guidelines for Informal Student Concerns Process	85
10.12.2 Form for Formal Student Complaints	87
10.13 Student Supporter Acknowledgement Form	90
10.14 Invasive Procedures Consent Form.....	91

10.15 ANA Nursing Code of Ethics.....	95
10.16 Mental Health Resources	96
10.17 Providence Medication Policy	97
10.18 MultiCare Medication Policy	103
10.19 Student Handbook Signature Page	114



SPOKANE COMMUNITY COLLEGE NURSING DIVISION**STUDENT HANDBOOK 2023-2024****1. INTRODUCTION**

NOTE: Changes can occur at any time, including the implementation date, in any policy or guideline. If this happens, affected students will be notified through the Spokane Community College (SCC) learning management system via posting 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 handbook policies. The signed and completed “Student Handbook Signature Page” must be uploaded to 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 One on Mission Street. The Associate Degree in Nursing Program (ADN) started 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 comprised 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 the 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 the 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 and 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 to deliver the program, which was started in the fall of 2016.

ACCREDITATION/APPROVAL

The Nursing Program is approved by the Washington State Care Quality Assurance Commission, 310 Israel Rd, Tumwater, WA 98501. It 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 effect through the next scheduled site visit in Fall 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 focuses on understanding broad concepts applied to specific exemplars. Students learn to recognize features of a condition and apply what they have learned to various situations. Students are introduced to learning material prior to class. Classroom time focuses on interactive learning, where students deepen their understanding of the content through peer discussion 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 various 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 the next step in their educational plan. The nursing program reflects SCC's Mission of supporting 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 knowledge acquisition.
- 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 all members of the college value the power and growth of learning. We are dedicated to seeing our students demonstrate the following critical Student Learning Abilities related to our institution and the larger community. SCC faculty has identified four ability areas 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 and 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 meet the needs of the 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 the Nursing Program is responsible for providing 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 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 various inpatient, ambulatory, and community-based settings.

Central to SCC's nursing philosophy is caring and collaboration. Each patient is viewed as a unique human 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 patients and other healthcare team members to achieve optimal patient, societal, and organizational outcomes. Nurses demonstrate effective clinical decision-making by utilizing 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 must become proficient in acquiring knowledge and information literacy and 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 healthcare 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 ongoing evaluation and quality improvement, contributing to care and patient outcomes.

The faculty believes that integrity and accountability are integral components 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 Malcolm 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 every student's unique talent while encouraging students to take responsibility for directing their learning.

Nursing education is a dynamic process that promotes competence, independence, and collaboration to improve healthcare quality. Faculty are committed to developing 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.

CCS MISSION, VALUES, AND VISION	SCC MISSION/GOALS	SCC NURSING PROGRAM MISSION STATEMENT
To provide all students an excellent education which transforms their lives and expands their opportunities.	<p>The mission of Spokane Community College aligns with the mission of the Community Colleges of Spokane: "To provide all students an excellent education that transforms their lives and expands their opportunities."</p> <p>Goals: The college's goals are visionary and define what we do to accomplish our mission.</p> <p>Academic Transfer: We prepare students for successful transfer to the next step of their educational journey.</p> <p>Adult Basic Education: We prepare students for college-level courses by guiding, supporting, and providing the tools necessary to achieve their academic, personal, and professional goals.</p> <p>Career and Technical Education: We prepare students to enter the workforce in a timely manner; supporting our community needs in available and sustainable careers with a focus on future industries.</p> <p>Student Success: We provide the services and resources needed for our students to be successful.</p>	<p>SCC's Nursing Program meets community needs by preparing graduates for entry-level practice in a variety of health care 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.</p>

CCS VALUE STATEMENT	SCC VALUE STATEMENT	SCC NURSING PROGRAM LEARNING OUTCOMES
<p>Students First: Students are the center of our work. We make decisions and plan for a future that bests meet their educational needs and goals.</p> <p>Equity: Access to high quality education in a safe and inclusive environment is the right of all individuals. We work toward establishing equity for all and endeavor to support each student so they may be successful.</p> <p>Access: We open doors, striving to remove barriers and provide support so that all of our students have access to the quality education they deserve.</p> <p>Excellence: We seek excellence in all we do, providing our students with an inclusive, world-class education in their community, one that provides equity and resources for a stable future.</p> <p>Integrity: We build partnerships with trust and work from a place of integrity, honoring and respecting the students and employees who are part of CCS. We listen and communicate openly and with respect.</p> <p>Leadership: We build lasting community partnerships to inspire innovation, build the local economy, and create student career pathways. We continually adapt to meet changing community needs.</p> <p>Responsiveness: Our education meets the community's needs. We quickly adopt and improve our programs and curriculum to ensure our students get a competitive education and our community gets talented employees.</p> <p>Stewardship: We cultivate and respect the resources that make our work possible. We encourage every member of CCS to honor those resources by using them to advance our mission.</p>		<p>Professionalism: The graduate will manage accountability and integrity while utilizing legal standards and ethical values that govern professional nursing practice.</p> <p>Collaboration: The graduate will collaborate care with the patient, significant support systems, and other members of the health care team to achieve optimal patient and organizational outcomes.</p> <p>Clinical Decision Making: The graduate will integrate best current evidence and clinical judgment to ensure patient, staff and system safety in a variety of health care settings.</p> <p>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.</p> <p>Management of Care: The graduate will structure care based on principles of delegation, supervision, resource management, and information technology for patients in a variety of settings.</p>
CCS VISION STATEMENT	SCC VISION STATEMENT	SCC NURSING PROGRAM STATEMENT
Providing the best community college experience in the northwest.		

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 the 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 nursing field 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 healthcare team members to achieve optimal patient and organizational outcomes.
- **Clinical Decision Making:** The graduate will utilize evidence-based practice and clinical judgment to ensure patient, staff, and system safety in various 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 a set of "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 of 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.

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 health team members, and the profession. It is expected that as a graduate of the Nursing Program, you will model your practice based on the Code of Ethics as outlined below:

- **PROVISION 1:** The nurse practices with compassion and respect for every person's inherent dignity, worth, and unique attributes.
- **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 participate actively in the classroom experience. Theory courses provide students with a base of knowledge to build upon as they progress each quarter. If mandated by the college or the State of Washington, the college may require that some classes be 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 essential to the curriculum. Prior to caring for patients in the clinical setting, students practice in the lab to facilitate learning and safety. Here, 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 program's clinical component allows students to practice both lab skills and theory content. Students provide patient care through clinical practice in various settings in Spokane and the surrounding areas. SCC nursing faculty supervises clinical rotations.

3. CCS POLICIES ON NONDISCRIMINATION

Community Colleges of Spokane (CCS) recognizes its responsibilities under state and federal law, rules, and regulations, including the responsibility for investigation, resolution, implementation of corrective measures, and monitoring of its academic, athletic, and extracurricular programs (educational programs) to stop, remediate, and prevent discrimination, harassment, sexual misconduct, and retaliation consistent with these provisions. The purpose of this policy is to establish CCS's commitment to provide equal access to its educational programs and to provide an environment for its students that is free from conduct or behaviors that constitute discrimination, harassment, sexual misconduct, domestic violence, dating violence, stalking and/or retaliation by or against its students. This policy is subject to constitutional protections related to freedom of speech, association, and the press.

Fostering and developing the understanding of the diverse social and cultural traditions of all CCS students is a fundamental role of the district. Prejudice and bigotry, including racism, sexism, and any other bias that creates barriers, perpetuates stereotypes, or promotes ignorance, is contrary to the mission of the district, shall not be tolerated and, under this policy, shall be prohibited. Confirmed violations of this policy may lead to disciplinary action, including suspension and/or expulsion.

Community Colleges of Spokane does not discriminate based on race, color, religion, national origin, sex, disability, sexual orientation, pregnancy or related conditions, or age in its programs, activities, or employment. Direct all inquiries regarding equal opportunity compliance and/or grievances to the chief strategy and administration officer, CCS, 501 N. Riverpoint Blvd., P.O. Box 6000, MS1004, Spokane, WA. 99217-6000 or call **(509)-434-5040**. Direct all inquiries or grievances regarding access and Title IX to the chief compliance officer, 2917 W. Whistalks Way, MS 3027, Spokane, WA. 99224, ccs.titleIX@ccs.spokane.edu or call **(509)-279-6012**.

3.1 PERSONS WITH DISABILITIES STATEMENT

By 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 must register with the Disability Access Services office (SCC, Bldg. 15, Room 113, 509-533-7169) and provide disability documentation. Once the Director of Disability Access 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 Access Services office will provide nursing faculty an official Letter of Accommodation. Accommodations will not be considered without an official Letter of Accommodation from the disability services office. Accommodations that compromise patient care or fundamentally alter the nature of the program or activity are not considered reasonable. A student who believes they have been denied accommodation(s) may follow the CCS grievance procedures, which can be found at [DAS](#).

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 faculties 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 on the [Military/Veterans page](#).

3.3 RIGHTS AND RESPONSIBILITIES

CLASSROOM CONDUCT ([WAC 132Q-10-101](#))

Admission to the Nursing Program within CCS assumes 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 students' practical cooperation in fulfilling the course's objectives.
- 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 for up to three instructional days if the student's misconduct creates disruption to the point that it 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 Student Conduct 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 Chief Student Services Officer, 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-10-400](#))

Discuss the incident that occurred with the student, instructor, department chair, and Associate Dean of Nursing and, if warranted, forward it 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

Student Conduct Incident Reports are now submitted online. Reporters must request that a copy be emailed to them when submitting the form so it can be given to the Associate Dean and included in the file. Records retention policies dictate that student conduct records be destroyed if the student is exonerated. If sanctions are imposed, the records should be retained for six years after any disciplinary sanction and then destroyed.

DRUGS AND DRUG PARAPHERNALIA BANNED ([WAC 132Q-10-228](#))

Being observed under the influence of, using, possessing, manufacturing, or distributing marijuana, narcotics, or other controlled substances, and drug paraphernalia except as expressly permitted by federal, state, and local law is prohibited.

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 always to dress professionally, 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 the SCC logo are permitted.
- Students may wear professional business attire, closed-toe shoes, or their student uniform when attending open lab.

SCC nursing students are responsible for conducting themselves and dressing 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 properly sized garments with SCC logo scrubs;
- (optional) SCC blue scrub jackets and pullovers;
- The following additional clothing items are acceptable:
 - Spokane Community College ARCH OVER LOGO Replen Crew Gry
 - https://scc.spirit.bncollege.com/spokane-community-college-spokane-community-college-arch-over-logo-replen-crew-gry/t-3477526776+p-34990113944793+z-9-3339435163?_ref=p-DLP:m-GRID:i-r0c2:po-2
 - Port Authority® Slub Fleece 1/4-Zip Pullover F295
 - https://www.portauthorityclothing.com/p/5510_Navy
 - Port Authority® Microfleece 1/2-Zip Pullover F224
 - https://www.portauthorityclothing.com/p/5089_TrueNavy
 - Port Authority® Women's Microfleece 1/2-Zip Pullover L224
 - https://www.portauthorityclothing.com/p/5090_TrueNavy
- (optional) Scrub caps are allowed but must be predominately navy blue. All other head covers are **NOT** accepted unless worn for cultural, religious, or health purposes;
- Jackets with hoods are **NOT** acceptable;
- SCC Photo I.D. and facility badge must be worn at all times;
- Wedding rings are allowed, but no large stones should be placed in rings that can catch on linens or scratch patients;
- Visible facial or body piercings are limited to studs in the ears, one nose stud, and one eyebrow ring. Tongue piercing is acceptable if it is unseen and does not hinder speech;

- 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, brown, or black;
- A solid color navy blue, white, and black shirt with short/long sleeves may be worn under the SCC scrub top;
- Shoes must be plain white, black, brown, or navy-blue impervious material, with closed toe and back, and minimal logos;
- Nails must be trimmed and short (nothing over $\frac{1}{4}$ "). Nail polish should be in good repair. Artificial nails are **NOT** accepted;
- Body tattoos are permitted if they do not contain any obscene, profane, discriminatory, sexual, or questionable words or imagery. Tattoos not meeting these standards must be covered at all times;
- Cologne, perfume, or offensive odors (such as smoke smell or body odor) are **NOT** permitted.
- Chewing gum is **NOT** permitted.

PSYCHIATRIC MENTAL HEALTH

Students can wear their SCC scrubs (uniforms) and business casual attires on the psychiatric units. Casual attire such as jeans, shorts, sweatshirts, t-shirts, and leggings worn as pants and sandals are not permitted.

4.2 MATH POLICIES

- Math exams will begin on the first day of class for all quarters except the program's first quarter. The math exam for the first quarter will be arranged per the instructor.
- Math related to intravenous fluid and medication administration is included in the math exam given at the beginning of the fifth 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, except 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 on the math test.

GUIDELINES FOR MATH PROBLEMS

Clinical calculations are included in 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 a question results in a partial tablet(s), the tablet may only be cut when scored.
5. Capsules are different. You cannot give a part of a capsule; therefore, capsules must 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 ultimately give you the wrong answer. Note: The only acceptable conversion from lbs. to kgs is to divide the lbs. by 2.2 or from kg to lbs. is to multiply 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: 12.0ml would simply be expressed as 12ml)
11. Be sure to include a leading zero for all numbers less than one. (Ex: .25ml should be expressed as 0.25ml)

4.3 STUDENT CONDUCT EXPECTATIONS

Students will always maintain a professional attitude and conduct themselves as mature adults. Instructors and 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](#).

4.3.1 [WAC 132Q-10-210](#):

ACADEMIC DISHONESTY AND OTHER ETHICAL VIOLATIONS.

Acts of academic dishonesty include the following:

- *Cheating*
 - Use of unauthorized assistance in taking quizzes, tests, or examinations

- acquisition, without permission, of tests or other academic material belonging to a member of the college faculty or staff.
- Fabrication, which is the intentional invention or counterfeiting of information in the course of an academic activity.
 - counterfeiting data, research results, information, or procedures with inadequate foundation in fact
 - counterfeiting a record of internship or practicum experiences;
 - submitting a false excuse for absence or tardiness;
 - unauthorized multiple submissions of the same work; sabotage others' work.
- Engaging in any behavior expressly prohibited by a faculty member in the course syllabus or class discussion.
- Plagiarism includes using, by paraphrase or direct quotation, another person's published or unpublished work without full and clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or agency engaged in selling term papers or other academic materials.
- Facilitation of dishonesty, including not challenging academic dishonesty
 - *Knowingly furnishing false information* to any college official, faculty member, or office, including submission of fraudulent transcripts from other institutions
 - *Forgery, alteration, or misuse* of any college document, record, or instrument of identification

Other ethical violations include the breach of any generally recognized and published code of ethics or standards of professional practice that governs the conduct of a particular profession (i.e., the legal standard of care for healthcare professionals, American Nurses Association Code of Ethics) for which the student is taking a course or is pursuing as an educational goal. Please see section 1.3 [Philosophy](#) for more information

4.3.2. WAC 132Q-10-221

Faculty member authority to respond to academic dishonesty and other ethical violations.

A faculty member need not give credit for coursework that results from cheating, plagiarism, or other dishonesty. For any act of deception that occurs during an instructional course, the faculty member may impose reprimands, educational opportunities, and/or adjust the student's grade accordingly for the particular examination, paper, or other work product where that dishonesty occurred. Any such faculty response shall not limit or preclude disciplinary sanction(s) from the student conduct office for the same act of dishonesty.

A student who has received a grade adjustment by the faculty member on the basis of academic dishonesty under this code may grieve that adjustment under the student complaint procedure; however, any sanction that is imposed by the student conduct officer or student conduct board or panel must be reviewed under the student disciplinary procedure. See WAC [132Q-10-335](#).

4.3.3 WAC 132Q-10-500

CLASSROOM MISCONDUCT

Faculty members have the authority to take appropriate action to maintain order and proper conduct in the classroom and to maintain students' effective cooperation in fulfilling the course's objectives.

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 for up to three instructional days if the student's misconduct creates disruption to the point that it 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 student conduct officer, who may set conditions for the student upon return to the class or program.

The student may appeal the classroom suspension to the chief student services officer, 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.

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, 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 the course in which the 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 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 the 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](#).

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. To maintain the 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: 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 USE OF ARTIFICIAL INTELLIGENCE IN COURSEWORK

The instructor(s) understand that generative artificial intelligence (AI) tools (such as Chat GPT, Google Bard, or similar programs) may be useful in some cases, such as explaining difficult concepts or gathering specific information. However, the extensive use of such tools to write drafts or revise your work is not acceptable and constitutes academic misconduct. To avoid academic misconduct allegations and sanctions, please adhere to the following:

1. Do not copy and paste AI outputs directly onto discussion board posts or submit the output as an assignment.
2. Do not copy and paste an assignment prompt of instructions into an AI tool.

3. Do not use AI tools when taking quizzes and exams since their use is prohibited during these activities.

If you choose to use AI tools in any capacity in class, use them with **caution** and review any AI outputs critically before including them in any academic work. To protect yourself in the event of an academic misconduct allegation, you are required to do the following when using AI to complete your academic assignments:

1. Use track changes to demonstrate how much of the written product was written by generative AI, and how much was written by you.
2. Maintain a history of your prompts and outputs within an AI tool (for example, the chat history in ChatGPT) and provide it to the instructor if requested.

Provide a written statement as part of your assignment that includes the following:

1. A description of how you used generative AI in the assignment or project.
2. A description of how your verified outputs were correct or true.
3. A reflection on how using AI tools either benefited or potentially harmed the learning goals of the assignment.
4. An attestation that you did not put any protected data into an AI tool during your completion of the assignment, including but not limited to any copyright materials, the intellectual property of others (including papers written by others, or the text of your instructor's assignment instructions), research or study data, interview transcripts, or personally identifiable information of others.

The AI policy is specific to this course and its goals. Different courses and instructors will have different AI policies. Please reach out to your instructor if, at any point, you're unclear about what our course policy is or why.

4.6 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 4.11 of this document.

It is the student's responsibility to keep track of their 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 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. (See [Student Progression Committee Policy](#), p.16)

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.

4.7 WITHDRAWAL

Suppose a student withdraws from the Nursing Program after the tenth day of the quarter and they are not passing any required nursing course (clinical, laboratory, theory). In that case, 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 their course instructor if they want to withdraw or determine if they are eligible to return to the program and must complete the withdrawal documentation [Course Failure/Withdrawal Form](#) with their instructor. (See Appendix). It is important to refer to the current [College Calendar](#) to be appraised of the timeline to drop a course.

4.8 RE-ADMISSION POLICY

Any eligible student achieving less than 2.0 in a nursing course or withdrawing 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 in the first quarter of the program, they must reapply through the competitive admissions process. For any other course after the program's first quarter, 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 on 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. 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.

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

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

When a student has had two attempts, they can present their case to the Student Progression Committee, and faculty will determine, on a case-by-case basis, whether the dismissal is permanent with no option to return to the nursing program. (See [Student Progression Committee Policy](#))

4.9 STUDENT PROGRESSION COMMITTEE

The Student Progression Committee (SPC) exists to determine if a student will be dismissed from the nursing program following two-course attempts or due to other academic performance or student behavior/actions that would lead to dismissal from the program. The SPC may allow latitude in managing a student's progression in the nursing school program when SPC members agree that the circumstances of the case support it. A basic tenet of the medical profession is self-regulation. Thus, students and faculty are obligated to report any concerns about a student's academic performance to the course coordinator that may lead to dismissal.

Upon referral, the SPC will meet to conduct a progression review during the quarter, before grades are due, and determine if the student will be dismissed from the nursing program following two failed attempts or potential failure due to egregious behavior. The SPC considers each case on an individual basis within SCC Nursing Program standards.

The SPC will meet to conduct a progression review during the quarter, before grades are due, and determine if the student will be dismissed from the nursing program for the following:

- If a student is at risk of failing a second attempt, the student will be dismissed from the nursing program should the student fail the second attempt.
- If there is a probable cause for immediate dismissal.
- For persistent non-compliance with health and safety requirements.
- If there is behavior deemed questionable, that could lead to failure.

The committee will include at least three full-time nursing faculty volunteers, including a committee chair. The committee will not meet if fewer than three members are in attendance. The committee chair will call a progression review meeting when required under this protocol, where at least three committee members are in attendance. The faculty member with a student at risk of dismissal may inform the SPC about the student's performance and leave the meeting. Likewise, the Student will have an opportunity to present information, including a written statement, for the SPC to review. The SPC may request information from other individuals with pertinent data regarding a student's academic or clinical performance. In addition, the SPC participants may attend the meeting in person or via Zoom.

Students will be notified in writing of the SPC meeting's date, time, and location. They will be given at least three calendar days to prepare and provide information to the SPC Chair. If there is cause for concern for the health and safety of patients, a student may be instructed not to attend their clinical placement while awaiting the SPC meeting and the SPC's decision.

After reviewing all the information, the SPC will discuss the student's performance and decide the student's continued status in the program. A simple majority of the voting members of the SPC is required. The SPC may set a timeline for actions to be completed and criteria for subsequent performance. The student will be informed of the plan in writing as soon as possible but no later than ten calendar days after the hearing. Extensions may occur for good causes due to college breaks and holidays. The student will work with the course coordinator to implement it. The SPC's decision is final; however, if applicable, the Student may utilize the Grade Appeal Process (4.40.01-A) and/or the student concerns process (3.40.01-D).

4.10 CONFIDENTIALITY

A student's academic performance and progress in the nursing program are subject to the confidentiality requirements imposed by the Family Educational Rights and Privacy Act ([FERPA](#)), United States Code: Education: Family Educational and Privacy rights ([20 U.S.C. §1232g](#)); Code of Federal Regulation – Family Educational Rights and Privacy ([34 CFR Part 99](#)).

4.11 TIME PERIOD FOR COMPLETION OF PROGRAM

Once enrolled in the first quarter of the 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 the Nursing program (NURS 200, NURS 201, NURS 202, NURS 203, and NURS 204), the student must complete the second year within three years.

4.12 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 courses, 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, considered a “first fail,” the student must follow the College’s readmission process. After a first fail, students will only receive one opportunity to seek readmission to the Nursing Program.

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 the implementation of the content presented in the theory course. The Nursing Program faculty members are responsible for evaluating 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 they 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 failure in skills lab, they will have to retake theory, practicum, and skills lab despite their 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:

- A minimum of 78% of total weighted points within this course AND
- A minimum cumulative grade of 78% on the midterm and final exams.
- A minimum of 100% proficiency after the third attempt on the dosage calculation exam.
- A minimum of 78% on lab quizzes (the lowest quiz score is dropped).
- Students must demonstrate competency in the performance of identified skills each quarter as part of the clinical requirement.
- Students must demonstrate competency in performing the identified core competencies in the clinical and lab skill evaluation tools and the course objectives.
- 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 their 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 the student fails to respond after three attempts to contact the student by email, the instructor will have met their 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 the end of the clinical course by their clinical instructor. The final assessment will be shared with the student by the clinical instructor, signed by both the 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 the student fails to respond after three attempts to contact the student by email, the instructor will have met their responsibility to coordinate the meeting. The faculty and students will meet and review, discuss, and sign the form during the meeting. 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 the student's identified learning needs and 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 a student to repeat all associated courses from the quarter where the student was unsuccessful, regardless of the 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.

Faculty will determine, on a case-by-case basis, whether the dismissal is permanent with no option to return to the nursing program (see Student Progression Committee Policy, p.17)

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 a student does not meet a grade of 78% or 2.0, consistent with the course syllabus, the student fails a class.
- If a student does not meet a minimum cumulative grade of 78% on the midterm and final exam AND a minimum of 78% of the total possible weighted points within the course, the student fails the class.
- If a student does not pass lab or clinical, the student fails the class.
- If a student does not pass the dosage calculation exam with 100% proficiency after the third attempt, they fail the class but must reapply to complete the program.
- The lowest quiz score is dropped if a student does not meet a minimum of 78% on lab quizzes.
- Students can only fail one course throughout the program.
- A student may only repeat one course throughout the program* (Note: if the Student fails an associated nursing course, then the student will retake lab, clinical, and theory, which is considered one repeat.)
- If students fail in the first quarter, they must reapply if they want to complete the program.
- Students may only reapply to the Nursing Program once after a first-quarter or math exam failure.
- A student will be allowed two attempts to complete the SCC Nursing program; an attempt is either a course failure or withdrawal from the SCC Nursing Program.
- If a student needs to withdraw from the program and all courses due to a documented medical issue, they will be placed on the waitlist and only count as one attempt.
 - Please refer to section 5.13 for contingencies upon returning to the 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 133
- NURS 134

- 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:

- Nurs 251 Nutrition

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

4.13 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 administration and monitoring skills that nursing students are not allowed 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 the 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. The last four digits of the social security number;
 - iii. Name of facility and unit where the student is placed;
 - iv. Start and end dates for clinical experience;
 - v. Type of clinical experience (Nursing Senior Practicum Student or Nursing Student).
3. The students complete the required training before accessing and using the electronic medication administration record or the automated dispensing cabinet.

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 patients and 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 defined by their School of Nursing; see Incident Report in the appendix.

RATIONALE:

To provide consistency in nursing students' access to and administration of medications and ensure compliance with applicable hospital policies and Washington State Law. (See sample student medication administration policies in the appendix.)

4.14 SOCIAL MEDIA POLICY

SPOKANE COMMUNITY COLLEGE NURSING PROGRAM SOCIAL MEDIA POLICY

In accordance with industry and professional standards, the Spokane Community College Nursing Program recognizes the need to adopt a policy regarding 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 related 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 in 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 violating such rules constitutes a breach of generally recognized standard of practice governing the nursing profession that student is pursuing as an educational goal. Such violations are processed under the Standards of Conduct for Students Chapter 132Q-10 WAC. They may result in the student’s prohibition from clinical sites, inability to successfully complete degree requirements, and dismissal from the Nursing Program.
- Students agree that using personal mobile devices to take photographs of patients or any part of their medical record, with or without patient identifiers, violates patient privacy and agreement to not engage in such behavior.

- As a potential future nurse, the 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 always maintain patient privacy and confidentiality.
 - Students must not transmit, by way of any electronic media, any patient-related information or image reasonably anticipated to violate patient rights to confidentiality or privacy or to degrade otherwise 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 the 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. Students may anonymously report any suspected violation of a classmate or faculty member to fulfill the expectation of reporting breaches of confidentiality or privacy.
 - Students must be aware of and comply with SCC and affiliate policies regarding using SCC and affiliate-owned computers, cameras, and other electronic devices and using personal devices in clinical agency sites.
 - Students must not disparage 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, constituting a violation of Community Colleges of Spokane's Standards of Conduct for Students, [WAC 132Q-10-210](#) (item #2). Violations of this type are processed under the Standards of Conduct for Students Chapter [WAC 132Q-10](#), 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 at the Spokane Community College (“SCC”) Nursing Program, I understand that I will have access to healthcare 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 patient confidentiality and privacy requirements, including the HIPAA rules.

This Agreement is made in consideration of the following:

- **SCC Responsibilities:** SCC agrees to provide access to third-party clinical sites for students, including sites that may provide students with access to healthcare patients, to facilitate the student’s healthcare educational opportunities.
- **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 with peers, friends, family, or the public via social media.
 - b. Using personal mobile devices to take photographs of patients or any part of their medical record, with or without patient identifiers, violates patient privacy, and they agree not to engage in such behavior.
 - c. Always maintain patient privacy and confidentiality based on ethical and legal obligations.
 - d. To not transmit, by way of any electronic media, any patient-related information or image reasonably anticipated to violate patient rights to confidentiality or privacy or to degrade otherwise 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.
 - f. To not identify patients by name or post or publish information that may lead to the 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. Do 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). Students may anonymously report any suspected violation of a classmate or faculty member 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.
- **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 the 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.
- **Agreement Term:** This Agreement shall remain effective from the date of execution until the student completes the Nursing Program or terminates the program, whichever is earlier.

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

4.15 CLASS REPRESENTATIVE ROLE AND RESPONSIBILITIES

CLASS REPRESENTATIVES

Responsibilities of the Class Representative

The Class representative will:

1. Attend the scheduled 1st nursing faculty meeting 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 the 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 and organize fund-raising events.
8. Educate peers on the 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, 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 a secret ballot.
5. The nominee with the most votes shall assume the position of class representative.
6. The nominee with the most votes will be designated an 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 three academic quarters for first year and three 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.

4.16 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.

Suppose a student does not attend the required clinical/orientation day or the required facility orientation. In that case, they will not be allowed to attend clinical for the rest of the quarter, resulting in an immediate withdrawal from that course. The only exception would be due to illness (e.g., fever, COVID+) and depends on the facility's and instructor's ability to accommodate. The student must contact their instructor, coordinate with the clinical placement manager/course coordinator, and obtain a medical clearance provider note. The provider note must state that the student can perform total patient care during clinical. It will then be determined whether accommodations can be made to complete the necessary training/orientation.

4.17 HANDBOOK DISAGREEMENT POLICY

- Process regarding disagreements with the Student Handbook:

- Communicate concerns to a Class representative.
 - Class representatives will bring disagreement to a faculty meeting.
 - Faculty will discuss disagreements 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 various 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

To better evaluate a student's ability to successfully pass the 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 must complete remediation assignments during quarter 6 in the N209 Leadership class.

Students may also purchase the preparation course of their 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 its completion.

5.2 CLINICAL EVALUATION

Clinical instructors evaluate student progress on an ongoing basis to document issues and monitor progress. A clinical evaluation tool specific to each course guides this evaluation process. The competencies of the clinical evaluation tools constitute the minimum level of practice that a student must achieve by completing the course to receive a passing grade. At midterm and the end of each course, a formal written evaluation is completed and 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 that the student agrees with the evaluation; the student can also add comments. 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 each course's theory, lab, and clinical portion to receive an

overall passing grade. 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 their file by contacting the Associate Dean of Nursing.

Clinical instructors are responsible for removing any student from the clinical area if the student cannot demonstrate the ability to maintain a patient's safety, comfort, and well-being. 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 the 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 as possible with the student, faculty, and Associate Dean of Nursing. Students may be dismissed from the program for unprofessional behavior and 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 in which the student is enrolled. Clinical re-assignment may occur due to the following reasons: the student works on the unit they are assigned to, the student failed a course with the faculty they are being assigned to, the clinical agency has restricted access, or the assigned clinical day conflicts with military duties, or due to faith and conscience reasons. Please see section [5.3b](#) for the Faith and Conscience Absence Policy. 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.

Excused clinical absences are only allowed for medical, emergency, or military situations. Missing even one day of clinical puts a student at risk of not meeting clinical objectives and failing the course. Per the Nursing Commission, clinical attendance is vital to complete clinical objectives and clinical hours.

Students who are required to miss clinical due to illness or quarantine requirements will be expected to demonstrate the application of concepts by attending a 2-hour session in the simulation lab with the simulation faculty. Sessions must be arranged in advance. This does not replace clinical hours. These activities would allow instructors to evaluate student performance, which may permit course completion.

Conferences will be held at midterm, end of the quarter, and as needed with each student to discuss their 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.

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

5.3.1 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 lack may result in student withdrawal from the Nursing Program. The student can re-enter the program without re-application in quarter 1. The student can 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.

5.3.2 FAITH AND CONSCIENCE ABSENCES

The Nursing Program will grant reasonable accommodation so that grades are not adversely impacted for students who are absent for reasons of faith or conscience or an organized activity under the auspices of a religious denomination, church, or religious organization. Such absences must be requested in writing on the [Class Absence Request form](#) (see in the Appendix) within the first two weeks of the beginning of the course start. There are no additional fees associated with this request.

The student is solely responsible for ensuring documentation authorizing the absence is provided to each instructor whose classes or assignments are affected by the absence. If the student fails to notify the instructor of an authorized absence under this policy, the instructor is not obligated to make accommodations.

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 believes 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 the 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 as you would for clinical, including but not limited to being on time, having proper hair and dress, with assessment tools including but not limited to a stethoscope and pen light.

- Maintain confidentiality regarding the scenario and all aspects of the session.
- Be willing to suspend your disbelief and treat the 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 all participants.
- Bring questions from Sim information on Canvas, if provided.
- Only pencils are allowed in the simulated patient rooms.
- Agree to the confidentiality requirements of simulation activities.

5.5 COMPUTER REQUIREMENTS

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

- Microphone: any microphone, either internal or external
- Webcam: 320x240VGA resolution (minimum) internal or external
- Portable electronic device, excluding phones, with the ability to install Proctorio Google Chrome extension.
- High-speed internet

The device must have a USB port. If it does not, the student will need to purchase a dongle adapter. The device must also meet [ATI technical requirements](#). Please bring your fully charged device to all labs and simulations.

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 the 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.

Specific 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/CLINICAL 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 students will practice the skill until they feel 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, they 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.

STUDENTS: All skills must be competently demonstrated in the laboratory setting before being attempted in the clinical setting. You are responsible for showing your clinical instructor the check-off sheet to verify that you have done the skill in the lab. All skills must be signed off by the end of the quarter to pass the clinical portion of the course successfully. 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 the 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 confirm 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 must be signed off by the clinical instructor, not a facility nurse. Please return this form to the course coordinator so it can be filed in the student's clinical file with their evaluation at the end of the quarter.

STUDENTS: Attendance is required for all clinical/lab classes. Excused absences are only allowed for medical, emergency, faith or conscience, or military situations. Please see section 5.3b for the [Faith and Conscience Absence Policy](#). Missing even one day of lab or clinical puts a student at risk of not meeting clinical objectives and failing the course. 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 the 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 the 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 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 to successfully pass the laboratory portion of the course. Suppose a student does not maintain a 78% average on the remaining quizzes. In that case, they will fail the lab course and be required to repeat the laboratory/clinical course and the associated theory course.

Students must demonstrate competency in performing identified skills each quarter as part of the clinical requirement. Skill lab is considered part of the clinical experience. Students will be required to wear SCC-approved uniforms and be asked to leave the lab if not in uniform (no coffee, food, or drinks will be allowed in the lab). Absence from the 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 deadline.

You are expected to be prepared for the lab by completing the assigned reading/ prior to the lab class. Individual lab instructors will discuss how you will be evaluated. Your success in the lab is also measured by your participation in the lab and your demonstrated competencies in the skills.

Competency will be measured by your return demonstration of the assigned skill. During the lab, you will receive ongoing feedback concerning your competency in skills with the chance to remediate specific skills if necessary.

Failure to successfully demonstrate clinical skills within two 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, there 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 ongoing basis 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 the lab. If a student misses lab, it is their responsibility to go to open lab, practice the skill(s) 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 primary instructor. The skill(s) must be checked off before the next lab class, and more than one (1) lab absence may result in class failure.

5.10 INCIDENT REPORT

When accidental injuries and/or work-related injuries and illnesses occur, please notify your instructor so they may complete an [Incident/Accident Report](#). 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. Suppose the injury or illness occurs at a site off campus. In that case, the instructor must complete the Facility's Incident Report, and the student will receive the appropriate follow-up instruction.

5.10.1 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 managing occupational exposure to bloodborne pathogens. Students must ask the clinical instructor about this; 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 notify their instructor, who will complete the SCC Incident/Accident Report. Students should also complete the Incident Report [Clinical Incident Policy](#) (see Appendix and previous sections 5.10 and 5.10a).

5.12 PREGNANCY AND RELATED CONDITIONS

The Nursing Program will not make pre-admission inquiries regarding a student's pregnancy or parenting status.

The Nursing Program will not require a student to limit their studies due to pregnancy or pregnancy-related conditions alone. Students will not be required to provide a note from a medical practitioner certifying they are able to participate in the program unless the notice is required of all students under medical care for a physical or emotional condition. A clinical site may have different requirements that may affect a student's ability to participate in the clinical setting.

Nursing Program students affected by pregnancy shall have access to the same benefits and services available to students with temporary medical conditions. Students with pregnancy-related disabilities, like any other student with a disability, are entitled to reasonable accommodation so they will not be disadvantaged in their courses of study. Students may request pregnancy-related accommodations by contacting Disability Access Services (DAS).

DAS at SCC

Bldg. 15, Room 113

509-533-7169

DAS@scc.spokane.edu

Nursing Program students are not required to provide a note from a medical practitioner regarding pregnancy-related absences unless a note is required from other students who must miss class or assignments for medical reasons. Should a note be required, it need not reveal any personal medical information, and the Nursing Program shall respect the students' privacy. A clinical site may have different requirements that may affect a student's ability to participate in the clinical setting.

Nursing Program students affected by pregnancy may be able to take a leave of absence from the program for as long a period as deemed medically necessary by the student's medical provider. Nursing Program students cannot be penalized for taking this medically necessary leave and shall be able to return to school in the same status they held before taking leave.

Lactating individuals are excused from class to pump milk (including travel time to and from the lactation room). Students will be given the opportunity to make up any missed work.

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.

Additionally, if a student withdraws from the program due to a medical illness/condition, they must provide a "release note" from a Primary Care Provider before returning. The Provider note must state that the student can perform total patient care during clinical.

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 the 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

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, and collaborating with other healthcare members.

LPN

Contributing to assessment, participating in the development of the 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 psycho-social 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 ([DSHS](#)):

Applications: The following forms are required for completing the application process. Please download and print the 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 ([DSHS](#)):

Applications: The following forms are required for completing the application process. Please download and print the forms.

- Examination Application (PDF) - trained in the United States
- How to apply for a license by examination - trained in the United States
- Examination Application (PDF) - trained outside the United States
- How to apply for a license by examination - trained outside the 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 ([DSHS](#)):

Applications: The following forms are required for completing the application process. Please download and print the forms.

- Examination Application (PDF)- trained in the United States
- How to apply for a license by examination - trained in the United States
- Examination Application (PDF)- trained outside the United States
- How to apply for a license by examination - trained outside the 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. COVID-19 INFORMATION AND POLICY

6.1 COVID-19 VACCINE REQUIREMENTS REGARDING CLINICAL SITES

Per the National Council of State Boards of Nursing's (NCSBN) policy regarding clinical experiences of unvaccinated nursing students and endorsed by the Nursing Care Quality Assurance Commission Information (NCQAC), To provide students with clinical experience, students should be vaccinated when the clinical facilities require it. The program is not obligated to provide substitute or alternate clinical experiences based on a student's request or vaccine preference. Transparency for COVID vaccination is essential. Students have the right to refuse the vaccine. However, the student may then be disenrolled or unable to fulfill the program's clinical requirements, resulting in them not graduating.

7. REQUIRED DOCUMENTATION

7.1 CLINICAL PASSPORT

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 the student's responsibility to monitor status and keep in compliance with clinical requirements. To support students in maintaining compliance, SCC Nursing implements a Mid-Quarter Onboarding process so that no items expire during a clinical placement.

SEASONAL FLU VACCINE: Obtain on or before **October 15** each fall quarter.

CPNW CLINICAL PASSPORT DOCUMENTS:

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 healthcare provider or clinic. A hard copy of the passport is for students to use for their records. (See [Appendix for example](#))

Students upload complete passport-required documents into American Data Bank (ADB) or Complio. Suppose the documents are not legible or do not meet accuracy requirements. In that case, 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:

- Student's name
- Proof of immunizations and titers must show the five items below on the verification document
- Identification of clinic or pharmacy
- Electronic or handwritten signature of provider/pharmacist
- Vaccination administered, date
- Titer tested, date - results clearly identified

Non-immunized students may be refused placement in healthcare settings, making completing course learning objectives impossible. Therefore, if the nursing program cannot place a student in a clinical setting due to noncompliance with clinical facility policies, the student may be unable to complete the program.

STUDENT RESPONSIBILITIES FOR ADB/COMPLIO AND CPNW

ADB/COMPLIO: Students are responsible for routinely monitoring their American Data Bank– Complio account after the initial set-up. **FULLFILL EXPIRING SECTIONS BEFORE EXPIRATION DATES.** This may be completed during the Mid-Quarter Onboarding process each quarter. (Sign reviewed signature handbook page AFTER the expiration date each quarter)

CPNW: After the initial set-up, students 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**. Thus, no items will expire during a clinical placement.

Mid-Quarter Onboarding for ADB/Complio - 8 weeks before each 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 the 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	
Covid-19 immunization Jannsen & Jannsen 1 dose Moderna 2 doses Pfizer 2 doses	orientation		

7.2 CRIMINAL BACKGROUND CHECK

Federal and Washington State laws ([R.C.W. 43.43.830](#) through [43.43.840](#)) mandate 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 require 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 document pages and provide a printed name, signature, and date as indicated on the form.

The clinical and capstone rotations are held in acute care and nursing home 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 clinics, 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 with the student's written consent upon request.

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.

7.3 DRUG SCREENING

Spokane Community College does not require drug testing of students for admission to the college or any college program. 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 the 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 but will also disqualify themselves from training at the clinical site that 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.

8. CURRICULUM

8.1. COURSE SCHEDULE

The scheduled curriculum for the Nursing Program is as follows:

	<i>COURSE NAME</i>	<i>TOTAL CREDITS</i>	<i>LECTURE CREDITS/HOURS</i>	<i>LAB CREDITS/HOURS</i>	<i>CLINICAL CREDITS/HOURS</i>
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 hours)		
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)	

8.2 TEXTBOOK POLICY

8.2.1 PEARSON

The SCC Nursing Program utilizes Pearson's two-year Nursing Concepts 3 volume MyLab, Pharmacology Text and Drug Guide. Per Pearson, this is a 6-quarter package, and students must pay for the entire package. 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 will be distributed to students at the new student orientation. Costs are subject to change based on the book publisher.

8.2.2 ASSESSMENT TECHNOLOGIES INSTITUTE (ATI)

The SCC Nursing Program also utilizes the Assessment Technologies Institute (ATI) platform for the full six-quarter package, which includes online modalities, content mastery series books, an EHR tutor, and a comprehensive NCLEX-RN review in person. SCC Nursing requires that students have access to these resources for the entirety of the Nursing Program. Information about the approximate cost of these materials will be distributed at the new student orientation. Costs are required quarterly per the publisher.

The required **QUARTERLY TESTING** (Proctored in person or Proctorio software) is done at the end of each quarter for the first five quarters, with the sixth quarter beginning at the beginning of the quarter.

- **1ST QUARTER**
 - RN Concept-Based Level 1
 - RN Fundamental
- **2ND QUARTER**
 - RN Concept-Based Level 2
 - RN Nurse Care of Children
- **3RD QUARTER**
 - RN Maternal Newborn
 - RN Mental Health
- **4TH QUARTER**

- RN Concept-Based Level 3
- **5TH QUARTER**
 - RN Concept-Based Level 4
 - RN Adult Medical Surgical
- **6TH QUARTER**
 - RN Comprehensive Predictor
 - On the predictor exam, students must achieve a minimum of 71.3%, which equates to a 90% likelihood of an NCLEX pass. Remediation is required for all students below 71.3% and will be completed by the next comprehensive predictor to be administered three weeks later.

ATI MEASUREMENT

- These measurements are made after the RN Comprehensive Predictor. The nursing program measures the expected level of achievement (ELA) values for the end-of-program student learning outcomes (EPSLOs).
- End of Program Student Learning Outcomes ELAs:
 - Each graduating cohort will achieve an average group score of 75% on outcomes at or above the national mean on the ATI RN comprehensive predictor for major NCLEX Areas:
 - SLO Management of Care: ATI-Management of Care
 - SLO Clinical Decision Making: ATI-Health Promotion and Maintenance
 - SLO Caring: ATI-Basic Care and Comfort
- ATI QSEN Competency:
 - Each graduating cohort will achieve a group score of at least 75% on the following ATI QSEN content area:
 - SLO Collaboration: ATI-Teamwork and Collaboration
- ATI NLN Competency:
 - Each graduating cohort will achieve a group score of at least 75% on the following ATI NLN competency area:
 - SLO Professionalism: ATI/NLN-Professional Identity
- Graduating group performance profile (overall group score average):
 - 80% of students will achieve at least a 90% probability of passing NCLEX-RN.

8.3 GRADING POLICY

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 exams.
- A minimum of 100% proficiency after the third attempt on the dosage calculation exam.
- A minimum cumulative score of 78% on the lab quizzes is required; the lowest quiz score is dropped.

- Students must demonstrate competency in the performance of identified skills each quarter as 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 to accumulate points for 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. Suppose students fail to make 78% on the midterm and final exams. In that case, 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 noted in the syllabus to PASS a PASS/FAIL course. Students who 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 their clinical/lab performance and theory grades on the SCC web-based learning system (CANVAS). If a student scores 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 10.10](#)). The student is responsible for adhering to the plan of action outlined in the Student Academic Progress Report of Clinical Conduct and Performance Contract.

8.4 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 they are 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, faith, or conscience reasons, will be subject to a 10% deduction and may be given in a different format (e.g., essay, short answer) at the instructor's discretion. Please see [section 5.3b](#) for the [Faith and Conscience Absence policy](#). Natural disasters or acts of war or terrorism that result in multiple road closures or infrastructure destruction may result in the rescheduling of tests.

8.5 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
Average Achievement "C"	2.8	85
	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

8.6 PAPER ORGANIZATION

APA format is required for all formal papers and reference citations in the Nursing Program. For information on APA formatting, see [HERE](#). 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.

8.7 PINNING

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

8.8 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 academic success, upon completing 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 participating in the college graduation ceremony wear caps, gowns, and any academic honor regalia, such as honor cords.

8.9 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 a review of an informal concern involving a faculty member of the 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 resolves the concern.
2. Concern(s) must be initiated within ten 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 the summer quarter if the faculty member and student mutually agree.
3. The review of concern(s) must proceed from the lowest to higher levels of review.
4. The student will make a reasonable effort to complete the informal concern process within 20 instructional days. The student has a right, with advance notice, to a supporter¹ 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 a 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. After hearing the student's informal concern, the faculty member has five instructional days to respond. There is no need for further action if the concern is resolved in Step 1.

STEP 2: If the informal concern is unresolved at Step 1, the student next speaks with the faculty member's department chair. The department chair will first ascertain if the student attempted to contact the faculty member for step one resolution. If so, the chair will try to facilitate an acceptable resolution between faculty members and students. The chair will have five instructional days to respond after hearing the student's informal concern. There is no need for further action if the concern is resolved in Step 2.

¹ 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.

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 step² the student next speaks with the dean.* Upon the dean determining that appropriate steps were followed, the dean will attempt to resolve the concern informally. The dean will respond to the student within ten 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 a violation of federal/state law or Board policy, the concern may be forwarded to the appropriate office.

FORMAL STUDENT COMPLAINT PROCESS: If a student's 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 the appendix.

² 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.

9. MISCELLANEOUS INFORMATION

9.1 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 their 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

9.2 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 finding 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 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.

9.3 STUDENT NURSING EMPLOYMENT OPPORTUNITIES

Timeline Eligibility for Nursing Certifications and Licenses:

1. Nursing Assistant Certified (NAC): The student is eligible to become certified after completing the first quarter.
2. Nurse Technician: The student is eligible to become registered after completing the first quarter and receiving a job offer. The student nurse must schedule an in-person appointment with the Associate Dean of Nursing to have the Nursing Technician Registered Education Verification Form signed.
3. Licensed Practical Nurse: The student is eligible to become licensed after completing the fourth quarter and completing a Personal and Vocational Relationship class (an online course is offered at WSU).
4. Registered Nurse: The student is eligible to become licensed after completing 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 Washington State Board of Nursing ([WABON](http://www.wabon.org)).

NURSING TECHNICIAN: DEFINITION

1. **Definition:** [WAC 246-840-840](http://www.wac.wa.gov/246-840-840)

- 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.
- The nursing technician is as defined in [WAC 246-840-010\(30\)](#):

“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

- Is currently enrolled in good standing and attending a Nursing Program approved by the commission and has not graduated or
- 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 reasonable cause to continue the registration period.
- 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.
- 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.
- The nursing technician shall work directly for the hospital or nursing home and may not be employed in these facilities through a temporary agency.

2. 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:

Administer chemotherapy, blood or blood products, intravenous medications, or scheduled drugs, or carry out procedures on central lines.

- Assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients.
- Function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel; or
- Perform or attempt to perform nursing techniques or procedures for which the nursing technician lacks the appropriate knowledge, experience, and education.
- 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 nursing technician's setting.

- 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.
- Nursing technicians are responsible and accountable for their specific nursing functions.
- Per the Washington State Board of Nursing (WABON), nursing technician shifts must be a minimum of ten hours between work shifts and nursing school clinical shifts.

9.4 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 paid tutors. Tutors are trained and monitored by the counseling department. They are there to assist fellow nursing students in being successful. Students can be referred by faculty or self-refer to use the tutoring services.

9.5 HOLIDAYS/SCHOOL CLOSURES

All classes and clinical rotations will follow the college calendar, except the summer Quarter, which runs for eight weeks. In the event of a school closure related to inclement weather or other CCS-sanctioned closures, there will be no nursing classes, clinicals, or labs, including capstone clinical assignments. Students are advised to sign up for the CCS alerts and to check the CCS website and operations hotline.

9.6 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.

9.7 VISITORS AND CHILDREN

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

9.8 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.

9.9 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 nursing, foster a sense of service within club members, promote health awareness, and 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.

9.10 STUDENT SERVICES

The Lair, SCC's student center, 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 the Summer Quarter. Students may schedule appointments to be seen or may be walk-in for services.

9.11 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.***

9.12 LRC – LEARNING RESOURCE CENTER

SCC has an extensive library with various 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.

9.13 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 the permission of the instructor.

[WAC 132Q-10-231](#)

Use of tobacco, electronic cigarettes, and related products.

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

- Smoking and tobacco use are also prohibited:
 - Within twenty-five feet of entrances, exits, open windows, and ventilation intakes that serve an enclosed area where smoking and tobacco use are prohibited; and (b) Where designated on college premises.
- "Smoking" means:
 - 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
 - Use electronic nicotine delivery devices and related products including, but not limited to, electronic cigarettes, vapor cigarettes, hookahs, water pipes, or similar products.
- "Tobacco use" means the personal use of:
 - Any tobacco product, which shall include smoking, as defined in subsection (2) of this section, as well as the use of an electronic cigarette or any other device intended to simulate smoking;
 - Smokeless tobacco, including snuff, chewing tobacco, smokeless pouches, or any other form of loose-leaf, smokeless tobacco.
- "Facilities" means a district-owned or controlled property, building, or component of that property/building.
- "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.]

9.14 LICENSING EXAMS OPTION (NCLEX-PN® AND NCLEX-RN®)


Students who complete the first four quarters of the Nursing Program, 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 to qualify 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 submitting the statement. Further application information is available on the [NCLEX website](#).

Students who 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. The student's responsibility is 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.

10. APPENDIX

10.1 STUDENT/FACULTY CLINICAL PASSPORT



Student/Faculty Clinical Passport

This is a digital PDF and should not be handwritten.
For best results, we recommend the free version of Adobe that can be downloaded by [clicking here](#)
For more information, see [this Clinical Passport link page](#)

By accepting with your student's enrollment, all students are hereby giving positive evidence of their commitment to the health care field and safety requirements. The economic and social impact of ensuring that supervisors have been properly positioned to the clinical experience. For more information, see the student handbook and the student handbook. For more information, see the student handbook and the student handbook. For more information, see the student handbook and the student handbook.

Source/Faculty Name: _____ DOB: _____

College: _____

Program: _____

Student Employment Facility: _____

Form Verified By: Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

SUBMITTED ONCE

☐ **TUBERCULIN STATUS** The Tuberculin requirement can be met through completion of one of the following:

A. Two-step TST#1

Place Date: _____ Read Date: _____

Result: _____ mm ☐ Neg ☐ Pos

If first TST is positive or new positive with no history of disease then an IGRA and provider examination with Chest X-ray is return needed to confirm.

Two-step TST#2

Place Date: _____ Read Date: _____

Result: _____ mm ☐ Neg ☐ Pos OR

B. TB IGRA Date: _____ Result: _____

C. New positive, date of exam/chest xray: _____

D. History of positive results Date: _____ (Self Screening)

☐ **HEPATITIS B** The Hepatitis B requirement can be met through completion of one of the following:

A. 3-series (Recombinax HB or Engerix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titers confirmations 6 & 8 weeks later.

Vaccination Dates:

1. _____ Titer: _____

2. _____ Date drawn: _____

3. _____ Result: ☐ Neg ☐ Pos

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: ☐ Neg ☐ Pos OR

B. 2-series (Hepclivax) Vaccination Dates:

1. _____ Date drawn: _____

2. _____ Result: ☐ Neg ☐ Pos

If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer

3. _____ Titer: _____

4. _____ Date drawn: _____

5. _____ Result: ☐ Neg ☐ Pos

C. Immunity by titer (anti-HBs or HepB SAb)

Date: _____

D. Non-converters: Must provide series information above.

☐ Yes

E. Signed Series In Progress Form Date: _____

☐ **MMR (Measles, Mumps, Rubella) OR MMRV (Measles, Mumps, Rubella, Varicella).** MMRV if received prior to the age of 12.

A. Vaccination Dates

1. _____ 2. _____ OR

B. Immunity by titers: Measles titer Date: _____

Mumps titer Date: _____

Rubella titer Date: _____

☐ **VARI CELLA**

A. Vaccination Dates

1. _____ 2. _____ OR

Immunity by titer Date: _____

☐ **TETANUS/DIPHTHERIA/PERTUSSIS** 1 dose of Tdap required followed by a dose of Td or Tdap every 10 years.

A. Initial Tdap Date: _____ **B. Td/Tdap Date:** _____

SUBMITTED YEARLY

☐ **TUBERCULIN STATUS** Annual Tuberculin Status must be given less than one year from the administration date. Annual TST requirement may be met through completion of one of the following:

A. 2-step TST

Place Date: _____ Read Date: _____

Result: _____ mm ☐ Neg ☐ Pos

Place Date: _____ Read Date: _____

Result: _____ mm ☐ Neg ☐ Pos

B. 1-step TST

Place Date: _____ Read Date: _____

Result: _____ mm ☐ Neg ☐ Pos

Place Date: _____ Read Date: _____

Result: _____ mm ☐ Neg ☐ Pos

Place Date: _____ Read Date: _____

Result: _____ mm ☐ Neg ☐ Pos

C. Annual TB IGRA

Date: _____ Result: _____

Date: _____ Result: _____

Date: _____ Result: _____

D. If New Positive TST or IGRA Exam/Chest X-ray

Date of exam/chest xray: _____

Complete Annual Symptom Check Form: [\(See Instructions\)](#)

E. For Known History of Positive/Possible Treatment:

Complete Annual Symptom Check Form: [\(See Instructions\)](#)

Date of exam/chest xray: _____

☐ **INFLUENZA** Include name or provider or location where the vaccination was received (CVS, Walmart, health dept., etc.) (location address is NOT required)

A. Healthcare administered seasonal vaccination

Provider/Agency: _____ Date: _____

Provider/Agency: _____ Date: _____

Provider/Agency: _____ Date: _____

☐ **BACKGROUND CHECK**

A. National Criminal Background Check including the Exclusion Provider Search on OIG and GSA upon admission.

Date: _____

B. Washington State Patrol Check (WATCH) upon admission and then annually.

Date: _____ Date: _____

Date: _____ Date: _____

C. Criminal History Disclosure (School keeps this on file) This is to be completed at the same time as WATCH, annually.

Date: _____ Date: _____

Date: _____ Date: _____

Need a Disclosure form? [Click here](#)

D. 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

Date: _____

☐ **AHA/BLS COURSE** (Course must be American Heart Association (AHA) BLS provider.)

A. Expiration Date: _____ **Expiration Date:** _____


☐ **INSURANCE**

A. Professional Liability Policy

Expiration Date: _____

CLINICAL PASSPORT ©2023 CLINICAL PLACEMENTS NORTHWEST

CPNW 1




Student/Faculty Clinical Passport

This is a digital PDF and should not be handwritten.
For best results, we recommend the free version of Adobe that can be downloaded by [clicking here](#).
For more information on this Clinical Passport click [here](#).

Upcoming and past students and faculty should complete this passport prior to placement. Please do not fill out this passport until you are notified by the clinical supervisor. If you are not a registered nurse, please email your supervisor at: cpnw@spokanecc.edu. Required information must include cpnw@spokanecc.edu.

SUBMITTED ONCE	SUBMITTED YEARLY
<p><input type="checkbox"/> COVID-19 VACCINATION Confirm with the Site Requirements on the CPNW website to determine specific COVID-19 vaccination requirements.</p> <p>A. Vaccine Information Manufacturer: _____ For 2 dose series: _____ Date of first dose: _____ Date of second dose: _____</p> <p><input type="checkbox"/> RESPIRATOR DOCUMENTATION *Verify with Academic/Program Coordinator for more information regarding this standard. If directed by Program Coordinator complete the following: A. Biennial Respiratory Medical Questionnaire complete? <input type="checkbox"/> Yes, date completed: _____ <input type="checkbox"/> No B. Annual Respiratory Ht Test Record complete? <input type="checkbox"/> Yes, date completed: _____ <input type="checkbox"/> No <small>*Individual forms from different organizations are acceptable alternatives if the content is the same. Please ensure forms are uploaded to user's CPNW account.</small> • Respiratory Medical Questionnaire • Respiratory Ht Test Record</p> <p><input type="checkbox"/> AUTHORIZATION FOR RELEASE OF RECORD <small>(School keeps this on file)</small></p> <p><input type="checkbox"/> MILITARY IMMUNIZATION Exempt Status for certain vaccines according to military code are acceptable. Upload military exempt status paperwork to account user's CPNW folder. • Exempt status for certain vaccines according to military code: <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR <input type="checkbox"/> Varicella Click Here</p> <p><input type="checkbox"/> ADDITIONAL REQUIREMENTS (if Applicable) The healthcare organization may have additional requirements that must be completed. Other _____ Date: _____ _____ Date: _____ _____ Date: _____ _____ Date: _____</p>	<p><input type="checkbox"/> COVID-19 BOOSTER and/or VACCINATION Not all healthcare facilities require annual boosters. Confirm with the Site Requirements on the CPNW website. It is requested to include Booster Information if available, even if not required.</p> <p>A. Vaccine Information Manufacturer: _____ Date: _____ Manufacturer: _____ Date: _____ Manufacturer: _____ Date: _____</p> <p><input type="checkbox"/> RESPIRATOR DOCUMENTATION *Verify with Academic/Program Coordinator for more information regarding this standard. If directed by Program Coordinator complete the following: A. Annual Respiratory Ht Test Record complete? <input type="checkbox"/> Yes, date completed: _____ <input type="checkbox"/> No <small>*Individual forms from different organizations are acceptable alternatives if the content is the same. Please ensure forms are uploaded to user's CPNW account.</small> • Respiratory Ht Test Record</p> <p><input type="checkbox"/> REQUIRED EDUCATION All students and faculty must complete ALL student learning modules on the CPNW website. Any questions, please consult your program.</p> <p><input type="checkbox"/> LICENSE (any healthcare license, registration) A. State: _____ License# _____ Expiration date: _____ State: _____ License# _____ Expiration date: _____ _____ OR _____ B. <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> *Office Use Only Pursued Exemptions: <small>Users must meet the health and safety requirements of the hosting facility. Inquiry for an exemption must be initiated through the educational institution. Approved exemptions are to be uploaded to the individual's CPNW account.</small> Facility Name: _____ Date: _____ Exemption Type: _____ Facility Name: _____ Date: _____ Exemption Type: _____</p>



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CPNW - 2

10.2 VIDEO CONSENT FORM

SCC NURSING VIDEO & AUDIO RECORDING CONSENT FORM

I, _____, consent and agree that Spokane Community College (SCC) faculty have the right to take video and audio recordings of me during simulation lab and to use these for the purpose of educational review by the students involved in the video.

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

I understand that the details of the scenario and the performance of other learners will be held in confidence and will not be communicated in any form.

I accept and acknowledge that personal recording of simulation experiences is strictly forbidden.

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

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 video & audio recording.

☐ **AGREE**

☐ **DISAGREE:** by marking "disagree," I understand that I will not be recorded as part of the simulation lab experience

By signing this document, I acknowledge that I understand the above information regarding video & audio recording during the simulation lab experience.

Print Name _____ **Quarter** _____

Signature of Student _____ **Date** _____

Updated 02.05.2024

10.3 SCC STUDENT CLINICAL CONTRACT

Spokane Community College

Nursing Program

Student Clinical Contract

Students will meet the guidelines outlined in this contract to ensure safe nursing practice and accountability for professionalism in the clinical setting. 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, is essential, 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 into the medical record. Upon instructor approval, the student will enter the medical record's documentation.

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 fail 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 when they determine that they will not arrive on time. At the instructor's discretion, 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 represent SCC while in the clinical setting and are expected to present a professional appearance.

Spokane Community College**Nursing Program****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 their belongings to reduce the risk of loss.

Students must bring the following:

- Identification Badge
- Notebook and pen
- Stethoscope
- Watch with a 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 must adhere to the clinical facility's cell phone policy. Failure to do so may result in removal from the clinical setting.

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

Student Name (print)

Signature

Date

Instructor Name (print)

Signature

Date

10.4 MEDICAL ACCIDENT/EMERGENCY FORM

Spokane Community College

Health and Environmental Sciences

Spokane Community College

Health and Environmental Sciences Division

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

SCC HES MEDICAL ACCIDENT/EMERGENCY FORM

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 _____

10.5 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 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 the 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
- COVID-19 vaccine
- Background authorization forms
- Current medical insurance
- Drug test (if required by the clinical site)
- Orientation modules of specific agencies

Please read the explanation of the clinical requirements 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 healthcare services. 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 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)

10.6 SAMPLE CLINICAL POSTER

 Spokane Community College of Nursing Clinical Guidelines for Students Course: _____ Qtr/Yr: _____ Facility: _____		
Instructor Name: _____		Cell Phone# _____
Instructor Email: _____		
Clinical Day and Times: <input type="checkbox"/> Wednesday: _____ <input type="checkbox"/> Thursday: _____ <input type="checkbox"/> Friday: _____ <input type="checkbox"/> Saturday: _____		<u>NEVER DO THE FOLLOWING:</u> <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 <u>VERIES BY QUARTER</u> <ul style="list-style-type: none"> • Taking Prescriber Orders • IV Flushes or Medications
Students are prepared to do the following:		
<u>INDEPENDENTLY</u> After Skills Lab Check-off Complete: > * > * > * > * > * > * > *		<u>WITH FACULTY</u> After Skills Lab Check-off Complete: *Math test must be complete before passing meds > * > * > * > *
<u>N102 Course Outcomes: WILL CHANGE EACH QUARTER</u>		
Professionalism: The student will identify and demonstrate accountability and integrity while utilizing legal standards and ethical values that govern professional nursing practice. Collaboration: The student will identify and demonstrate 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 student will identify and demonstrate best current evidence-based practice and clinical judgment to ensure patient, staff, and system safety in a variety of healthcare settings. Caring: The student will identify and demonstrate 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 student will identify and demonstrate care based on principles of delegation, supervision, resource management, and information technology for patients in a variety of settings.		

Updated 03/2023

10.7 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: _____

Assessment and findings:

Suspected causes related to the incident or root cause analysis:

Nursing Education program corrective action:

Remediation Plan:

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.

10.8 STUDENT CONDUCT INCIDENT REPORT



Community Colleges of Spokane Spokane Community College

Incident Report Form

A Student Conduct official may contact you with questions about the incident(s) described below. Every effort will be made to keep the individual submitting this report updated on the actions and decisions made, but care is also necessary to ensure appropriate confidentiality.

We are committed to creating a safe, welcoming, and supportive campus environment. We prioritize safety, wellness, and maintaining the rights and responsibilities of members of the SCC community.

If this is a **medical or safety emergency**, please call 9-1-1. If this is a **mental health** crisis, please call ***Mental Health*** services at **509-533-7195**, ***Counseling*** at **509-533-8400**, or ***Campus Safety*** at **509-533-3333** (during normal business hours).

If this is after normal business hours, please call the ***Regional Crisis Line*** at **1-877-266-1818** or ***National Suicide Prevention Lifeline*** at **1-800-273-8255**.

Contact Information, Nature of Report, Incident Date

Full Name-Reporting Individual:

 [Learn more](#)

[Privacy - Terms](#)

Your phone number:

Your email address:

Action Requested? (Required):

Date of Incident (Required):

Time of Incident:

Location of Incident (Required):

Location of Incident:

Students Involved

Please list all individuals involved (excluding yourself) and as much of the requested information as you can provide. For non-students, please list Drivers License number in the block labeled SID (Student ID #) if available.

Name of Individual

Select Role

ID Number

Phone number

Email address

[Add another party](#)

Description of the Incident(s)

Please describe the incident. Use objective language to describe specific behaviors observed, words used, and anything that might help Conduct officials better understand the individual or circumstances. Include any related prior interactions with the individual(s) involved and any actions taken to address this particular incident. Attachments can be provided below.

Electronic Signature of Reporting Party: I certify, under the penalty of perjury, that this information is true and accurate. Further, I acknowledge that a complete version of this report, except for personal contact information, may be shared with the accused. (Required)

Electronic Signature Date (Required)

Supporting Documentation/Attachments

Photos, video, email, and other supporting documents may be attached below. 5GB maximum total size.

Attachments require time to upload, so please be patient after submitting this form.

Choose files to upload

Choose Files

Select copy recipients

☐ studentconduct

☐ Email me a copy of this report

Submit

10.9 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 ☐

Nursing Division Progress Reports 092513

10.10 CLINICAL CONDUCT AND PERFORMANCE CONTRACT*SCC: 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:

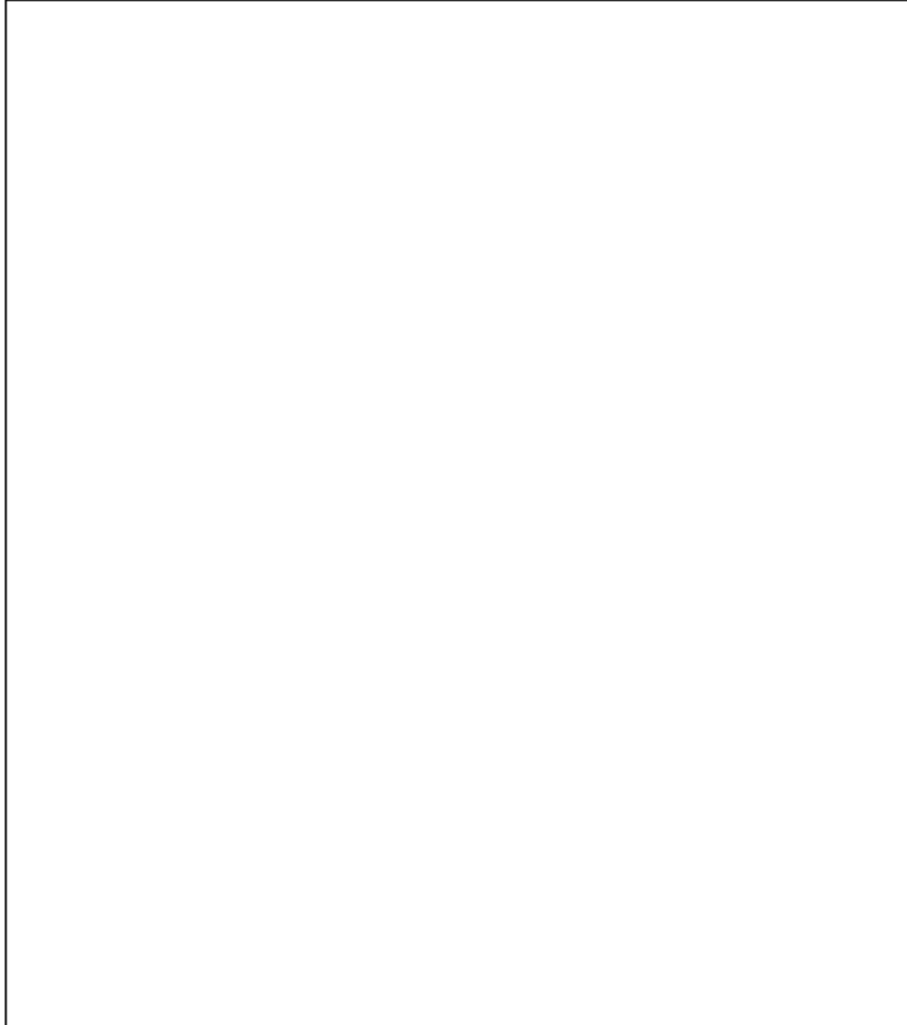
Implementation: Selection of interventions to achieve the outcome(s). Measurable activities that student will need to complete regarding improvement of clinical competency e.g., student will go to open lab two times and successfully follow doctors med orders and give medication in a safe, quality manner.

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

Student Signature: _____ **Date:** _____

SCC: Clinical Conduct and Performance Contract

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:** _____

10.11 COURSE FAILURE/WITHDRAWAL FORM**Spokane Community College Nursing Program****Course Failure/Withdrawal Form****Student Name:** _____ **Student SID:** _____**COURSE FAILED/WITHDRAWN FROM:****Course Name(s):** _____**Course item number(s):** _____**Quarter:** _____**Date:** _____☐ **Withdrawal:****Course grade at time of withdrawal (percentage/GPA):** _____☐ **Failure-- Reason:****Failure to achieve 78% Average on tests:** _____ **Failure to achieve 78% Average Final score (%):** _____☐ **Theory**☐ **Laboratory**☐ Failure to achieve 78% average on quizzes☐ Failure to meet lab objectives☐ Safety concerns☐ Excessive absences☐ **Clinical**☐ Excessive absences☐ Failure to meet lab objectives☐ Safety concerns**Other:** _____☐ **Second Failure/Withdrawal (attempt) cannot return to the program.**

revised 08/2021

Spokane Community College Nursing Program

Course Failure/Withdrawal Form

- I. I understand that my ability to return to the SCC Nursing Program is contingent upon the available space in the course for quarters 2 – 6 and contingent upon the Nursing Program Application Process for failure and/or withdrawal during quarter 1.

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: _____

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

Associate Dean or Clinical Placement Manager Signature: _____ Date: _____

Registrar copy sent ☐ Student copy received ☐

revised 08/2021

10.12 STUDENT CONCERNS FORMS AND GUIDELINES

Informal Student Concerns Process can be found here: [Informal Process](#)

10.12.1 GUIDELINES FOR INFORMAL STUDENT CONCERNS PROCESS



STUDENT CONCERNS PROCEDURE Informal Guidelines For Addressing Student Concerns for Faculty

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 ten (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 twenty (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 five (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 ten (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.

*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.

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 *Formal Student Complaint Form for Faculty*. 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.

10.12.2 FORM FOR FORMAL STUDENT COMPLAINTS

Formal Student Complaints Process can be found here: [Formal Process](#).



FORMAL STUDENT COMPLAINT FORM FOR FACULTY

Community Colleges of Spokane (CCS) has established procedures to assist students who feel they have a complaint or concern relating to an action by a member of the CCS faculty community. The formal student complaint process is intended to provide a means for investigating and resolving student complaints and should be followed if, *and only* if the informal resolution process has not been resolved to a student's satisfaction. Please carefully review the informal process guidelines below to ensure that all steps have been exhausted before continuing to submit the *Formal Student Complaint Form for Faculty*.

INFORMAL PROCEDURE FOR ADDRESSING STUDENT CONCERNS FOR FACULTY

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:

- ✓ 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.
- ✓ Concern(s) must be initiated within ten (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.
- ✓ The review of concern(s) must proceed from the lowest level of review to higher levels of review.
- ✓ The student will make reasonable effort to complete the informal concern process within twenty (20) instructional days. The student has a right, with advance notice, to a supporter* during any meeting.
- ✓ 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.
- ✓ Group concerns will not be considered.

Step 1: The student communicates to the faculty member with whom they have the concern and describes the concern. The faculty member has five (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 ten (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* [below](#).

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.

**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.*

STUDENT COMPLAINT (PLEASE COMPLETE THE INFORMAL COMPLAINT PROCESS BEFORE PROCEEDING.)

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 no 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: _____

10.14 INVASIVE PROCEDURES CONSENT FORM

SPOKANE COMMUNITY COLLEGE NURSING LAB: Invasive Procedure Consent/Declination Form

Student Instructions:

- This form **MUST** be completed by every participant in a lab group regardless of accepting or declining invasive procedure participation
- This form must be completed **EVERY** time a procedure is done, this includes open lab, even if the student completed a form in their scheduled lab
- Review Invasive Procedure Protocol and Sign
- Follow directions for Option 1 **OR** Option 2

INVASIVE PROCEDURES PROTOCOL

General Information:

During the Nursing Program you will be participating in laboratory activities offers the use of human subjects as part of the training procedures. As part of your learning activities, you will be offered the opportunity to perform specific skills and be the recipient of skills practiced by another student.

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.

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 (Ex: IM injection on skills trainer, SQ injection on injection pad, IV insertion on skills trainer). You may ask questions and expect explanations of any point that is unclear.

Learning Activities:

- Finger stick blood glucose
- Subcutaneous injections
- Intradermal injections
- Intramuscular (IM) injections
- Intravenous (IV) catheter insertion

Benefits of peer-practice invasive learning:

- Perceived insight into the experience of patients (Hilton & Barrett, 2009)
- Perceived development of awareness and sensitivity toward patients' feelings and understanding of what it feels like to receive clinical care (Kang, Choi, & Park, 2022)
- Perceived satisfaction and higher confidence compared to use of practice models (Kang, Choi, & Park, 2022)

Risks of injections:

Updated: 12.7.23

1

**SPOKANE COMMUNITY COLLEGE NURSING LAB:
Invasive Procedure Consent/Declination Form**

- Transmission of bloodborne pathogens such as HIV, hepatitis C virus & Hepatitis B Virus (Centers for Disease Control and Prevention, 2019)
- Local infection (Weatherspoon, 2018)
- Pain, bruising, and irritation at the injection site (Weatherspoon, 2018)
- Damage to nerve, muscle, or other soft tissue

Incident Reporting Protocol & Blood-borne Pathogen Exposure Guide

5.10: Incident Report

When accidental injuries and/or work-related injuries and illnesses occur, please notify your instructor so they may complete an Incident/Accident Report. 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. <https://apps.powerapps.com/play/e/Default-4dedfefa-6bd0-4442-a06c-98aed0b4b8da/a/b41595cb-9d21-43c9-b366-d1b1712d60fb?tenantId=4dedfefa-6bd0-4442-a06c-98aed0b4b8da>

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.

10.4 Medical Accident/Emergency Form

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.

By signing below, you attest to having read the invasive procedure protocol above:

_____ Printed Name of Student	_____ Date	_____ Student Signature
_____ Parent/Guardian Name Printed	_____ Date	_____ Parent/Guardian Signature

OPTION 1: If you consent to the procedure:

Updated: 12.7.23

2

**SPOKANE COMMUNITY COLLEGE NURSING LAB:
Invasive Procedure Consent/Declination Form**

- I agree to use invasive kits designed for human use, on my peers and in the presence of an 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 and benefits of invasive procedure practice and my questions have been answered.
- I agree to participate as a subject in these optional learning experiences.

ONLY mark the procedure you are consenting to participate in today:

- ☐ Finger stick to check glucose give and receive
- ☐ Subcutaneous injections of normal saline give and receive
- ☐ Intradermal injections of normal saline give and receive
- ☐ Intramuscular (IM) of normal saline injections give and receive
- ☐ Intravenous (IV) catheter insert and receive, including administration of normal saline

Printed Name of Student	Date	Student Signature
-------------------------	------	-------------------

Parent/Guardian Name Printed	Date	Parent/Guardian Signature
------------------------------	------	---------------------------

OPTION 2: If you decline participation in the procedure:

- I do not agree to participate as a subject in the learning activity involving invasive procedures. I understand I must complete the alternative learning activity.

Updated: 12.7.23

3

**SPOKANE COMMUNITY COLLEGE NURSING LAB:
Invasive Procedure Consent/Declination Form**

- Centers for Disease Control and Prevention. (2019, April 26). *Frequently asked questions (FAQs) for patients: What is injection safety?*
https://www.cdc.gov/injectionsafety/patients/patient_faqs.html
- Hilton, P., & Barrett, D. (2009). An investigation into students' performance of invasive and non-invasive procedures on each other in classroom settings. *Nurse Education in Practice*, 9(1), 45-52.
<https://doi.org/10.1016/j.nepr.2008.03.005>
- Kang, Y., Choi, D., & Park, S. (2022). Experiences of nursing instructors related to safety issues using students as practice models in laboratories: A focus group study. *International Journal of Environmental Research and Public Health*, 19(24), 17081.
<https://doi.org/10.3390/ijerph192417081>

Updated: 12.7.23

4

10.15 ANA NURSING CODE OF ETHICS

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 every person's inherent dignity, worth, and unique attributes.

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 patients' rights, health, and safety.

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 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

Through individual and collective effort, the nurse 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 nursing profession, collectively through its professional organizations, must articulate nursing values, maintain the profession's integrity, and integrate principles of social justice into nursing and health policy.


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

10.16 MENTAL HEALTH RESOURCES

Mental Health Resources

- **Community College Mental Health:** Stressed? Overwhelmed? Anxious?
Call or come in to talk with someone from the team: **509-533-8611**
<https://scc.spokane.edu/For-Our-Students/Student-Resources/Student-Health-Clinic/Mental-Health>
- **Washington 211:** A free, confidential community service that connects you to local services, including mental health crisis intervention services. **Washington 211** can also help with utility assistance, food, housing, health, childcare, after-school programs, elder care, other types of crisis intervention, and much more: **1-800-273-TALK (8255)**
- **988 Suicide & Crisis Lifeline:** 24/7, confidential crisis support
<https://988lifeline.org/>
- **Veterans** and their loved ones: you do not have to be enrolled in VA benefits or health care to connect:
Dial 988, then press 1, or chat online, or text 838255
<https://www.veteranscrisisline.net/>
- **RAINN:** National Sexual Assault Hotline: Confidential 24/7 Support: **1-800-656-HOPE (4673)**
<https://rainn.org/>
- **After Silence:** online support group, message board, and chat room – Sexual assault survivors – You are not alone, you are not broken, and you can heal.
<https://aftersilence.org/>

10.17 PROVIDENCE MEDICATION POLICY

Status Active PolicyStat ID 14308273		
 Providence Sacred Heart Medical Center & Children's Hospital	Origination 2/28/2011 Last 9/5/2023 Approved Effective 9/5/2023 Last Revised 11/23/2021 Next Review 11/22/2024	
	Owner Haleigh Cleveland: Pharmacy Program Manager Policy Area Medication Management Applicability WA-INWA Hospitals MC/ HF/SH/SJ/ SLRMC	
	<h3 style="text-align: center;">Nursing Students and Nursing Technicians: Access and Administration of Medications</h3>	
	<h2 style="text-align: center;">POLICY STATEMENT:</h2>	
	<p>Providence Sacred Heart Medical Center, Providence Holy Family Hospital, Providence St. Josephs Hospital, and Providence Mt. Carmel Chewelah Hospital ensures all Nursing Students, Nursing Senior Practicum Students, and Nursing Technicians comply with all applicable federal and state laws and regulations.</p> <p>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.</p> <p>Nursing students administer medications under the supervision of the clinical faculty or the supervising nurse employed by the hospital.</p>	
	<h2 style="text-align: center;">DEFINITIONS:</h2>	
<p>Nursing student personnel: Includes Nursing Students, Nursing Senior Practicum Students, and Nursing Technicians.</p> <ul style="list-style-type: none"> • 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. 		
<p>Nursing Students and Nursing Technicians: Access and Administration of Medications. Retrieved 10/25/2023. Official copy at http://psh-wapshmc.policystat.com/policy/14308273/. Copyright © 2023 WA - Providence Sacred Heart Med Ctr & Children's</p>		

- 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 patients 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.

Approval Signatures

Step Description	Approver	Date
	Leona Read: Administrative Assistant	9/5/2023
Policy Owner	Michelle Sodorff: Director Pharmacy	9/5/2023

Standards

No standards are associated with this document

10.18 MULTICARE MEDICATION POLICY

Status **Active** PolicyStat ID **13690888**



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Owner Tyson Frodin:
AVP Pharmacy
Supply Chain Rev
Cycle Tech
Area Pharmacy
Applicability MultiCare
Hospitals

Automated Drug Dispensing Devices

Scope:

This scope applies to all hospital licensed areas in MultiCare Health System. It includes Allenmore Hospital, Auburn Medical Center, Capital Medical Center, Covington Medical Center, Deaconess Hospital, Good Samaritan Hospital, Mary Bridge Children's Hospital, Tacoma General Hospital, and Valley Hospital.

Policy Statement:

The Facility Pharmacist in Charge or designee provides oversight of the use of Automated Drug Dispensing Devices (ADDDs). Only authorized staff shall have access for removal of medications from ADDDs and access privileges will be strictly defined and managed to ensure security of medications.

I. Pharmacist in Charge:

- A. The Pharmacist in Charge (PIC) is responsible for oversight of the ADDDs. The PIC will assure that drugs are procured, packaged, labeled, stored, delivered, dispensed, and wasted in compliance with all applicable state and federal statutes and regulations.
- B. The PIC may designate a Washington State credentialed health care professional acting within their scope of practices as a designee to perform system management tasks (Facility System Manager). The PIC shall retain all professional and personal responsibility for any assisted tasks performed by personnel under his or her responsibility, as shall the pharmacy employing such personnel.

II. General Requirements:

- A. The pharmacy or facility must maintain a current copy of all policies and procedures related to the use of the ADDD and make them available within the pharmacy or facility where the ADDD is located and make available upon request to the commission or its designee. Electronic documents made available on a computer at the facility or pharmacy are permissible.
- B. Each pharmacy will provide written notice to PQAC, on a form provided by the WA

Department of Health, the physical address of the facilities where ADDDs they manage or serve are located.

- C. An ADDD shall collect and maintain all transaction information including, but not limited to, the identity of the individuals accessing the system and identity of all personnel loading the ADDD, to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability. The pharmacy or facility must maintain all records of transactions and make available upon request to the commission or its designee. Electronic documents made available on a computer at the facility or pharmacy are permissible.
- D. Record retention and retrieval requirements adhere to all state and federal laws and regulations. Refer to: MHS Pharmacy Services Policy: "Records Retention for Pharmacy Services."

III. System Management Requirements:

A. System Security / Safety:

1. The PIC shall ensure adequate security systems and procedures for ADDD access.
2. The PIC or designee shall assign, discontinue, or change user access and types of drug privileges for accessing an ADDD as needed.
3. Access to the ADDD must be limited to those Washington State credentialed health care professionals acting within their scope of practice.
4. Access to the ADDD by facility information technology employees or employees of similar title must be properly restricted. See Addendum A: Pyxis Role Permissions
5. Discharged patients shall have patient profiles removed from the ADDD as soon as possible but no later than two hours from notification of the discharge.
6. The PIC shall address any breach of security of the ADDD including, but not limited to:
 1. Tracking of malfunction and failure of the ADDD to operate correctly. See Addendum B: Pharmacy Services Vendor Issue Log; and
 2. Ensuring downtime procedures are in place in the event of a disaster or power outage that interrupts the ability of the pharmacy to provide services.
7. Medications or devices may only be returned directly to the ADDD for reissue or reuse consistent with policy and procedures for safe and secure medication processes, which include, but are not limited to:
 - a. Medications or devices stored in patient specific bins, matrices, or open pockets, such as home medications or multiple use patient specific bottles may be returned to an ADDD.
 - b. Controlled substances must be returned to the Pyxis Medstation return bin or to Pharmacy.
 - c. Medications stored in patient specific containers may not be returned to general stock for reuse.

- d. Products that are not intact are not suitable for return and must be wasted. This includes but is not limited to damaged tablets, half tablets, partial used vials, partial used syringes, amongst others that would not be suitable for use.

B. Controlled Substances:

1. The PIC shall implement procedures and maintain adequate records regarding use and accountability of legend drugs, including controlled substances, in compliance with state and federal laws and regulations including, but not limited to:
 - a. A system to verify the accuracy of controlled substance counts shall include:
 - i. Controlled substances must be perpetually inventoried with a blind count each time they are accessed in an ADDD;
 - Except for controlled substances dispensed in dose specific amounts by an ADDD to a Washington state credentialed health care professional acting within their scope of practice without access to the remaining controlled substance inventory (Pyxis mini drawers set to single dose, non-matrix dispense)
 - ii. All controlled substances that are accessed for replenishment in an ADDD shall have an inventory count performed at that time.
 - iii. A physical inventory of all accessed controlled substances stored in Pyxis Medstations will be performed at least twice weekly by two authorized persons licensed to handle controlled substances.
 - Pharmacy Department staff will perform a physical inventory of CS in the Pyxis Anesthesia Carts at least weekly if the controlled substances stocked in the Pyxis Anesthesia Station are not set to single dose dispense in a non-matrix format
 - iv. Keys that allow access to controlled substances such as PCA and epidural pump keys shall be tracked and reconciled similar to a controlled substance.
 - Key control level will be set to match the control level of the drug they access. For example, a key that accesses CII PCAs, will be set as a CII to match.
 - Keys are securely stored in CII Safe or Pyxis
 - Blind count is required upon removal
 - Any additional keys (replacement keys) will be

under the direction of the PIC or designee.

- b. Controlled substances must be stored in individually secured pockets or compartments within the ADDD. Storage in "matrix" drawers or open pocket drawers is prohibited.
- c. Controlled substance discrepancy monitoring and resolution, which includes:
 - i. Any discrepancy in the count of CS, CS keys, PCA/Epidural keys, or prescription blanks must be resolved within 24 hours in which the discrepancy is discovered; best practice is to resolve by the end of the shift.
 - ii. Pyxis Discrepancies:
 - Pyxis will alert users of the presence of a discrepancy.
 - Steps towards resolution may include review of dispensing and administration records and consulting with all staff with access.
 - Pyxis removal reports are available from Pharmacy Services
 - Discrepancy resolution and documentation in Pyxis requires two licensed staff. The resolution shall include the actual count with a brief explanation of the reason for the discrepancy. Examples include:
 - 1. Actual 50, miscount
 - 2. Actual 12, prior access one less removed
 - 3. Actual 16, prior access one more removed
 - 4. Actual 42, med not removed last transaction
 - 5. Actual 25, entered wrong number
 - iii. Key Discrepancies:
 - If a discrepancy is found or a key lost, the charge nurse will run a report to identify the last person to access the key
 - The person who had the key last will be called to return the key immediately
 - If return of the key is not feasible, pharmacy will be contacted to provide a temporary replacement
 - Nurse manager will work with PIC to ensure the replacement key is returned.

- If the lost key cannot be located, it will be treated as a missing controlled substance.

d. Wasted controlled substances

- i. All controlled substances removed from their original packaging, unused portions, and patient specific compounded infusions are considered contaminated and shall be discarded and destroyed via the RxDestroyer System.
- ii. Controlled substances to be wasted will be wasted immediately.
- iii. All controlled substances waste shall be performed by two individuals who are Washington state credentialed health care professionals, acting within their scope of practice.
- iv. The record of waste shall be authenticated by both persons.
- v. A waste record must be readily retrievable in the ADDD. If unable to document in ADDD, waste may be documented in the electronic health record (MAR), or as a hard copy report. If a hard copy is used it must be sent to medical records for upload into Epic media.
- vi. The report of waste shall include patient name, drug name, drug strength, date and time of waste, the amount wasted, and the identity of the person wasting and the witness. The identity of both witnesses of the waste are to be verified by log-in to Pyxis/EPIC or with signatures on a hard copy record.
- vii. Waste records must be maintained for a minimum of two years.

C. User Management:

1. MHS Employee access to ADDDs:

- a. All ADDD system access must be authorized through the users MHS active directory account. The addition of ADDD local users by pharmacy staff is expressly forbidden.
- b. These users are activated in the system and are assigned a job title, user type, facility, user role, and areas of access mirroring their work assignments by the Pharmacy Director/designee.
- c. The Pyxis user accounts of MHS employees are open ended and contain no account end date.
- d. The Pharmacy ADDD Facility System Manager will assign user roles and areas of access after active directory access is enabled. Pyxis access is assigned based on staff scope of practice. See Addendum A: User Role Permissions
- e. Bio-ID: Users are required to register their unique ID using a finger

scan. Use of Bio-ID is the required method to identify the user at the ADDD. It is recognized that Bio-ID may fail and the user might be required to use his/her active directory password. Requests for password access can be submitted to the Pharmacy ADDD Facility System Manager and must be supported by data showing Bio-ID access is unreliable.

- f. The Pharmacy ADDD Facility System Manager will update changes in Pyxis access due to reassignments and transfers.
- g. Temporary Pyxis access will be assigned by using the visiting nurse functionality that can be granted by a charge nurse on the receiving unit. Temporary logons will remain active for 14 hours.
- h. In the event an ADDD user forgets his/her active directory password or it becomes expired, the Pyxis user must call the IS help desk to reset active directory access.
- i. The Pharmacy ADDD Facility System Manager will remove system access as soon as notified for all user terminations.

2. Non-employees (contract workers):

- a. Onboarding contract workers requiring Pyxis access are identified by the MHS Non-Employee Onboarding Team
- b. A list of contract employees needing Pyxis access to perform their job functions is sent by the onboarding team to the Pharmacy Director/designee via spreadsheet for processing.
- c. These users are activated in the system and are assigned a job title, user type, facility, and user role by the Pharmacy Director/Designee.
- d. An expiration date is managed by MHS Active Directory.

3. Nursing Student access to ADDDs:

If a facility provides a clinical opportunity for nursing students enrolled in a Washington state nursing commission approved nursing program, a nursing student may access the ADDD only under the following conditions:

- a. Nursing programs shall provide students with orientation and practice experiences that include demonstration of competency of skills prior to using an ADDD;
- b. Nursing programs, health care facilities, and pharmacies shall provide adequate training for students accessing ADDD; and
- c. The nursing commission approved nursing programs, health care facilities, and pharmacies shall have policies and procedures for nursing students to provide medication administration safely, including:
 - i. Access and administration of medications by nursing students based on student competencies;
 - ii. Orientation of students and faculty to policies and procedures related to medication administration and

distribution systems; and

- iii. Reporting of student medication errors, near misses and alleged diversion to the direct supervisor and Pharmacy Director for evaluation via the electronic Quality Improvement Memo system.

- d. Student Pyxis transactions shall require a witness; settings in Pyxis ES shall disallow any transactions without a witness.

IV. User Responsibilities:

- A. Replenishment of medications in an ADDD is reserved to a pharmacist, pharmacy intern, or a pharmacy technician under the supervision of a pharmacist; or
- B. Pharmacists must provide an independent double check of all medications to be distributed to an ADDD. Electronic verification system check or other approved technology may be used in place of an independent manual double check.
- C. A pharmacist shall perform prospective drug utilization review and approve each medication order, except if:
 - 1. The drug is a subsequent dose from a previously reviewed drug order;
 - 2. The prescriber is in the immediate vicinity and controls the drug dispensing process;
 - 3. The system is being used to provide access to medications on override and only a quantity sufficient to meet the immediate need of the patient is removed; or
 - 4. When twenty-four-hour pharmacy services are not available.
- D. When twenty-four-hour pharmacy services are not available, a pharmacist shall perform retrospective drug utilization review within six hours of the pharmacy being open, except when a dispensed override medication is a one-time dose or order for discharged patients.
- E. The pharmacist shall reconcile and review all medication orders added to a patient's profile outside of the facility's normal admission discharge transfer process and procedures, no later than the next business day.
- F. Pharmacy staff are allowed to stock formulary medications in Pyxis unless the medication is on a restricted or do not load list. Authorized personnel must place drugs into the ADDD in the manufacturer's original sealed unit dose or unit-of-use packaging, in repackaged unit-dose containers, or in other suitable containers to support patient care and safety, and in accordance with federal and state laws and regulations.
- G. Staff members will protect their password from theft, and will not share, post or otherwise make their password available to any other staff member.
- H. The user must verify and document the inventory and count when prompted on the Pyxis Medstation.

V. Patient-own Medications

See MHS P & P: "Patient's Own Medications: Use and Storage".

VI. Diversion Prevention

The Controlled Substance Diversion Prevention (CSDPP) Committee provides leadership and directions for developing policies and procedures for overseeing the controlled substance diversion prevention and monitoring.

VII. Override Medication Selection and Management:

Please refer to the policy: *"Automated Dispensing Cabinets: Autoverification, Overrides, and Approval Processes"* for details surrounding the regulatory requirements around overrides, the MHS Override List, how to request new additions to the list, and how requests, the list, and policy are reviewed and updated. the details regulatory requirements regarding overrides, the MHS Override List, how to request new additions to the list, and how requests, the list, and policy are reviewed and updated

VIII. Downtime Procedures:

See MHS P & P: *"Pyxis MedStation Downtime Procedures"*

IX. Pyxis MedStation Training:

All new pharmacy and non-pharmacy employees that will be required to operate Pyxis must complete the Pyxis competency training.

X. Performance Improvement of Pyxis Medstations:

- A. Controlled substance key performance indicators (CS KPI) such as monitoring reports, audits and surveillance tools are implemented to ensure the CS diversion control.
- B. The site PIC or designee will perform the audits listed in the *"MultiCare Controlled Substance Auditing Policy – Acute Care."*
- C. Results and findings will be reported on the CS.KPI Dashboard

XI. Definitions:

ADDD: Automated Drug Dispensing Device that secures, stores, and dispenses drug. (Pyxis Medstations and Pyxis Anesthesia Systems)

Controlled Substance: Drug, substance, or immediate precursor included in scheduled I through V as set forth in federal or state laws, or federal or board rules. This will include keys that access controlled substances and blank prescription pads.

Pyxis Medstation: an automated medication distribution device that interfaces with the Hospital Information System to accurately document and track medication inventory and removal. The Pyxis Medstation is secured by Bio-ID or password-protected access.

Pyxis Profile Medstation: a Pyxis Medstation that is configured to receive patient medication orders from the Hospital Information System. Pyxis Profile Medstations restrict medication removal to medication orders verified by a Pharmacist after review and processing, with exceptions defined under the MHS policy: *Automated Dispensing Cabinets: Autoverification, Overrides, and Approval Processes*

Pyxis Non-Profile Medstation: a Pyxis Medstation that allows clinical staff access to medication prior to pharmacist review of the order. This class of Pyxis Medstation is allowed only in those areas where the physician controls the ordering, preparation and administration of the medication, or urgent situations exist when resulting delay would harm the patient.

January 2025

Tyson Frodin: AVP-Pharmacy
Supply Chain Rev Cycle Tech

05/2023

Standards

No standards are associated with this document

COPY

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Page 11 of 11

10.19 STUDENT HANDBOOK SIGNATURE PAGE

SPOKANE COMMUNITY COLLEGE



STUDENT CONTRACT SIGNATURE PAGE

NURSING PROGRAM

QUARTERLY REVIEWED**I have read and understood the following:**

1. Students are responsible for reviewing the Student Handbook at the beginning of each quarter.
2. Students are responsible for reviewing updates to the Student Handbook.
 - I have read and reviewed the updated changes to the Student Handbook.
3. Students are responsible for reviewing the Policies in the 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. Students are responsible for reviewing the Washington Administrative Standard (WAC) of Conduct for Students: [CCS Student Code of Conduct](#)
5. Students are responsible for reviewing the Course Syllabus for each nursing course.
6. Students are responsible for reviewing the Clinical Agreement Policy.
 - I have read and reviewed the clinical Agreement Consent Form.

☐ I have read and reviewed the complete Student Handbook, its updated changes; all required Policies and Consent Forms.

Student (PLEASE PRINT): _____

Student Signature: _____

Date: _____