NURSING STUDENT HANDBOOK
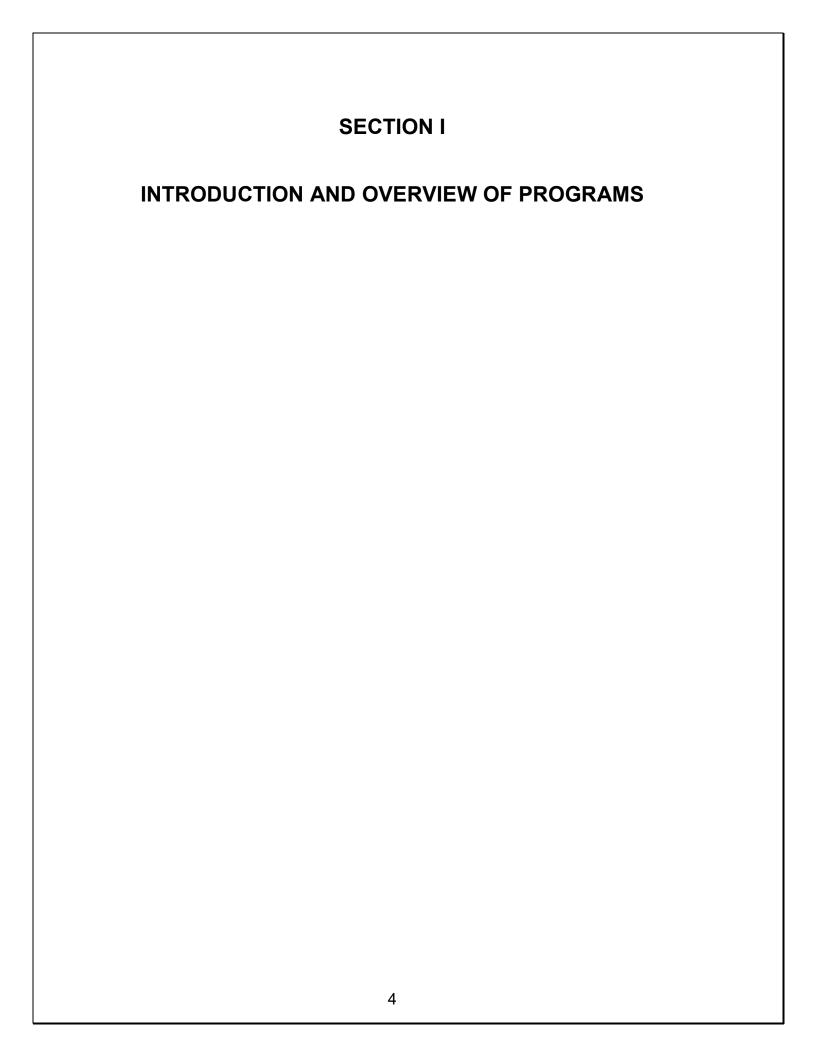
SPRING 2020

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SECTION I

INTRODUCTION AND OVERVIEW OF PROGRAMS

Introduction

Welcome to the College of the Canyons Registered Nursing Program. The purpose of the Registered Nursing Student Handbook ("Handbook"), along with the College of the Canyons Catalog is to provide you with the essential information about your program. We urge you to carefully review this Handbook to strengthen your understanding of your program, and the College of the Canyon's policies and procedures. We also urge you to review all applicable College of the Canyons and Santa Clarita Community College District policies and regulations that pertain to your Program as referenced in this Handbook. After your review, you will be required to sign and submit to the nursing department the Handbook Acknowledgment and Consent included as Appendix A to this Handbook. This Handbook is also updated regularly. The updates will be made available to you and you will be required to sign a statement acknowledging that you were presented with the updates and that you will abide by the updates.

DESCRIPTION OF PROGRAMS OFFERED
(Complete descriptions for all nursing programs are found in the College of the Canyons Catalog)

TWO – YEAR GENERIC REGISTERED NURSING PROGRAM

The two-year generic RN program is designed for the student who does not have nursing experience. The curriculum includes four semesters of both theory and clinical experience. Upon completing the nursing major, the student receives an Associate in Science degree and is eligible to take the National Council Licensure Exam (NCLEX) and be licensed as a registered nurse. Students have reciprocity with other states for licensure.

LVN TO RN ADVANCED PLACEMENT REGISTERED NURSE PROGRAM

The LVN to RN Advanced Placement program is designed to enhance advancement from LVN to RN. All LVN-RN students are required to take Nursing 109 (Nursing Transition) before officially entering the Program. At College of the Canyons, the LVN-RN student enters the second semester of the generic program. These students are required to have a valid California LVN license before admission to the program. These students are required to work as a fully licensed Vocational Nurse for one year in the three years prior to application submission. Students must have an unrestricted, valid LVN license. Prospective applicants should be aware that having adverse actions taken by the BVN/PT may impact their ability to be placed into clinical affiliate sites and delay or impair their ability to complete program requirements.

LVN-RN students may elect to complete the Associate of Science degree with a major in nursing. Students completing this degree are eligible to take the National Council Licensure Exam (NCLEX) and be licensed as a registered nurse. The requirements for graduation are the same as for the generic RN program (see college catalog for details). These students have reciprocity for licensure in other states.

Alternatively, the LVN-RN student may choose the 30 unit option. These students must have met the microbiology and physiology pre-requisites with a grade of C or better. They complete the same courses as other LVN-RN students but do not take the courses required to complete the associate's degree. The 30-unit option student will not be a graduate of College of the Canyons Nursing Program nor of the College. The student will be eligible to take the National Council Licensure Exam (NCLEX) and be licensed as a registered nurse; however, he or she will not have reciprocity with other states for licensure. Students considering the 30-unit option must meet with the Director of the Program before choosing this option.

NURSING ELECTIVE COURSES/CONTINUING EDUCATION

Elective courses offered to RN students may also be open to RNs in the community to support professional continuing education. See the COC catalog/schedule of classes for further information.

APPROVING AND ACCREDITING AGENCIES

The College of the Canyons RN Program is Approved by: The California Board of Registered Nursing. Board of Registered Nursing P.O. Box 944210 Sacramento, CA 94244-2100 (916) 322-3350 www.rn.ca.org	**Accreditation Information** The College of College of the Canyons, Associate Degree Nursing program is accredited by the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) located at 2600 Virginia Avenue, NW, Washington, DC 20037 .

CLINICAL FACILITIES

The following clinical facilities have maintained contractual relationships with College of the Canyons and are used by the nursing program as clinical sites. This list of clinical sites may be revised periodically at the discretion of College of the Canyons as well as the facilities:

- Adventist Health Simi Valley
- Child Development Center (COC)
- Henry Mayo Newhall Hospital
- Motion Picture and T.V. Hospital Distinct Part Skilled Nursing Facility
- Northeast Valley Health
- Northridge Hospital Medical Center
- Olive View Medical Center
- Providence Community Health
- Providence Holy Cross Medical Center
- Providence St. Joseph's Medical Center
- Providence Tarzana Medical Center
- SCV Senior Center
- Valley Community Health
- Valley Presbyterian Hospital
- West Hills Medical Center

  ↳ Some clinical facilities will require that student social security numbers are provided for electronic access to patient care records and charting systems.
  ↳ Some clinical facilities will require that full background check reports are provided.
  ↳ Some clinical facilities may only accept students concurrently enrolled in BSN programs.

STATEMENT OF PROGRAM PURPOSE AND GOALS

The primary purpose of College of the Canyons Nursing Program is to prepare entry-level registered nurses. The curriculum is designed to equip the graduate to function safely within the legal framework of registered nursing as set forth by the State of California, Department of Consumer Affairs, and The Board of Registered Nursing. Program graduates are eligible to take the National Council Licensure Exam (NCLEX-RN).

The ADN, Career Ladder (LVN-RN), transfer, and challenge options exist as multiple pathways to provide access to goal attainment and achievement by students. These pathways are designed to make available to students the necessary knowledge, skills, and abilities needed to serve as a foundation for success and excellence in nursing practice. The college reserves the right to determine if and when programs identified in this handbook or in the listing of programs will be offered.

In addition, the nursing faculty promotes the development of graduates who are committed to continuing their education and who are assets to the discipline of nursing, their communities, and society.

In pursuit of these purposes, the faculty endeavors, throughout all program pathways to:

1. Participate in the process of counseling and assisting interested students preparing for admission to the program.
2. Recruit, admit, and retain qualified, diverse applicants who progress through the program in a timely manner.
3. Maintain uniformly and consistently high standards of academic achievement.
4. Provide students with assistance to promote success.
5. Provide and maintain an integrated, current, and consistent curriculum which meets the needs of student, graduate, faculty, consumer, and health care providers.
6. Maintain department protocols which promote student expression and participation in class and program governance.
7. Produce graduates who attain licensure and demonstrate entry-level competence in initial employment.
8. Remain current as a faculty in nursing practice and community issues, adult teaching and learning theory, and technological advances.
9. Foster in students and graduates a commitment to excellence in practice and continued learning.

Program Mission, Philosophy, and Conceptual Framework

Mission

The mission of the Nursing Program at COC is to provide relevant quality nursing education at the lower division level in order to meet the ongoing needs of the professional nursing workforce. The program adjusts continually to changes within the body of nursing knowledge as well as changes in the health care system to prepare entry-level professionals to work in a variety of settings. The faculty strives to meet the educational needs of students with diverse backgrounds and learning styles while facilitating life-long learning and the pursuit of advanced educational goals.

Philosophy

Nursing is both an art and a science. It has its own unique body of knowledge and skills that incorporate knowledge from the physical and behavioral sciences (California Nurse Practice Act, 2010). The dynamics of nursing education are reflected in the faculty/student relationship. The nursing faculty believes that the student is the locus of learning and that the teaching-learning process is reciprocal and interactive. Therefore, the faculty sees their role as facilitators – using multiple learning and innovative teaching methods to meet the educational needs of students with diverse backgrounds and learning styles. To further enhance learning, the student uses college support services such as The Learning Center, learning disability specialists, counseling, and financial aid as well as engages in experiences through community and service partnerships. Individualized tutoring is offered in the nursing lab, and Alpha Delta Nu honor society students may also be available for tutoring. In addition to facilitating learning, the faculty seeks to foster self-direction and a commitment to life-long learning. Experiences are designed to proceed from simple to complex and general to specific to maximize the students' learning and professional growth.

Conceptual Framework

The conceptual framework of the College of the Canyons Registered Nursing Program is based on the nursing metaparadigm of person, health, environment and nursing (Fawcett, 2005). The framework also includes the two overarching concepts of inquiry and caring.

Inquiry:
Inquiry is the active process of lifelong learning through questioning, studying, exploring, and analyzing. At its foundation are the concepts of the nursing process, the scientific process, and critical thinking. Critical thinking is a process of analysis, interpretation, reasoning, drawing logical conclusions, and evaluating/justifying conclusions. Nurses must develop critical thinking attitudes, acquire theoretical and experiential knowledge, and skills in order to apply critical thinking to make clinical judgments for patient care (Alfaro-LeFevre, 2007). Included in critical thinking is evidence based practice, which is a problem solving approach to clinical decision making that integrates best current

evidence gained from the scientific method with clinical expertise and patient/family preferences and values for delivery of health care (Hughes, 2008; QSEN, 2009).

Caring:
Nurses participate in caring relationships with patients and families to promote health and healing. Caring is demonstrated during the nurse-patient relationship when nurses treat patients with dignity and as unique individuals with unique needs; therefore, the caring relationship promotes the humanity of the patient. Caring involves communication, compassion, competence, self-awareness, patience, concern, honesty, trust, humility, hope and a commitment to professional ethics and high standards.

Person:
- Is a holistic, dynamic system with interrelationships/needs` composed of five variables: physical/physiological, psychological, socio-cultural, developmental, and spiritual.
- May be defined as an individual, group, or community.
- Has the right and responsibility to care for self and/or dependents to maintain life, health, and wellbeing.
- Is constantly in a state of change due to interaction with the environment.
- Is capable of adaptation.
- Possesses inherent dignity, worth, and the right to self-determination.
- Is the locus of control for healthcare decisions.

Health:
- Health is a continuum ranging from optimal wellness to illness and eventually culminating in death. Wellness differs from health in that the concept of wellness is oriented toward maximizing an individual's potential within the environment.
- Wellness is a dynamic process on the health-illness continuum and is achieved through a balance of the physical, psychological, socio-cultural, developmental, and spiritual variables.
- Each person determines when the acceptable level of wellness has been achieved.

Environment:
- The totality of the internal and external forces which surround a person including the health care environment.
- These forces include intrapersonal, interpersonal, and extra-personal stressors.
- Each person's interaction with the environment is dynamic and reciprocal.

Nursing:
The College of the Canyons nursing faculty supports the following definition of nursing:

The practice in which a nurse assists the individual, sick or well, in the performance of those activities contributing to health or its recovery (or peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. (Virginia Henderson, 1960)

Associate Degree Nurses function in the following roles:
Providers of care, managers of care and members of the nursing profession: (NLN, ANA) who:

- utilize knowledge from the physical, behavioral, and nursing sciences to guide safe patient centered care.
- function independently and collaboratively with the patient and members of the health care team.
- use the nursing process to guide practice and develop plans of care.
- act as an advocate to help patients achieve their personal health related goals.
- support the patient's right and responsibility to self-care.
- educate the patient about health in general and specific patient related health care needs.
- implement therapeutic direct and indirect nursing interventions rooted in evidence based practice. (AHRQ, QSEN 2007)
- utilize information technology to communicate, manage knowledge, prevent errors, and support decisions.
- practice across the lifespan in a culturally sensitive manner within the ethical and legal scope of practice (California Nurse Practice Act, 2010)
- communicate therapeutically both verbally and in writing to the members of the healthcare team.
- coordinate the quality care of a group of patients during a specific time period utilizing prioritization, delegation and conflict management
- assume the responsibility for their own ethical, professional, and legal practice within the guidelines of the Nurse Practice Act in diverse settings (NLN, QSEN 2007)

Concept Map of Conceptual Framework

Program Outcomes

Current program outcome data can be found at the [Nursing Department Website](#)

Program Student Learning Outcomes

Upon completion of the nursing program, students will:

<u>Lecture:</u>
Integrate the perspectives of the provider of care, manager of care, and member of the nursing profession into patient care situations.

<u>Clinical:</u>
Function in the roles of provider of care, manager of care, and member of the nursing profession.

Program Objectives

Furthermore, the graduating student will be able to:

1. Utilize knowledge, skills, and attitudes, from the physical and behavioral sciences, the humanities, and nursing sciences to provide safe and effective care applying evidence based practice.

   This outcome is inclusive of several activities addressed in the California Nurse Practice Act. It assures the ability to provide basic health care with a substantial amount of scientific knowledge or technical skill. This includes the transfer of "scientific knowledge from social, biological and physical sciences in applying the nursing process" **(**Nursing Practice Act, Business and Professions Code Section 2725, 2010). This outcome also utilizes the Quality and Safety Education for Nurses (QSEN) guidelines for knowledge, skills, and attitudes (KSAs) focusing on the competencies of safety and evidence based practice (2009). Safety is the foundation for quality care and is defined as minimizing "risk of harm to patients and providers through both system effectiveness and individual performance" (QSEN, 2009). Safe and effective care are two of the IOM aims for improving health care quality. The evidence based practice competency is defined as integrating "best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care" (QSEN, 2009). Concepts of evidence based practice are derived from the *Patient Safety and Quality: An Evidence-Based Handbook for Nurses* published by the Agency for Healthcare Research and Quality (Hughes, 2008).

Major concepts of this learning outcome include:
- Safety
- Critical Thinking

Competencies:
- Demonstrate integration of theories and concepts from the disciplines of a liberal education into nursing theory and practice.
- Demonstrate competence and self-direction in providing safe care by incorporating lifelong learning to support excellence in nursing practice.
- Exemplify the knowledge, skills, and attitudes of the nursing profession.
- Utilize evidence based practice by integrating the best current evidence with clinical expertise and patient/family preferences and values.

2. Apply the steps of the nursing process integrating critical thinking strategies necessary to provide patient centered care to diverse populations.

This outcome focuses on the nursing process and integrates the NLN/NOADN core components of assessment, caring interventions, and teaching and learning. This outcome also comprises the major categories in the NCLEX-RN test plan, which includes safe and effective care environment, health promotion and maintenance, psychosocial and physiological integrity. This outcome involves aspects of the nurse/patient relationship integrating the QSEN competency of patient centered care (Finkelman & Kenner, 2007). Patient centered care recognizes "the patient as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs"(QSEN, 2009). In patient centered care, cultural competence enables nurses to work effectively in cross-cultural situations by emphasizing "awareness of the person's cultural health beliefs and practices to negotiate treatment options appropriately and in a culturally sensitive way" (USDHS, 2007).

The major concepts for this learning outcome include:
- Critical Thinking
- Patient-centered care

Competencies:
- Perform holistic patient assessment including values, beliefs, attitudes, and preferences, as well as developmental, emotional, cultural, religious, and spiritual influences on health status.
- Plan strategies to provide psychosocial integrity, physiological integrity, health promotion, and maintenance within healthcare systems.
- Implement patient centered care that reflects understanding of human growth and development, pathophysiology, pharmacology, medical and nursing management across the health-illness continuum, and the lifespan.
- Provide appropriate patient teaching that reflects development, age, culture, spirituality, preferences, and health literacy to encourage involvement in self-care.
- Demonstrate caring interventions and behaviors towards the patient, family, and other members of the healthcare team advocating for culturally competent care.
- Performs psychomotor skills competently and safely.

- Address healthy people in each stage of life using the Centers for Disease Control's Health Promotion Goals (Center for Disease Control Website)
- Safely and competently perform all nursing interventions within the healthcare microsystem.
- Integrate evidence, clinical judgment, and patient preferences in planning, implementing, and evaluating outcomes of care.
- Evaluate the effectiveness of care in meeting quality outcomes and modify the plan of care for diverse populations.

3. Communicate effectively with patients, families, and the healthcare team utilizing multiple communication methods including personal interactions and information technology.

This outcome focuses on the core component of communication identified by NLN (2000). Therapeutic communication includes verbal and nonverbal skills to enhance the nurse patient relationship. Professional communication involves effective communication techniques and conflict resolution to produce positive working relationships. This outcome expands on communication to include information technology that is one component of QSEN pre-licensure competencies. QSEN defines informatics as using "information and technology to communicate, manage knowledge, mitigate error, and support decision making" (2009).

The major concept of this learning outcome includes:
- Communication

Competencies:
- Communicate with the healthcare team while giving report, updating patient conditions, and documenting the patient's status and care.
- Utilize therapeutic communication skills when interacting with patients and family.
- Incorporate effective communication techniques, and conflict resolution to produce positive professional working relationships to deliver evidence based patient centered care.
- Evaluate data from all relevant sources, including technology in the delivery of care.
- Apply technology and information management tools to support decision making for safe care while communicating information and monitoring outcomes.

4. Demonstrate leadership by safely coordinating the care of multiple patients, while delegating to and collaborating with the healthcare team, patient, and family to provide the highest quality of care.

This outcome focuses on the core component of Leadership and expands on the NLN/NOADN identified core component of managing care. According to the AACN's #II Essential: Basic Organizational and Systems Leadership for Quality Care and Patient Safety, leadership includes managing care, delegating to others, coordinating care, communicating and collaborating with the healthcare team, investigating and sharing best practice guidelines, and serving as a leader in many capacities within the

healthcare environment. This outcome addresses the QSEN competencies of quality improvement and collaboration. Quality improvement is defined as using "data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems" (QSEN, 2009). Teamwork and collaboration is defined as functioning "effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care" (QSEN, 2009).

The major concept for this learning outcome includes:
- Leadership

Competencies:
- Demonstrate leadership skills to effectively implement patient safety and quality improvement within the context of the healthcare team.
- Demonstrate appropriate teambuilding and collaborative strategies when working with the multidisciplinary team.
- Apply the delegation process when working with healthcare team members.
- Coordinate the implementation of an individualized plan of care for patient and family in a culture of safety and caring.
- Differentiate the roles of the nursing profession with other healthcare members (i.e., scope of discipline, education and licensure requirements).

5. Integrate the professional, legal, and ethical components of nursing in clinical practice while demonstrating accountability and self-direction.

This outcome focuses on the core component of professionalism, which is derived from the NLN/NOADN ADN competency *Professional Behaviors*. Professionalism includes all professional, ethical, and legal principles to guide nursing practice. Major concepts of professionalism stem from two American Nurses Association documents, *Nursing: Scope and Standards of Practice* and *The ANA Code of Ethics* and the California *Nurse Practice Act*.

Major concept for this learning outcome includes:
- Professionalism

Competencies:
- Demonstrate professionalism, by: appearance, respect for self and others, and maintaining professional boundaries with patient and family.
- Demonstrates knowledge of scope of nursing practice as well as laws relevant to specialty situations as an entry-level practitioner.
- Assumes responsibility for own ethical, legal, and professional practice.
- Use national patient safety resources and other institutional and national resources for own professional development.

References

Finkelman, A. & Kenner, C. (2007). *Teaching IOM: Implications of the Institute of Medicine Reports for nursing education. Silver Spring, MD*: American Nurses Association.

Institute of Medicine (2003). *Priority areas for national action: Transforming health care quality*. Washington, DC: National Academies Press.

National League for Nursing (2008). *Position Statement: Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*. New York: NLN.

Metaparadigm and Interrelated Variables of the Person

	Overarching Concepts							
	Inquiry				**Caring**			
	Metaparadigm							
Health	Nursing					Person	Environment	
	Core Concepts							
	Communication	Leadership	Critical Thinking	Professionalism	Patient Centered Care		Safety	
Health Promotion/ Disease Prevention	Consultation	Collaboration with Interdisciplinary Team	Evidence Based Practice	Ethical Practice	Assessment	Psychological	Quality Improvement	Intrapersonal stressors
Health and Wellness	Therapeutic communication	Delegation	Clinical practice guidelines	Legal rights and responsibilities	Analysis	Developmental	Emergency Response Plan	Extra personal stressors
Health Screening and maintenance	Professional communication	Supervision	Clinical judgment	Advocacy	Plan	Spiritual	Accident/Injury Prevention	Interpersonal stressors
Alterations in body systems	Information technology	Concepts of management	Establishing Priorities	Confidentiality	Intervention	Physiological	Error Prevention	Therapeutic Environment
Principles of teaching and learning	Conflict resolution			information security	Evaluation	Cultural	Standard Precautions/ /Surgical Asepsis	Family Dynamics
Stress management					Cultural Competence	Social	Handling Hazardous and Infectious Materials	Support systems
Life style choices							Safe Use of Equipment	
High Risk Behaviors							Reporting of Incident/ Event/Irregular Occurrence/Variance	
Self-care								

Metaparadigm and Interrelated Variables of the Person

Metaparadigm: Person				
PHYSIOLOGICAL	**PSYCHOLOGICAL**	**SOCIO-CULTURAL**	**DEVELOPMENTAL**	**SPIRITUAL**
Basic care and comfort Sleep and rest Personal Hygiene Physiological adaptation Fluid and electrolytes Hemodynamics PROTECTION: • Immune system • Skin, hair, nails OXYGENATION: • Respiratory tract OXYGENATION & TISSUE PERFUSION: • CV system TISSUE PERFUSION: • Hematologic system MOBILITY: • Nervous system • Musculoskeletal system SENSATION: • Eye/vision • Ear/hearing NUTRITION & ELIMINATION: • GI system METABOLISM: • Endocrine system URINARY ELIMINATION: • GU system • Renal system SEXUALITY: • Reproductive system	• Anxiety • Body image • Communication • Assessment • Stress • Theories • Coping • Grief and Loss • Crisis intervention • Abuse/neglect	• Cultural Competence • Diversity • Cultural aspects of health • Ethnic aspects of pharmacology • Cultural assessment	GROWTH & DEVELOPMENT: • Physical • Cognitive • Psycho-social • Normal aging	• Meaning • Hope • Impact on health decisions • Religious and Spiritual Influences on Health

GENERIC PROGRAM COURSE PROGRESSION

YEAR 1

First Semester

NURSING 112 - Foundations of Nursing (4.25 units)

NURSING 114 - Fundamentals of Nursing (6.5 units)

Second Semester

NURSING 124 - Beginning Medical Surgical Nursing (5.75 units)

NURSNG 126 - Psychiatric Nursing (3.75 units)

YEAR 2

Third Semester

NURSING 234 - Intermediate Medical-Surgical Nursing (4.75 units)

NURSING 236 - Maternal Child Nursing (5.5 units)

Fourth Semester

NURSING 240 - Advanced Medical Surgical Nursing and Leadership (8.5 units)

LVN TO RN ADVANCED PLACEMENT PROGRAM COURSE PROGRESSION

Summer (prerequisite)

Nursing 109- Transition Into Nursing (4.0 units)

Nursing Program Admission

Nursing 126- Psychiatric Nursing (3.75 units)

Fall Semester

NURSING 234 - Intermediate Medical-Surgical Nursing (4.75 units)

Spring Semester

NURSING 240 - Advanced Medical Surgical Nursing and Leadership (8.5 units)

SECTION II

GENERAL INFORMATION FOR ALL STUDENTS

DEPARTMENT AND CAMPUS EXTENSIONS

Campus resources can assist students in many ways. All extensions listed can be reached directly by dialing (661) 362 – and the extension.

DEPARTMENT

	Extensions		Extension
Health Professions	3557/3369/3647	Library	3361
Child Development	3541	The Learning Center (TLC)	3662
DSPS	3341	Canvas Support	3344
Student Health and Wellness Center	3259		

NURSING LABS

	Extension		Extension
Aliso Lab 323	3074	Bonelli 304	3335

NURSING FACULTY

	Extension		Extension
Professor Tammy Bathke	5316	Professor Debbie Kllein	3487
Professor Adina Carrillo	5029	Professor Shaunasey Lane	3766
Dr. Sandy Carroll	3040	Professor Kristi Miura	3767
Professor Heather Dotter	3694	Professor Tina Rorick	3996
Professor Sylvia Duncan	3569	Professor Anh Vo	3702
Professor Rachael Houghton	3123	Professor Tina Waller	3154
		Professor Terry Winter	3740

NURSING DEPARTMENT LEADERSHIP

	Extension		Extension
Nursing Director		**1st Year Assistant Nursing Director**	
Director Mary Corbett	3042	Professor Adina Carrillo	5029
2nd Year Assistant Nursing Director		**Nursing Program Chair**	
Dr. Sandy Carroll	3040	Professor Anh Vo	3702

SCHOOL OF MATHEMATICS, SCIENCES, AND HEALTH PROFESSIONS

Dean	Extension
Dr. Kathy Bakhit	5042

REGISTRATION POLICY

Students must be registered for their courses by the deadline date set by the nursing department. Students will be notified of this date in writing via email. If a student does not register by this date, s/he may be dropped from the program, subject to the re-entry process, and the seat will be given to an alternate student. College policy states that enrollment fees are due at the time of registration (Board Policy 5030). If all mandatory fees are not paid, student will be removed from all courses.

PRE-COURSEWORK REQUIREMENTS

It is expected that students will complete facility-specific orientation (paper or online) requirements before the start of the semester, if required by clinical affiliates. It is the student's responsibility to monitor COC email frequently during summer and winter breaks, as well as throughout each semester for important clinical onboarding announcements. Failure to meet onboarding requirements by deadlines provided will jeopardize clinical placement and course completion.

NATIONAL STUDENT NURSES ASSOCIATION (NSNA) AND ALPHA DELTA NU

The Student Nurses Association of California (SNAC) is one of the fifty state constituent units of the National Student Nurses Association (NSNA). Alpha Delta Nu is the national honor society of ADN nursing. Both NSNA and Alpha Delta Nu offer the opportunity for the nursing student to take part in leadership activities and to develop decision making skills. This may include attending meetings and events, voting, running for office, or planning programs and campus/community service events. Student groups provide opportunities for students to meet together, exchange ideas, and work together to reach common goals. All entering students are strongly encouraged to join NSNA. All qualified third semester students are strongly encouraged to participate in Alpha Delta Nu. Faculty Advisors provide support to nursing student groups.
Meeting dates and times are posted in the nursing labs, classrooms, and via Canvas announcements.

STUDENT INVOLVEMENT IN FACULTY MEETINGS

College of the Canyons Nursing Department has a Student Representative Council. This council is composed of two students from each semester who are nominated by their peers. The student representative role is to:
1. Attend nursing department faculty meetings once a month and provide feedback on student program concerns
2. Attend curriculum meeting 1-2 times per semester and provide feedback summarizing Student Curriculum Report Form
3. Act as a liaison for student program concerns
4. Meet with faculty student liaisons in the beginning of the semester to discuss roles and responsibilities.
5. Report back to students status of faculty resolution of student concerns

6. All students are invited to nursing department meetings. Meeting dates and times are posted in the nursing labs and Canvas skills lab calendar at the beginning of each semester. Students are also
7. invited to participate in Nursing Program Advisory Committee meetings. These meetings will also be posted on the Canvas Skills Lab calendar. Students are also invited to participate in nursing department faculty meetings and Nursing Program Advisory Committee meetings via Zoom sessions. Instructions for access are posted prior to each meeting.

MALPRACTICE INSURANCE

Nursing students are required to carry their own malpractice insurance.

ADDITIONAL PROGRAM COSTS

Estimated Cost of Supplies as of July 2019

Books 1020.00-1230.00
Nursing Kit 100.00
Watch 20.00
Stethoscope 25.00 – 150.00
Shoes 25.00 – 100.00
Uniforms 55.00-150.00
COC RN Patch 5.00
Photo ID 6.00
Unit fees 46.00 per unit
Mandatory Physical/Immunization Fees 50.00-350.00
Fire Card/CPR 50.00-200.00
Malpractice Insurance 25.00 per year
Background Check 48.00
Parking Permit 50.00/semester
Health Fee 38.00/year
Student Center Fees 10.00/year
Live Scan (required by some clinical facilities- required for affected students) 60.00-70.00
Kaplan Learning Resources 135.00/semester

Kaplan information: Kaplan learning resources are utilized throughout the nursing program to support student success. Students are required to purchase this resource each semester by due dates as provided. After program completion, students are provided with an on-campus Kaplan NCLEX review course at no additional charge. The cost of Kaplan Learning Resources is subject to change.

EDUCATIONAL SUPPORT SERVICE

To assist with success, the nursing program has adopted the NCLEX test-prep company- Kaplan Nursing. Payment installments must be made each semester. Failure to make installments by established deadlines will result in a written Advisory.

NONCREDIT NURSING COURSE SUPPORT (NC.NURS-080)

In order to provide students with ancillary supplemental instruction related to the Nursing Program course work, students must enroll in NC.NURS-080 prior to the start of the regular semester. Because NC.NURS-080 is noncredit, there is no cost for enrolling. **Students are required to sign in under the NC-080 course each time they utilize the skills lab for supplemental instruction purposes.** This includes open lab practice sessions, optional workshops, and clinical/practicum remediation activities. See the supervising faculty member for instructions and assistance.

Nursing Student Injuries/Illnesses
(on/off campus or in the clinical area)

If a student incurs an injury of illness while participating in Program courses or while engaging in clinical rotations in a clinical setting, the following shall apply:

➢ **Medical Emergency-** Depending on the circumstances, the instructor, student, or designee should call 911 or the student should go to the nearest Emergency Room. If the illness/injury happens in the local area, the student should be transported to Henry Mayo Hospital at 23845 McBean Parkway, Valencia, CA 91355 (661)253-8000. **Immediately** contact Human Resources Maria Martinez via 661-362-5563. Maria's email is maria.martinez@canyons.edu

   After hours or if there is no response at x 5563, please contact Maria at 562-587-7347. The human resources main number is 661-362-3427.

➢ **Exposure to Body Substances-** If the exposure occurs during a clinical rotation, the supervising faculty will escort the student to the facility's/agency's Emergency Department (ED) for evaluation and possible treatment. The supervising faculty is to contact Rian Medlin or Tami Jolls in Human Resources immediately (information above). The student should be directed to seek further evaluation and is required to provide proof thereof or sign a refusal to seek medical treatment waiver. Student must follow clinical facility/agency's policy regarding release of confidential blood testing. It is expected that U.S. HealthWorks Medical Group or the student's pre-designated health care provider will provide further evaluation and follow-up care.

➢ **Non-Emergency-** Illness/injuries requiring medical care, the instructor will notify Maria Martinez in the Human Resources Department (661-362-5563) **within 24-hours**. This step is crucial in order to obtain authorization for treatment.

➢ **Unsure**- If a student is ill/injured and is not sure if s/he wants or needs medical care, the student should be dismissed as soon as possible and advised by the supervising faculty that they have the option to seek care at the Student Health and Wellness Center on the COC Valencia campus. Contact Maria Martinez in Human Resources.

Health Center clinic hours for Fall/Spring semester are:
- Monday 8:30 am – noon and 1:30-6:00 pm
- Tuesday 8:30 am – noon and 1:30-4:30 pm
- Wednesday 8:30 am – noon and 1:30-4:30 pm
- Thursday 8:30 am – noon and 2:00-6:00 pm
- Friday 8:30 am -12:30 pm

 The supervising faculty will contact the course lead faculty (if applicable) as soon as circumstances allow. The lead faculty is responsible for notifying the assistant director for the course and/or the nursing program director (whomever is available), as well as the Dean of HPPS. If the lead faculty is unavailable, s/he will contact the Assistant Director or the Director and the Dean of HPPS
The supervising faculty will complete a SUPERVISOR'S REPORT OF EMPLOYEE INJURY, which will be turned in to Human Resources.
Students may pre-designate a healthcare provider and must complete the attached Pre-Designation of Personal Physician form (Appendix C) prior to any incident, which will be
kept on file in the Health Professions Office. The student must inform the supervising faculty that:

- they have a pre-designated healthcare provider. If the student has <u>not</u> pre-designated a health care provider s/he will be sent for treatment to U.S. HealthWorks Medical Group. (Pre-designated health care provider- the student can tell the faculty, or the information is available by calling the Health Professions Public Safety Office 661-259-3369)

U.S. Healthworks Medical Group 25733 Rye Canyon Road Valencia, CA 91355 (661) 295-2500 Hours: 8:00am-5:00pm (M-F)	**U.S. Healthworks Medical Group** 22840 Soledad Canyon Road Saugus, CA 91350 (661) 253-8800 M – F: 7:00 a.m. – 6:00 p.m. Sa – Su: 9:00 a.m. – 5:00 p.m.

U.S. Healthworks Medical Group
16300 Roscoe Boulevard, Suite 1-A
Van Nuys, CA 91406
(818) 893-4426
24 hours a day/7 days a week
(1st time visits)

- **<u>After Normal Office Hours-</u>** For faculty or nursing student injuries sustained (on/off campus), please contact Rian Medlin as follows:
  - True Medical Emergency (Emergency Room or Paramedic) - Immediately contact Maria Martinez on her cell phone at 562-587-7347.
  - Non-emergency – Contact Maria Martinez via telephone (661-362-5563) or email on the next business day for authorization for treatment paperwork. Please feel free to contact Maria Martinez on her cell phone with any questions.

ALWAYS THINK SAFETY. Injury can be prevented by following general rules, eliminating hazards which might cause accidents, reporting unsafe equipment to the instructor, and performing psychomotor assignments in a thoughtful and careful manner.

ELECTRONIC DEVICES AND CELL PHONES

Cell phones and other electronic devices shall be placed on vibrate or turned off during classroom lectures and are not permitted during any examination unless specifically permitted by an instructor. Messages can be checked during break. In the clinical area, electronic devices may be used ONLY to assist with clinical experiences (texting professor/looking up meds/treatments/diagnoses, etc.). Checking email/texting family/friends, etc. is to be done only during breaks. In the case of an urgent personal issue the instructor must be notified.

HEALTH PROFESSIONS PUBLIC SAFETY OFFICE

The Office (hereafter known as "HPPS Office") is an integral part of the nursing program at COC. One of the main functions of the HPPS Office is to manage all the applicants for the RN program including tracking all applicants from application submission to entry into the program. The MSHP Office also prepares reports to statewide and nationwide accrediting agencies and maintains records for all students and faculty in the nursing program. However, it is important to note that the HPPS Office is also accountable for all of the departments in the School of Health Professions Public Safety.

All health data and specific nursing student requirements are mandated by the State of California and clinical facilities used during the four semesters of the nursing program. This health data is received by the office and is maintained through the program as well as two years post-graduation. Students are allowed to fax health data to the HPPS office for convenience. However, the fax machine is not to be used to send class assignments to the office.

Communication between the HPPS Office and students is primarily via email. **All electronic communication will be sent via the college assigned email address only (@my.canyons.edu).**

The most efficient way in which students can communicate with the HPPS Office is via email at Nursing@canyons.edu. Professional behavior requires that students check their COC email at least every other day. Important and sometimes urgent information from instructors, the nursing office, and the college is disseminated only through the college email system. Failure to respond to emails/submit required documentation in a timely manner may result in a Professional Development Plan.

Although office hours are subject to change, the HPPS Office is open Monday-Thursday 0800-1600, Friday 0800-1200. The office telephone numbers are 661-362-3369, 661-362-3557 or 661-362-3647.

ON CAMPUS BEHAVIOR

Nursing students are expected to act professionally at all times. It is a violation of professional behavior for students to cause a disturbance in any college area. In addition, students must be dressed appropriately when on the campus of any clinical facility/agency as specified in the "Standards of Student Clinical Appearance" section of this Handbook. Students who are reported to the nursing department for having behaved unprofessionally will receive a Professional Development Plan (PDP) for that behavior. This PDP will be treated like any PDP in the clinical area.

LEARNING RESOURCES

WHAT IS THE LEARNING CENTER?

Going to college involves more than just showing up to class. In a typical class most of the work is done outside of the classroom: homework, group projects, test preparation, and papers. At College of the Canyons there is a place on campus that can help every step of the way, The Learning Center (TLC). **TLC offers tutoring in English, math, CIT, and many other subjects.** These services are available to enrolled College of the Canyons' students for their COC courses on a walk-in basis at no charge. No appointment is needed. **Student Identification is required for all students** who wish to utilize services in The Learning Center (TLC), in both the Valencia (Building LTLC) and Canyon Country Campus (CCC-306). Student ID may be obtained in the office of Student Development, STCN 102.

Library
The library is used by nursing students to research material as well as to watch assigned videos and read reserve articles placed on reserve. Although library orientation is provided during the first semester course, students may request additional help at any time. The student ID functions as a library card and can be used from semester to semester while enrolled at the College of the Canyons. The ID must be presented in order to check out materials. Since the library is open to the public, anyone not enrolled may access the library. In this event, please refer to library lending policies

Videos: Videos are located at the reference desk on the second floor of the library. Videos may not be removed from the library, but may be viewed in one of the many rooms provided for this purpose.

Reserved materials: Reserve articles can be found at the reference desk on the first floor of the library. Reserve articles may not be removed from the library but articles may be photocopied at photocopy machines available in the library. The library will not make change for copiers. It is the student's responsibility to have correct change.

Nursing Skills Labs
The nursing program is very fortunate to have three skills labs and one dedicated nursing computer lab which provide students with areas to practice skills and receive tutoring. Reference texts are available and can be checked out. Hours for scheduled and open labs are posted in each lab. Appointments are encouraged for specific needs (i.e., require individual attention from the lab coordinator or multiple supplies).

The skills labs are places for learning. Goals and objectives for meeting those goals should be established prior to lab practice. It is expected that all students will maintain safe, professional behavior while in the lab. Equipment must be treated with care. No children are allowed in the skills labs.

Disabled Students Programs & Services

Difficulty with course content may warrant further investigation. Testing for a learning disability can be scheduled with the Disabled Students Programs & Services (DSPS) office located in Seco Hall – 103; DSPS Website ; 661-362-3341 or TDD 661-255-7967. Students are encouraged to schedule testing early in the semester so that accommodations can be implemented in a timely manner.

If a student has been diagnosed with a learning disability, and has documentation from the DSPS office, it is the student's responsibility to notify the faculty. The department is willing to meet any reasonable request for assistance and accommodation. However, the responsibility remains with the student to provide relevant and recent documentation from a learning specialist that such a disability exists as well as the recommendations made by the learning specialist for helping the student. Since student disability test results are governed by legislation guarding privacy and can only be given to the department by the student, he/she is responsible for providing the above information to **each** of his/her instructors in **each** course in the program.

IDENTIFICATION

Students are required to show proof of identity (driver's license, or State ID) prior to admission for the TEAS test at College of the Canyons.

Students are required to carry the COC ID for use of all campus activities including the use of the nursing labs.

In addition, students may be required to obtain separate identification documentation as required by each clinical facility/agency when orienting to a specific facility.

If a student is found to have an invalid Social Security Number while in the program, s/he will be dismissed from the program without a chance to return.

GIFTS

The department has a long time policy of requesting that no gifts by students be given to faculty. Instead, students are encouraged to write a note to faculty or to donate to nursing scholarships, or to the student nurse emergency grant such as Flo's Cookie Jar CNSA Cookie Jar .

SECTION III

POLICIES & STANDARDS

PROGRAM REQUIREMENTS

Functional Ability Requirements of Students in the COC Nursing Program

Nursing is a profession requiring extensive physical abilities applied in providing safe patient care. Deficits in functional ability can preclude a person from being able to perform all of the duties an RN student must carry out as they can result in negative consequences for patients. Applicants seeking admission who have questions about the functional abilities are referred to the nursing program director. Equal educational opportunity with reasonable accommodation will be provided for students with disabilities within the parameters of adhering to the standards of nursing practice for all students. Withdrawal from the program will be required if a student is unable to maintain functional abilities with reasonable accommodation.   The first 6 items listed here involve cognitive and social skills which are factors in providing safe care.

1. **Communication** must be accurate, clear, professional, collegial and include effective verbal proficiency.
2. **Cognitive ability** to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions.
3. **Critical thinking** ability for effective clinical reasoning and judgment. Examples: Analytical thinking reasoning skills sufficient to perform deductive and inductive thinking, apply knowledge from one situation to another, process information, problem solve, evaluate outcomes, prioritize tasks, manage time, use short and long term memory, identify cause/effect relationships, develop care plans, evaluate effectiveness of interventions, gather information, organize and complete tasks.
4. **Interpersonal skills** to establish and maintain rapport sufficient for professional interactions and relationships with a diverse population of individuals, families and groups respecting social, cultural and spiritual diversity. Examples: Capacity to recognize conflict, resolve conflict, peer accountability to ensure safe handoff communication, understand the concept of "Chain of Command" (e.g. recognizing immediate supervisor as the person to report to).
5. **Reading and English** abilities include reading comprehension, making inferences, drawing conclusions. Need skills of punctuation, grammar, sentence structure, contextual word recognition and spelling. Examples: Reading written documents/digital displays and use of anatomical designs/diagrams.
6. **Mathematical and Scientific** abilities includes reading and understanding columns of writing, reading graphic printouts and digital displays, calibrating equipment, converting numbers to and/or from the Metric System, measuring time, counting rates, using measuring tools, reading measurement marks, computing ratios, fractions, percentages and decimals, adding, subtracting, multiplying, dividing, algebraic application and data interpretation; and using a calculator.

Physical Functional Abilities to be Verified by Healthcare Provider

The student's healthcare provider must verify the student's functional ability in all of the following areas (Yocom, 1996). This healthcare provider verification shall be on the "Registered Nursing Program Physical and Mental Health Clearance Form" attached hereto as Appendix B.

Any student who is pregnant and/or has acquired a new medical condition which may affect functional ability is required to make an appointment with the healthcare provider immediately upon the change in condition (if during the semester) or before the beginning of the next semester (if between semesters) to obtain a note stating that she/he is medically cleared to participate in clinical without restriction. This clearance must be submitted to the MSHP office before the student will be allowed to participate in clinical. The absence policy applies to any missed clinical days.

The practice of nursing also requires the following functional abilities:

1. **Visual acuity**, with or without corrective lenses, sufficient for accurate observation and performance of nursing care. This includes: Collecting data from recording equipment and measurement devices, detecting a fire, drawing up medication into a syringe, see objects from 1 to 20 ft. away, using depth perception, using peripheral vision, and distinguishing colors and intensity.
2. **Hearing ability**, with or without assistive devices, sufficient for physical monitoring and assessment of patients and their environments. Examples: Hearing normal speaking level sounds, faint voices, faint body sounds (e.g. using medical equipment to hear heart & lung sounds), hearing in situations when unable to see lips (e.g. if using mask over mouth/someone's voice on the phone), and hearing alarms (e.g. high/low frequency/overhead paging system/fire alarm).
3. **Olfactory ability** sufficient to assess significant environmental and patient odors such as foul or unusual odors of bodily fluids or spoiled foods, smoke, gases and noxious smells.
4. **Tactile ability** sufficient for physical monitoring and assessment of health care needs. Examples of relevant activities include detection of: unsafe temperature levels in heat-producing devices used in patient care, anatomical abnormalities, vibrations (e.g. pulses), temperature of room, skin, etc., differences in surface characteristics (e.g. skin texture), and differences in sizes, shapes (e.g. identify body landmarks)
5. **Strength and mobility** sufficient to perform patient care activities and emergency procedures. Examples: Safely transfer patients in and out of bed, turn and position patients, hang intravenous bags, accurately read the volumes in body fluid collection devices hung below bed level, perform cardiopulmonary resuscitation. Must have ability to lift up to 35 pounds unaided (NIOSH, 2009).
6. **Fine motor skills** sufficient to perform psychomotor skills integral to patient care such as grasping small objects with hands, keying/typing, pinching, picking, twisting, and squeezing with fingers. Examples: Safely dispose of needles, accurately place and maintain position of stethoscope, manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages.

7. **Physical endurance and stamina** sufficient to complete assigned periods of clinical practice activities for entire length of work role, such as standing during surgical or therapeutic procedures or performing CPR.
8. **Emotional stability** for accountability of actions to function effectively under stress, to adapt to changing situations/environment, remaining calm and able to follow through. This includes establishing therapeutic boundaries, dealing with the unexpected, focusing/maintaining attention on a task, performing multiple responsibilities concurrently, and handling strong emotions (e.g. grief, anger).
9. **Gross Motor Skills** involve broad requirements elaborated in the following.
   - **Sitting-occasional**: While charting, talking on the phone, etc.
   - **Standing and walking-continuous**: During all phases of patient care within the unit and throughout the hospital. This includes maintaining balance and moving within confined spaces.
   - **Lifting-frequent**: From side to side, up in bed, transferring from bed to chair, from bed to gurney, etc. Weight lifted usually ranges from patients weighing 100 to 250 pounds, rarely 250 to 500 pounds (with help).
   - **Pushing/Pulling-frequent**: pushing beds, gurneys and wheelchairs. Positioning patients in bed or during transfer to and from gurneys, wheelchairs and commodes. Up to 70 pounds effort.
   - **Crouching/Stooping (bending at knees and waist)-frequent**: Emptying catheter drainage bags, checking chest tube containers, positioning wheelchair foot supports; during bathing, feeding, dressing changes, catheterizations, and similar procedures.
   - **Twisting/Reaching-frequent**: Above shoulders and below waist.
   - **Kneeling- occasional**: Transferring patients, performing CPR.
   - **Handling/grasping, Operation of equipment, -frequent**: Preparing and administering medications, performing dressing changes and similar procedures, manipulating oxygen equipment, obtaining supplies, using computer mouse, etc. Setting up and monitoring IV equipment such as infusion pumps (40 pounds effort). Cardiovascular hemodynamic equipment (40 pounds effort), suction equipment (30 pounds effort), and various other items ranging from 2 to 40 pounds effort. Squeezing with hands to operate a fire extinguisher.

By signing the "Nursing Student Handbook Acknowledgment and Consent" form attached hereto as Appendix A, I certify that I have read, and understand, the above "Functional Abilities" requirements, and further understand that each of these competencies is required for entry into the nursing program at College of the Canyons. Any change in my health status that affects my functional competencies require that I meet with the Nursing Program Director, and resubmit updated current health clearance forms on the form contained in Appendix B.

References

Katz, J. R., Woods, S. L., Cameron, C. A., & Milam, S. (2004). Essential qualifications
for Nursing Students. *Nursing Outlook*, 52, 277-88

National Council of State Boards of Nursing. (1999). Guidelines for using results of
functional abilities studies and other resources. Chicago, IL: NCSBN.

National Institute for Occupational Safety and Health (NIOSH), Safe patient handling
Training for schools of nursing curricular materials, Veterans Health Administration (VHA),
and the American Nurses Association (ANA), (2009). Retrieved from
http://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf

The U.S. Equal Employment Opportunity Commission. Questions and Answers about
Health Care Workers and the Americans with Disabilities Act. Retrieved from
http://www.eeoc.gov/facts/health_care_workers.html#_edn22.

 Yocom, Carolyn J. Validation study: Functional abilities essential for nursing practice.
National Council of State Boards of Nursing, Inc., 1996.

REQUIREMENTS FOR EACH SEMESTER

The clinical component of the Nursing Program includes background checks and infection
control requirements as mandated by the various clinical facilities/agencies for the health
and safety of both students and patients. By signing the "Nursing Student Handbook
Acknowledgment and Consent" attached hereto as Appendix A, students certify that they
have read and understand the following background check and infection control
requirements for completing the Program.

Students are advised that the clinical facility/agency requirements may vary and must be
met by each student in order to complete clinical requirements. Students understand that
the College of the Canyons and each student must comply with the clinical facility/agency
requirements. Students understand that if they do not meet the background check and
infection control requirements of a particular facility/agency, that student will not be able to
be placed at that clinical facility/agency or may not be licensed by the
Board of Registered Nursing ("BRN"), even after completing the entire program. The
College of the Canyons will work with the student to determine if another clinical
facility/agency is available that will accept the student. If no alternative location is
available, the student will not be able to complete the clinical rotation. The failure to
complete the background check and /or infection control requirements will be reported to
the Nursing Program Director and may make the student ineligible to complete his/her
clinical requirements.

As stated in New Student Orientation and in more detail in this Handbook, the following
must be provided on or before the assigned deadline.

<u>Annually</u>
Background Check & 10 Panel Drug Screen (and on admission to the program)
Physical Exam

<u>Each semester</u> the following items need to be current

CPR card	Immunizations
Fire card	Malpractice insurance
TB test results	

Items must be current for the entire semester. For example, if a CPR card expires in March of the spring semester, it must be renewed prior to the established deadline and documentation for the renewal submitted to the Mathematics, Sciences, and Health Professions Office by the deadline.

Failure to meet deadlines:
Meeting deadlines is a part of the professional role of the registered nurse. A student is given permission by the MSHP Office to register for a course when all required documentation has been received by the office. In addition, documentation of the above items is also required to meet the contractual agreements of clinical affiliates. A student will not be permitted to continue with the clinical portion of the program without current documentation. Therefore, failure to submit these items by the deadline will result in being dropped from the program. **There will be no extensions of the deadline and only those exceptions described below are allowed.** Students are given notice well in advance of the deadline.

Deadlines are provided to students during orientation and at the end of each semester. As a courtesy, the MSHP Office sends a reminder notice, however, the student is ultimately responsible for submitting the documentation by the established deadline.

Exceptions:

1. One exception to the deadline is if your medical insurance will not allow you to have a physical before it is due. For example, if you had a yearly physical on January 1 and you cannot have it before January 1 of the next year without having to pay for it, then it would be acceptable to wait to have the physical at the time permitted by your insurance company. To be granted this exception you would need to write a letter in advance explaining the situation and giving the date of your appointment. If you do not have insurance coverage for yearly physicals and have to pay for one, then this exception does not apply to you and you must comply with the deadline.
2. Immunizations cannot be done before they are due. You must provide a letter stating when you have an appointment to obtain the necessary immunizations.
3. Some malpractice insurance companies allow you to renew 60 to 90 days prior to the expiration date of the insurance. You must not wait for them to provide you with a renewal form. Determine in advance their policy and renew as early as you can. It is your responsibility to see that the renewal document is faxed to the Mathematics, Sciences, and Health Professions Office and that it arrives before the deadline. If

your malpractice insurance company will not allow you to renew in advance, a letter must be provided with the specifics of that company's rules.

It is the student's responsibility to submit documentation for any of the above exceptions by the updated deadline established by the Mathematics, Sciences, and Health Professions Office. Failure to do so will result in being dropped from the program.

BACKGROUND CHECKS
Board of Registered Nursing Background Check Requirements.

The BRN requires all graduates applying for nursing licensure to report felony and misdemeanor convictions, and to provide fingerprints for background checks. The Board of Registered Nursing may deny licensure based on background information involving criminal convictions. (See Bus. & Prof. Code § 144.) The BRN background check requirements are in addition to, and may differ from, any background checks required by the Program. Students are hereby advised of the additional background check requirements required by BRN for licensure and students should contact the Board of Registered Nursing if they have any questions regarding these requirements. Please see The Board of Registered Nursing website for more details.

The Joint Commission accredits health care programs. In order to comply with Joint Commission requirements and state and local regulations regarding background checks for healthcare providers, the College of the Canyons Nursing Program has adopted the following position statement consistent with policies of the Orange County/Long Beach (OC/LB) Consortium for Nursing:

All nursing students must meet the health and safety standards of the clinical facilities at all times. All clinical facilities/agencies require nursing students to undergo criminal background checks and drug screenings prior to being placed at their /agencies for clinical experiences. All nursing students must have clear criminal background checks and drug screenings to participate in placement(s) at clinical facilities/agencies. The background check is not a requirement for admission to the nursing program, however, a background check must be completed after an invitation for admission is received. Students are solely responsible for all costs associated with obtaining background checks and drug screens through the College of the Canyons authorized vendor. Please contact the Nursing Department for the current cost of background checks and drug screens. . However, all decisions regarding background checks and drug screenings are determined by the individual clinical facilities/agencies in accordance with their rules and/or regulations.

Students unable to obtain both background and drug screen clearances will not be able to complete mandatory course requirements. **Applicants are strongly urged to consider these requirements prior to applying for admission**. Students denied placement by a clinical facility/agency may request a written decision from the clinical facility/agency and will have an opportunity to respond in accordance with the clinical facility/agency's internal review process. Students are advised that background check requirements may differ depending on the rules and/or regulations of individual clinical facilities/agencies.

Accordingly, clinical facilities/agencies may require students to obtain new background checks and/or drug screening while enrolled in the Program. Anytime there is a break in the student's enrollment, a new background check and drug screening is required.

Background checks will minimally include the following:
• Seven years history
• Address verification
• Sex offender database search
• Two names (current legal and one other name)
• Three counties
• OIG search
• Social Security Number verification

Students will be unable to attend clinical facilities for the following convictions:
• Murder
• Felony assault
• Sexual offenses/sexual assault
• Felony possession and furnishing (without certificate of rehabilitation)
• Drug and alcohol offenses (without certificate of rehabilitation)
• Other felonies involving weapons and/or violent crimes
• Class B and Class A misdemeanor theft
• Felony Theft
• Fraud

Students may be denied access to clinical facilities based on offenses appearing on the criminal record which may have occurred more than seven years ago. Students must provide schools and/or the authorized background check vendor with information allowing the Nursing Department (and clinical facilities as necessary) access to the background check. If the student's record is not clear, the student will be solely responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Since clinical rotations are a mandatory part of nursing education; the student will be ineligible to be enrolled in the Nursing Program and will be dropped from the Program.

Clearance, Appeal, and Alternative Placement.

Students will provide their background/drug screen data directly to the authorized vendor in accordance with the vendor's application process. Students are also required to sign a Background check and Drug Screen Consent and Release form authorizing the vendor and/or clinical facilities/agencies to release student's background/drug screen information to the clinical sites.

If applicable, the clinical facilities/agencies will inform the Director of Nursing whether students are cleared for placement at their site(s). All decisions regarding background checks and drug screening are determined by the clinical facilities/agencies in accordance with their internal rules and/or regulations. Students denied placement by a clinical facility/agency will receive an Adverse Action notification letter from the Director of the Nursing Program. Pursuant to the College's arrangement with the clinical facility/agency,

students denied placement based on information in their background check/drug screen may request a written decision from the clinical facility/agency and have an opportunity to respond in accordance with the clinical facility/agency's internal review process. Students appealing a clinical facility/agency decision are required to complete the Student Appeal form.

Under Section 612 of the Fair Credit Reporting Act and California law, students also have the right to obtain a free copy of the report if they submit a written request to the clinical facility/agency no later than 60 days after receiving the Adverse Action notification letter. Under Section 611 of that Act, and under California law, students also have the right to dispute with the vendor (consumer reporting agency) the accuracy or completeness of any information in the report.

Students denied placement at a clinical facility/agency may also seek placement at an alternative clinical facility/agency, if any are available for the specific clinical course(s). Students seeking placement at an alternative facility/agency are required to complete the Alternative Placement form. The Director of the Nursing Program may inform the substitute clinical facility/agency generally of the prior denial of clinical placement and the student will be responsible for conveying specific information to the alternate clinical facility/agency for consideration and approval of placement by that facility/agency. In attempting to find alternate placement, the Director will inform the alternate agency of the reason for the substitution. Students unable to obtain placement at a substitute clinical facility/agency will not be able to complete required clinical courses and may be dropped from the Nursing Program.

ADDITIONAL REQUIRED BACKGROUND CLEARANCES

The following two clearances are required each semester within 90 days prior to clinical placement. These clearances are in addition to the background check you did upon admission to the Health Professions program. There is no cost involved to obtain these clearances.

<div align="center">

OIG (Office of Inspector General)

SAM (System for Award Management)

</div>

INFECTION CONTROL GUIDELINES

Students must complete the following by the date set in orientation before entering program.

- Mumps positive titer
- Rubella positive titer
- Rubeola positive titer
- Varicella positive titer
- Hepatitis B vaccine begun (series of three); and positive titer submitted when series finished
- TDAP (tetanus/diphtheria and pertussis vaccine) within 10 years
- The following are required before entering program and annually:

- o Physical exam
- o TB clearance
- o Flu vaccine or waiver

All documentation (in progress and complete) must be submitted to the MSHP Office by the deadlines given. Vaccinations can be obtained from the Student Health and Wellness Center at College of the Canyons. If clinical facilities/agencies have additional health and/or infectious control requirements, students who are assigned to those clinical facilities will be required to meet them

Meeting Deadlines:
These requirements must be maintained throughout the nursing program. Each clinical facility/agency mandates that students complete and maintain the above infection control standards. It is the student's responsibility to meet all requirements. Regulations are such that students are not allowed into the clinical area without the required documentation. **Therefore, if these requirements are not completed with documentation submitted to the MSHP Office by the deadlines established each semester, the student may be dropped from the program and his/her seat given to an alternate.**

Any requests for legally permissible exemption to any immunization requirements must be submitted by the student directly to the clinical facility/agency and must comply with clinical facility/agency rules, regulations, and procedures. The decision to grant or deny the requested exemption lies solely with the clinical facility/agency. If a student is granted an exemption by the clinical facility/agency, the student shall provide written notification of the particular approved exemption to the MSHP Office. If the clinical facility/agency denies the student's requested exemption, then the student shall expeditiously work with the Mathematics, Sciences, and Health Professions Office to determine if another clinical facility/agency is available that will accept the student. If an alternative clinical facility/agency is not available that will accept the student, then the student will not be able to complete the clinical portion of the Program. Students seeking an exemption from immunization requirements shall hold harmless the Santa Clarita Community College District and the College of the Canyons from any claims of injury or damage sustained by the student arising from the student's failure to obtain the immunizations for which an exemption was requested and granted or for the failure of a clinical facility/agency to grant a requested exemption.

See the absence policy for the procedure to follow for illness. Dismissal from the clinical area due to illness is at the instructor's discretion. Excessive absences, even if excused, may result in dismissal from the program. Documentation from a physician may be required to return to the clinical facility/agency.

HEALTH REQUIREMENTS

Students must be free from any condition (e.g., communicable diseases, infections, injuries, or any physical or psychological disorder) that would prevent the safe and successful performance of responsibilities and tasks. These are delineated in the Functional Ability Requirements in this Handbook. Any condition described above which a student develops after admission to the program may be considered sufficient cause for dismissal or suspension from the program.

The Director of the Nursing Program, in collaboration with the nursing faculty, reserves the right to request that a nursing student be examined by a health care provider if there is evidence that the student is not able to perform as described above. The provider completing the examination must be acceptable to the Director and faculty.

CLINICAL SITE REQUIREMENTS

Some clinical sites require the submission of student social security numbers. Students will not be able to complete clinical experiences at these sites unless social security numbers are provided.

ACCOMMODATIONS

It is the responsibility of each 2nd, 3rd, and 4th semester student to alert each lead course instructor **at least four weeks before the end of the prior semester**, if accommodations are necessary related to religious observances, military commitments, or court-mandated issues affecting the ability to attend lecture and/or clinical on certain days of the week or weekend. Incoming 1st semester students are to notify the MSHP office staff and the nursing program director at orientation. Failure to disclose the request for accommodation within the specified time-frame may result in an inability to facilitate the request. In addition, if new circumstances not previously disclosed arise, it is the student's responsibility to alert the lead faculty as soon as possible. The nursing program will make every effort to facilitate the accommodation(s). Depending on circumstances, equivalent, alternate assignments may be made by faculty.

BSN BRIDGE/CO-ENROLLMENT

Each student will be required to complete a periodic survey regarding bridge/co-enrollment in BSN programs. Bridge/co-enrolled students may be asked to provide evidence of BSN program enrollment.

PROFESSIONAL CODE OF CONDUCT

Upon accepting admission to this program, you are embarking on a noble career deserving of individuals who carry themselves with the utmost professionalism. Working effectively as a member of a team is a key to success in nursing. As a nursing student your first role as a team member begins in the classroom. You represent The College of the Canyons nursing program on campus and in the community. When you begin your clinical rotation you are a member of a clinical team which includes your clinical instructor. When you graduate and work as a registered nurse you will be a member of a team of coworkers.

The nature of nursing requires intelligence, honesty, integrity, and a mature approach to responsibility. As a nursing student soon to be a nurse, remember that all patient information is privileged and must remain confidential. At no time should patient information be discussed or disseminated to family, friends, or colleagues. (see policy on protected health information and HIPAA violation on page 68 and Appendix G).

American Nurses Association Code of Ethics for Nurses

Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Provision 4: The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient 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.

Source: American Nurses Association. (2015). Code of ethics with interpretative statements. Silver Spring, MD: Author.
Retrieved from Nursing World Website

CHAIN OF COMMAND

Being a member of a profession also dictates that one follow the appropriate chain of command in order to resolve conflicts. For example, if a student believes that s/he has a conflict or issue with the clinical professor, the professional chain of command would have the student first discuss the issue with the professor. If there is no resolution, the next step would be to discuss the issue with the lead lecture professor. If necessary, the student would then request a meeting with the appropriate assistant director. If further discussions are deemed necessary, the nursing program director, followed by the Dean of MSHP would be involved . See the nursing program organization chart for further details. (Appendix H)

EQUIPMENT/SUPPLIES

Absolutely no hospital/clinical/healthcare agency equipment or supplies are to be removed from the facility. This violates infection control and healthcare dollar stewardship. It is expected that students will check their pockets and folders, etc., prior to departing the facility to ensure compliance. Similarly, no hospital or patient care supplies, other than that routinely allowed such as the student's own stethoscope and penlight, may be brought from home or from another agency to the student's clinical/healthcare rotation site.

GRADING POLICY

The theory instructor will explain the requirements and grading method at the beginning of every course. The following percentage groupings determine the letter grades used in nursing courses.

> A = 90 - 100%
> B = 80 - < 90%
> C = 75 - < 80%
> F = < 75% and below.

There will be no rounding when calculating grades. Calculations will not be extended past the tenths place.

All classes must be passed with a C or better. This applies to nursing classes as well as all classes required for graduation.

PASSING NURSING COURSES – PROCESS

Both lecture and lab/clinical components of a course must be passed at the 75% level in order to pass a nursing course. Failure to achieve the 75% level in either lecture or lab will result in failing the course.

Individual assignment and individual exam scores will be calculated to the tenths place and not rounded up. Total assignment and total exam scores will be calculated to the tenths place and not rounded up. Final course grades will not be rounded up.

In order to pass a course:
1. A combined average score of 75.0% must be earned on exams.
2. A final course grade of 75.0% must be earned.

74.9% does not meet either of these requirements, and will result in failure of the course.

Lecture grading:
- All students must pass the exam portion of lecture with a cumulative score of 75% or above in order to pass the course. If the student fails to achieve the required 75% in exams, the student will fail the course. No other scores will be calculated into the grade.
- Students who achieve the passing level for exams will then have other graded assignments added to their grade for a cumulative final grade. Students must still pass at the 75% level. Therefore, if the grades for other assignments lowers a grade to below 75% over all, the student will fail the course.

Clinical grading:
- Both the written assignments and the clinical evaluation must be passed in order to pass the clinical portion of each class. The passing level for all written work is 75%.

- Clinical paperwork is considered a test. Each set of clinical paperwork will only be scored once.
- The written grade from clinical is not factored into the course letter grade upon completion of the class.
- The Clinical Evaluation Tool describes expected behaviors and will be used to evaluate clinical performance.
- Failure to attain a 75% in any area of the clinical evaluation tool during the clinical rotation will result in a written notification that performance is less than expected for the semester. Written notification will be in the form of a Professional Development Plan (PDP) and will include a contract for improvement.
- Failure to attain a 75% in any area of the clinical evaluation tool at the end of the course will result in failure of the clinical portion of the course and therefore, failure of the entire course.
- 3 PDP's in one course or 3 PDP's in two consecutive semesters will result in failure and being dropped from the program.
- Failure to meet clinical objectives (as noted in the syllabus) as a result of absences and tardies will result in failure of the clinical portion of the course and, therefore, failure of the entire course.

STATEMENT ON CLINICAL GRADING

Due to the unique nature of each individual student's clinical experience(s), the clinical grade is not numerically factored into the total course grade. Clinical is pass/fail. 75% or greater is required on each element of the clinical evaluation tool to pass the clinical portion of each course.

NURSING CLINICAL SKILLS BOOK

The Nursing Clinical Skills book will be utilized during each clinical rotation to document the observed proficiency of students in the completion of clinical skills and activities. Mandatory skills must be satisfactorily demonstrated in the clinical or skills lab setting in order to pass the clinical portion of each nursing course.

PROFESSIONAL DEVELOPMENT PLAN POLICY/PROCEDURE
At Risk/Reckless Clinical Behavior
Unsafe Clinical Behavior

The following policy defines at risk behavior and describes the process for correcting the behavior. More serious behaviors considered reckless are also described and will result in immediate removal from clinical.   Understand that when one receives a Professional Development Plan, the evaluatee's signature does not imply agreement. It is merely an acknowledgement that the complete report has been read. Evaluatee may submit a written response within 3 days of receipt of the evaluation report. This written statement will be filed with this Professional Development Plan.

RECKLESS BEHAVIOR: **Chose to consciously take a substantial & unjustifiable risk, or was dangerously deficient in knowledge base jeopardizing patient safety.**	AT RISK BEHAVIOR: **Did not recognize risk or mistakenly believed risk to be justified.**
1. Endangering the welfare of patients or others: • Intentional harm or abuse to patients, staff, faculty, peers, school • Providing patient care while demonstrating physical, mental, or cognitive limitations; including, but not limited to, intoxication. • Abandoning a patient which then jeopardizes the patient's welfare. 2. Unprofessional/illegal behavior: • Deliberately falsifying the patient's chart to cover-up inappropriate care • Illegal acts such as stealing, or profiting from patient information 3. Hospital bans student due to inappropriate behavior.	1. Failing to meet required practice standards as defined by the clinical evaluation tool.
PROCESS	**PROCESS**
1. Removal from clinical immediately. 2. There will be an investigation of the clinical issues by a departmental panel consisting of both administrator(s) and faculty. 3. The student and instructor will have the opportunity to present their interpretation of the events leading up to the instructor's recommendation that	1. Remove from clinical after <u>3</u> documented incidents in any given semester or 3 documented incidents in two consecutive semesters. 2. Student fails the current course. 3. If the student is eligible to return to the program, he/she will be given a

the student be removed from clinical to the departmental panel.
4. If the panel deems that the student engaged in reckless behavior, the student will immediately fail the current course and may not return to the program.
5. The decision by the panel does not replace the college grievance procedure.
	remediation plan to complete before returning.
	4. Remediation plan will consist of:
	   • Transition class with semester appropriate goals and outcomes reflecting competencies needed for successful re-entry.
	   • Academic remediation if warranted.

DISPOSITION	**DISPOSITION**
Not permitted to return to program	1. Student permitted to return to program after completion of remediation plan. 2. Progress report completed as listed in the remediation plan for re-entry into the program. 3. If progress report is unsatisfactory, the instructor(s) and Assistant Director will consult to determine if further corrective measures are warranted.

DISCIPLINARY MEASURES

It is expected that all COC nursing students exhibit the highest standards of ethical and professional behavior in their clinical and scholastic endeavors. Nurses provide care and advocacy for vulnerable populations and must conduct themselves with integrity at all times. Behaviors which would be cause for faculty review and referral to the Vice President of Student Services with possible failure, suspension, or dismissal include but are not limited to the following:

1. Irresponsible or careless attitude
2. Untrustworthy or improper behavior
3. Breaching patient confidentiality
4. Physical or mental illness deemed sufficient to interfere with meeting objectives and progressing in the nursing program.
5. Dishonesty in classroom and/or clinical areas
6. Falsification of records
7. Behavioral evidence or actual impairment of substance abuse
8. Unsafe clinical practice that jeopardizes patient health or safety

ATTENDANCE POLICY

Regular attendance in class and clinical is necessary to meet course learning objectives. Since it is faculty responsibility to ensure that course learning objectives are met, faculty believe that absences should only occur in the event of personal illness or an emergency situation. However in the event of absence, the following college attendance policy will be followed:

BP 4233 *"Any student with excused or absences amounting to more than 10% of the class meetings may be dropped or withdrawn from the class. An instructor may drop a student up until 20% of the course (2nd week of a full semester length course) or withdraw a student from a course up until 75% of the course time (12th week for a full semester length course) due to excessive absences."* (Excessive absence is defined by more than 10% of the class meetings.) **See individual course syllabi for attendance information specific to each course.**

Example:
If a class meets three days a week (theory and clinical), the student could be dropped after missing two days.
If a class meets two days a week (theory and clinical), the student could be dropped after missing three days.

Information about Clinical Absences

Because of the progressive nature of the nursing courses absence from clinical disrupts learning. This disruption may impact the ability to pass the course which will result in being dropped from the program. Passing the clinical component of the course is based on weekly assessment of clinical competence and the meeting of weekly objectives which is evaluated using the clinical evaluation tool and written work. Due to the weighted nature of the weekly clinical experiences and associated learning objectives, unnecessary absences are to be avoided. Refer to the syllabus for specifics.

If a clinical absence is necessary, it is the student's responsibility to notify the clinical instructor prior to the start of clinical. If a student is absent and does not notify the instructor prior to the start of the clinical shift, the student will receive a Professional Development Plan.

In the event of an extraordinary circumstance students are advised to contact their instructor and program director as soon as possible.

Additionally:
1. If a student is absent for hospital/course orientation, he/she will be dropped from the course.
2. Missing the first day of a class is defined by the college as a "no show" and will result in being dropped from the course. The "no show" policy applies to classroom, skills lab, or clinical site.
3. A tardy includes being late to, or leaving early from clinical or pre/post-conference or skills lab. Three (3) tardies equal one (1) absence. If the student is over an hour late,

it will be considered a late arrival which is the same as an absence. Similarly, leaving an hour or more before the end of clinical/skills lab will be considered an absence, as the student will not be in a position to fully meet the day's objectives.

PROGRAM CONTINUATION

Students must receive a grade of "C" in every nursing science course, as well as each course required by the BRN for graduation as a registered nurse, to continue in the program. Failure to do so will result in course failure and dismissal from the program.

Medical Deferral Policy:

Any medical deferral requested by an incoming or existing nursing student will be handled on an individual basis by the nursing program director. A medical deferral will not count as an attempt to complete the nursing program.

FAILURE/WITHDRAWAL FROM COURSE

When a student fails a course it is his/her responsibility to drop any other courses for which they may already be registered. It is also the responsibility of the student to drop the course and any other concurrent and subsequent nursing courses before the drop/withdraw deadline. Failure to do so will result in an "F" for the course. In addition, the COC student nurse ID badge must be submitted to the Nursing Department.

For example if a student fails Nursing 112, s/he will already have registered for the following course, Nursing 114, as well as Nursing 080. Since Nursing 112 is a pre-requisite to Nursing 114, the student would not be able to continue into that class. The student would be responsible for dropping Nursing 114 (and Nursing 080). Refer to the COC catalog for drop and withdrawal procedures.

Re-entry into the registered nurse program after failing a course or withdrawing from a course is subject to specific policies. If a student withdraws from or fails a course, s/he will be allowed to re-enter the program on a space available basis after completion of their individualized remediation plan. Any course substitution requests must be submitted via email within 60 days of the date of issuance of this remediation plan. Late course substitution requests may be considered where appropriate, per the judgement of the Assistant Director.

GRIEVANCE POLICY

A student having a grievance with a faculty member will be initially required to consult with that faculty member to resolve the issue. If resolution is unsuccessful, arrangements should be made to meet with the Assistant Director or the Director of the Nursing Program.

If further guidance is needed, see the "Student Grievance Policy" in the College of the Canyons catalog under "Regulations and Policies."

CHALLENGE POLICY
(Credit by Examination)

Requirements:

1. Must be admitted to the nursing program
2. Currently enrolled in a minimum of 6 semester units and in good academic standing
3. Student must provide Admissions and Records with the following documents:
   - Transcript of prior formal education and/or certificate for work or verification of work
   - Documentation of theory and clinical hours by transcript.

For further information see the College of the Canyons "Credit by Examination" policy and procedure in the COC catalog.

VETERAN ADMISSION POLICY

**(College of the Canyons Nursing Program
Advanced Placement Policy for Veterans Honorably Discharged)**

POLICY:

Individuals who have held Military Health Care Occupations, specifically: Basic Medical Technician Corpsman (Navy HM or Air Force BMTCP), Army Health Care Specialist (68W Army Medic) or Air Force Independent Duty Medical Technician (IMDT 4N0X1C) may achieve advanced placement into N114 of the nursing program. Documentation of education and experience qualifying for the specific Military Health Care Occupation is required.

1. Applicants must meet all general entrance requirements of the Associate Degree Nursing Program, including completion of designated prerequisites and the Test of Essential Academic Skills (TEAS) and must be granted a seat in the program.

2. Challenge includes a medication calculation exam (minimum passing score 100%), didactic exam (minimum passing score 75%), and psychomotor skill assessment (minimum passing "proficient"). Please see the challenge procedure details accompanying this policy.

3. Applicants applying for advanced placement must submit the following materials verifying education and experience:
   a. Official transcripts from appropriate educational program(s) demonstrating satisfactory completion of coursework and clinical experience
   b. Documentation of experience including dates of experience. Experience provided in the form of a resume or Curriculum Vitae.

4. Advanced Placement will be granted if the applicant meets minimum requirements equivalent to those required of students enrolled in the N112.

5. Veterans who have previously failed another RN program will only be allowed one chance for advanced placement by challenge (See #6; policy for unsuccessful challenge). After one failure in COC's RN program, the veteran will not be allowed to return.

If the challenge is unsuccessful, since a seat in the program has already been granted, the veteran will be required to begin the program with N112.

PROCEDURE:

If a veteran is interested and would like to be considered for advanced placement, the following procedures will be followed:

1. Provide documentation of education and experience for the qualifying Military Health Care Occupation. Documentation must be submitted to the Mathematics, Sciences, and Health Professions office at least one week before the start of challenge testing.
2. N112 course syllabus, content outline, bibliography, textbook lists and exam format description will be made available.
3. In addition, study guides for the medication calculation exam and the challenge exam and will be available.
4. Following review of the required documents, the veteran will be notified to proceed with the process for challenging N112.
5. The challenge process must be completed in the following order:

Step 1

- Successfully pass a medication calculation exam (N112 content). Exam time limit is 30 minutes. The minimum passing score is 100%. The student will have three attempts to pass. Upon successful completion of this exam, the veteran may advance to step 2.

Step 2

- Successfully pass a written challenge exam (N112 Fundamentals and Pharmacology content). The minimum passing score is 75%. Upon successful completion of this exam, the veteran may advance to step 3.

Step 3

- Successful completion of psychomotor skills assessment (vital signs, physical assessment, catheterization of female, sterile dressing change, medication administration to include oral, subcutaneous, intramuscular injections). Evaluation is based on practicum standard used for all N112 practicum. The student must be at the "proficient" level. The instructor's evaluation is final. References to all procedures will be provided following successful passing of the challenge exam and medication calculation exam.

Additional Information:

1. The written exam and medication calculation exams will be available in the Mathematics, Sciences, and Health Professions office and will be administered in the TLC. Arrangements are the responsibility of the veteran.

2. Upon successful completion of the exams, the veteran will be contacted, and a mutually acceptable date will be determined by the student and one of the Foundations instructors for psychomotor skill testing. Testing is expected to last two hours. Location will be determined by the instructor. The veteran may come to lab one hour early to become familiar with the equipment.

3. The entire advanced placement process must be completed no later than one week before the end of the semester in which admission occurred.

4. Veterans who have previously failed another RN program will only be allowed one chance for advanced placement by challenge. After one failure in COC's RN program, the veteran will not be allowed to return.

READMISSION POLICY

A student may re-enter the COC Nursing Program only one time after failing, dropping a nursing course, or withdrawing from the program. If the student wishes to be placed on the waitlist for re-entry, they must notify the Mathematics, Sciences, and Health Professions Office in writing stating that they would like to return at the first available seat. After two failures or withdrawals, a student may not return to the program.

Students who re-enter the program will be subject to all current nursing program policies as defined by the Nursing Student Handbook, catalog, and published materials and must fulfill all entrance requirements including a repeated background check and 10 panel drug screen. In addition, completion of the individualized remediation plan is required. Failure to complete the remediation plan by the specified deadline will disqualify a student from re-entering the program. Re-entry students will be admitted on a space available basis only.

Any PDP's from prior semesters do not count in the PDP totals for returning students. Upon return to the program, the policy for PIP's is the same as for all students in the program; 3 PDP's in one course or 3 PDP's in two consecutive semesters will result in failure from the program.

Two year policy:
Students who re-enter more than two years after leaving the program must take Nursing 109 – Nursing Transition – before re-entering. This applies to both generic RN students as well as LVN-RN students. If a LVN-RN student takes Nursing 109 but is not able to enter the program within two years, that student will have to repeat Nursing 109.

Transfer student policy:
Students who have previously failed in another RN program will only be allowed one entry into the COC RN Program. They will not be allowed to re-enter if they fail, drop, or withdraw from the program.

Program Progression

This statement provides an explanation of the student's progression through the program for the generic RN, the LVN to RN, transfer, nurse with an international degree, or 30 unit option. The process for returning to the program after failure, withdrawal, or when the student drops out of the program is described.

Generic RN Program Progression

Complete Progression:
- Student begins in first semester and continues through the program until graduation in fourth semester and completes the program in 4 consecutive semesters to graduate.

Failure in Any Course:
- Students failing/withdrawing from a course must complete an individualized remediation plan by the established deadline. Upon completion of that plan, students must supply the Mathematics, Sciences, and Health Professions Office evidence of completion, including official transcripts, and/or documentation of any lab/clinical remediation. Students will be placed on the waiting list for the appropriate course once all remediation documentation has been received. Students will be re-admitted into the program on a space available basis.

- *Students often ask*:

    o If I finish by the end of one semester, will I be able to return in the next semester? Answer: No, that is generally not possible.

    If I complete my remediation plan after the stated deadline, can I still return to the program? Answer: No. Students who fail to complete remediation plans by the deadline will not be eligible to return to the program.

LVN to RN Advanced Placement student progression

Complete Progression
- Students begin the transition course as an LVN to RN student. Upon completion of the course, they are either placed into an available spot in Psychiatric Nursing after those on the wait list or are placed on the wait list for Psychiatric Nursing behind others already on the list. The students are placed on the list based on their application date.

- Once they complete the transition course, they are admitted to the Nursing Program and then complete Psychiatric Nursing, Intermediate Medical Surgical Nursing, and Advanced Medical Surgical Nursing in order to graduate.

Transition Course Failure
- Student fails, drops, or withdraws from the transition course. Student completes remediation and provides his or her official transcripts and if required evidence of completion of the lab/clinical remediation to the office by the established deadline. Readmission to the transition course is on a space available basis.

Failure in Another Course
- LVN to RN Advanced Placement students failing, dropping, or withdrawing from any other course will follow the same procedure as a generic student failing a course.

Transfer Student Progression
    Complete Progression
- Students begin the Transition course as a transfer student. Students are placed on the wait list for the specific semester/course they are transferring into after other students already on the waitlist for the course. Students then begin the program in the specific course and continue through the rest of the nursing program to graduation.
    Transfer student failure or drop from a Course
- Transfer students who have previously failed another RN program will only be allowed one entry into the COC RN program. After one failure in COC's RN program the student will not be allowed to return.

30 Unit option students progression
    Complete Progression
- Students completing the 30 unit option will complete the transition course and will be placed on the list to enter Psychiatric Nursing after the LVN to RN students, transfer students, and students repeating the transition course along with International students as a group by their application dates.
    30 Unit Option Failure or Drop From a Course
- When the student fails, drops, or withdraws from the transition course or specific course, the student follows the same procedure as LVN to RN students.

Nurse with an International Nursing degree progression
    Complete Progression
- Students with international RN licenses required by the BRN to take specific courses will complete the Transition course (Nursing 109).
- They are then placed on the list to enter the specific course after the LVN to RN students, transfer students, and students repeating the transition course along with 30 unit option students as a group by their application dates.
    International RN failure or Drop from a Course
- When the student fails, drops, or withdraws from the transition course or specific course, the student follows the same procedure as LVN to RN students.

First Semester Sit-in Alternates

One to two students from the alternate list will be invited to attend the first week of Nursing 112 classes per administrative discretion. If one or two seats become available anytime during that week, one or two students (depending on the number of openings) will be offered placement within that cohort. The number of students invited will be decided by the program director with input from the lead instructor(s).   In order to differentiate these students from the other alternates on the list, they will be labeled "Sit-in Alternates". For these students, the following process will be followed:

- The week prior to beginning of the semester the first 1-2 students on the alternate list will be invited to attend the first week of all nursing classes. To distinguish them from the other alternates they will be labeled as a "sit-in alternate". The actual number will be jointly decided by the program director and first semester lead instructors.

- If the number of openings is greater than the number of actual "sit-in alternates", the alternate list will be used to identify the order in which students are chosen for open seats.

- The student must meet the attendance policy for all first semester courses.

- The following policy will be observed if a seat does not become available. In the event the sit-in alternates do not meet the attendance policy as described, the following policy will not apply.

Follow-up

- If the student meets the attendance policy for the entire week and no seat becomes available s/he will offered a seat the following semester.

    o If the student accepts, s/he will have a guaranteed seat and need not reapply.

    o The student is still required to attend new student orientation and will be required to meet that semester's deadlines for required documents.

INCOMPLETE GRADE POLICY

Incomplete grades may be assigned when course requirements are not met due to unforeseen circumstances. This grade will be given in accordance with the College of the Canyons grading policy as found the College catalog. Students must meet with faculty to discuss the reasons for the incomplete, whether or not an incomplete is appropriate to the circumstances, and ways in which the situation can be resolved.

An incomplete grade does not indicate that the student has satisfactorily completed the course objectives. Therefore, the student is judged unprepared to advance in the nursing program.

An incomplete grade in a nursing class must be replaced with a grade of "C" or better in order to be eligible to advance in the sequence of nursing classes. Replacement of the incomplete with a "C" or better must take place before the start of the next class in the program sequence. If an incomplete grade in a nursing course is not removed by the timeline indicated, the student will be dismissed from the program.

CLINICAL ASSIGNMENTS

Students must be able to attend any clinical facility/agency utilized by College of the Canyons during any time period (day, evening, or weekend). Students should understand that hospitals and other affiliated agencies determine the times and dates of clinical rotations. The instructors assign students to the clinical groups. Placements are made to provide the best learning environment for all students. Students must be able to provide transportation to any clinical facility/agency. Transfer and returning students will take whatever space is available for their class assignment. **Students must be aware that clinical assignments may change at any time due to clinical facility requirements.**

MEDICATION ADMINISTRATION COMPETENCY ASSESSMENT POLICY AND PROCEDURE

Clinical sites require assurance that students have passed the medication administration competency before they are eligible to pass medications at the clinical site. To maintain competency, this assessment must be completed each semester in the RN program with a score of 90% prior to administering medications in the clinical setting (see specific course syllabi for further information). This dosage calculation assessment covers material previously taught. If need be, students may take this assessment up to a maximum of three times total.

If a student fails the competency assessment, the student will fail the current course. Remediation including coursework will be provided before the student may return to the program. Refer to the readmission policy in the student handbook for reentry procedures.

Procedure:
- The first assessment (except as noted below) will be taken during the first week of the course during the established first day of lecture, orientation, skills lab, or clinical orientation.
- The second and third assessments if necessary will be taken in the TLC.
- However, if after three attempts the student is unable to pass the assessment, the student will fail the course.
- Students must review the exam prior to taking the next exam.
- Assessments may be taken more than once in a week.
- Medication administration competency assessment must be passed before the first day of clinical in the second week.
- One medication administration competency assessment will be taken per semester.

Exceptions and deviations from this procedure:
- In third semester, Nursing 236 has a separate pediatric medication administration competency that is part of the course in addition to the one in Nursing 234.
- The medication administration competency will be given during each of these beginning courses.
  RN Program:
  First Semester:
  Nursing 112
  LVN to RN Advanced Placement Program:
  First Summer:
  Nursing 109

COC NURSING PROGRAM ACADEMIC INTEGRITY PLEDGE

The Nursing Program Academic Integrity Pledge (Appendix H) applies to every nursing program assessment (i.e. quiz, exam, paper) for the entire length of the nursing program. Violation of this code is grounds for disciplinary action as described in the Nursing Student Handbook and the College of the Canyons Catalog.

EXAMINATION ISSUES

Exams: Students will be allowed to make up missed examinations if they notify the instructor of their absence ***before*** the start of the examination. Failure to do so will result in a zero on that exam. Students will have 48 hours to make up the examination. It is up to the instructor to decide on format of the makeup examination.
Quizzes: Quizzes in lecture and clinical may be made up only at the discretion of the instructor.
Reviewing examinations is up to the discretion of each course lecture instructor. Faculty may choose to review the exams in class or individually in their offices. Students need to check with each individual instructor.
No books, pencils, pens, or cell phones are allowed while reviewing an exam. The intent of a review is to understand how to improve on the next exam and also to gain an understanding about questions answered incorrectly. Exams will not be available for review until all students have taken the exam.

COMPUTERIZED TESTING POLICY

The College of the Canyons Nursing Department utilizes computerized testing to simulate the NCLEX test-taking experience and to support exam analytics. Computerized testing may include visual and auditory monitoring of student activities during examinations to ensure that all College of the Canyons test-taking policies are adhered to throughout the test-taking activity. Signing of the COLLEGE OF THE CANYONS NURSING STUDENT HANDBOOK ACKNOWLEDGMENT AND CONSENT form represents student agreement to participate in this testing process. Family Educational Rights and Privacy Act (FERPA) regulations are followed in the viewing of exam activities.

ACADEMIC DISHONESTY (CHEATING)

It is expected that College of the Canyons nursing students will exhibit the highest standards of ethical behavior in their clinical and scholastic endeavors. Nurses provide care and advocacy for vulnerable populations and must conduct themselves with integrity.

In the event that any student in the nursing program is found guilty of cheating, he/she will be subject to disciplinary action as stated in the College of the Canyons catalog. In addition to cheating on tests, it is considered cheating to submit another student's graded work as your own. This too, is subject to disciplinary action.

Plagiarism is grounds for disciplinary action as noted in the college catalog and schedule of classes. It is the student's responsibility to understand how to properly cite references and the correct use of quotation marks. It is inappropriate to submit a paper with all quotations. Students must demonstrate understanding of material by being able to write papers in their own words keeping quotations to a minimum.

College of the Canyons Nursing Department Simulation Policy Confidentiality Acknowledgment and Consent

Simulation of real life patient care experiences in a safe environment assists students with developing critical thinking and decision-making skills by providing active learning opportunities. Scenarios are created providing experiences appropriate to the student's learning level. Students participate in the scenarios in various roles as well as in debriefing where they reflect on their learning and receive feedback on individual and team performance. Simulation experiences can be used the classroom, lab class, skills lab and as part of a clinical day. All students are required to sign a confidentiality agreement prior to the first simulation experience.

COC Philosophy of Simulation

The COC simulation philosophy is grounded in experiential learning in which students take simulated experiences and apply to clinical situations. Simulation will provide a safe and realistic learning environment where participants will have the opportunity to improve skills, utilize critical thinking skills and provide safe, evidenced based patient centered care. Trained faculty will provide students with feedback through debriefing of their performance and will empower students to self-analyze their performance during the guided reflection. All simulation based experiences will adhere to the standards of best practices of simulation and proceed from simple to complex to maximize student learning.

College of the Canyons Nursing Department
Simulation Confidentiality Acknowledgment and Consent

By signing the Student Handbook Acknowledgement form (Appendix A) I agree to keep confidential all content of the scenarios in which I participate. I agree **not** to discuss any aspect of the simulation program, situation, or event with **anyone** else other than the actual group participants. I acknowledge that sharing information with others outside the participant group is a breach of confidentiality. This is to protect the integrity of the scenarios so future participants don't learn about them in advance and to keep the participating students own performance confidential. I understand each simulation program using high fidelity simulators may be videotaped for educational purposes. This agreement is for any simulation in which I am involved during the entire nursing program. Failure to adhere to the confidentiality policy will result in an advisory or professional development plan. Not fulfilling the requirements of the advisory and/or subsequent breaches in confidentiality will result in a Professional Development Plan.

Code of Conduct

Professionalism must be displayed at all times. Students will follow the College of the Canyons code of conduct.

Students are to wear their uniform for simulation and adhere to the clinical dress code. They are to bring a stethoscope, penlight, watch and any applicable equipment specified on the course specific simulation paperwork.

Simulation sign-ups are made available on the Skills Lab Canvas site and it is the student's responsibility to register for simulations in a timely manner.

All learners are expected to come to simulation experience prepared. In order to assure that students are prepared, the facilitator will review the student's papers prior to beginning the simulation. If a student does not have the preparation paperwork completed they will not participate in simulation and it will count as an absence. In addition simulation hours are clinical hours therefore not attending simulation will lead to a clinical absence.

General Rules

Due to the expense of the complex equipment, no eating or drinking, with the exception of water, is allowed in the simulation labs.

Use equipment only for the purpose specified. If you have not been oriented on how to use the equipment, ask the lab staff for a demonstration.

Treat manikins with the same respect as real patients.   Introduce yourself, explain what you are going to do, and provide privacy. Please cover manikins, make beds, return equipment to its place, when finished.

Permission must be obtained from simulation coordinator in order to take and/or photographs.

Absolutely no ink pens, felt-tipped markers, or iodine/betadine near the patients. These **permanently** stain task trainers and manikin skins. If you have lotion on your hands, please wash this off before touching the manikins.

All personal electronics need to be turned off during simulation.

Latex Allergy: Every effort will be taken to order latex free items when they are available. If a student has a latex allergy, they are to notify the skills/sim lab staff. Users who suffer from latex allergies should take precautions while using or handling the latex supplies by wearing non-latex gloves

STANDARDS OF STUDENT CLINICAL APPEARANCE

Professional Attire Guidelines

Student appearance is a reflection of the individual as well as the Nursing Program and the College of the Canyons. A professional, neat, and well-groomed appearance must be maintained at all times. Uniforms with the COC patch and photo ID must be worn during clinical unless instructed otherwise (for example, not in the Behavioral Health Unit [BHU] at Henry Mayo). This may be subject to change. Clinical uniforms must be purchased through Cherokee Uniforms. Information about ordering, sizing, etc., is available on the COC Nursing Department website.

Uniforms must be kept clean and neat. Due to infection control concerns, uniforms are never to be worn on campus or in other public places (such as restaurants and grocery stores) **after** clinical. On occasion, students will be required to wear **laundered** uniforms for specific campus activities. These activities include: **the N112 skills lab course, the N112 skills lab practicum and all scheduled course simulations.**

At no other time are uniforms (including scrubs) to be worn on campus.

While in a clinical facility/agency in the role as a student, adherence to the dress code is required and includes wearing the COC photo ID. If the uniform top has a zipper, it must be zipped up all the way. If the students are in the clinical setting in order to prepare for the next day's clinical by reviewing charts, or doing research for required clinical paperwork, the designated uniform must be worn. If permitted by the facility, an above-the-knee length white lab coat may be worn over professional street clothes. It is inappropriate to wear jeans, shorts, sandals, exercise gear, or overly tight and revealing clothing when in the hospital even if a lab coat is worn.

Long sleeves either in the form of a shirt or lab coat may be worn with the uniform. Shirts may be turtle-neck or crew neckline but must be white and in good condition, similarly, any undergarments must also be white or tan, so as not to be visible under the uniform. Shirts may not be made of thermal material, contain any logos, and may not be discolored. Faculty will ask for the shirt or lab coat to be removed for any of the above conditions or if the garment interferes with a professional appearance.

Shoes: Shoes worn in clinical must be all white, sturdy and safe. Shoes and laces must be kept clean. Open toed/open backed shoes are not allowed in clinical facilities.

COC Photo ID: Obtained at the COC Student Center. ID is worn on the front of the uniform above the waist. The title on the ID must be listed as "Student RN."

COC Patch: The COC patch is worn on the **left** shoulder of the uniform and lab coat.

Hair: Shoulder length or longer must be pulled back and off the collar. Hair accessories are not permitted, other than simple unadorned clips to confine the hair if necessary. Hair must be of a color that would occur naturally, i.e., no blue, orange, pink, purple or other color that would not occur naturally is allowed.

Nails: Nails must be kept short to prevent injury to the patient. Artificial nails are not allowed. No nail polish or gels may be worn. Violation of this policy will result in removal from the clinical area.

Make-Up: Make-up should be carefully applied so that it enhances the wearer. Extremes should be avoided.

Facial Hair: Men's facial hair must be short and neatly trimmed to allow for proper fit of isolation masks.

Chest Hair: If chest hair is visible, student must wear white, short sleeve, crew neck shirt under the uniform to cover the chest hair.

Tattoos: All tattoos must be covered.

Jewelry: No jewelry other than wedding rings and a watch with a second hand should be worn while in uniform. One ear accessory per ear (a stud-type earring) that does not hang below the ear lobe may be worn. No tongue accessories or piercings are acceptable. No other body piercing accessories are allowed.

Gum: Gum is not allowed while in uniform.

Grooming: While at the clinical or agency site, any grooming or application of cosmetics and/or personal care products must be done in the restroom or lounge and not in any patient care areas nor in the nurses' station

Smoking and Vaping: Those who wish to smoke/vape may do so only in designated areas. Be aware that smoking or vaping immediately before patient care may be hazardous to the patient. The student may be asked to change his/her uniform if smoke/odors can be detected on the uniform.

Perfume/Aftershave/Deodorant: Perfume and aftershave should not be used when caring for patients. These odors may be nauseating for an ill person or cause allergic reactions. Please use a reliable deodorant. The synthetic fabric of some uniforms picks up body odor which may be difficult to eliminate. Good oral hygiene is also necessary.

Belongings: Bring the following to clinical (may vary based on clinical setting/specialty area): black pen (not gel ink nor marker), bandage scissors, stethoscope, penlight, small pocket notebook, and a watch with a second hand. Clinical instructors will recommend items to bring to clinical. Please do not bring backpacks, purses, briefcases, etc. Hospitals do not provide lockers for students and these items cannot be placed on the nursing units.

PREPARATION FOR CLINICAL

Students are expected to provide safe patient care at all times. The following policy describes the procedure to be used in the event a student is deemed unprepared to provide safe care.

Following the time permitted for preparation (described in the clinical syllabus), if an instructor deems that a student lacks the sufficient knowledge necessary for safe patient care, the student will be given one additional hour for preparation. This extra preparation time will be recorded as a tardy episode.

If after one hour, the instructor feels that the knowledge level is still insufficient to allow the student to safely provide patient care, the episode will be documented as an absence instead of a tardy.

Preparation will continue until the instructor feels the student is able to provide safe patient care. In the event the student is not able to meet the minimum required performance expectation, the student will be issued a Professional Development Plan as outlined in the nursing student handbook.

STUDENT IMPAIRMENT BY ALCOHOL, DRUGS, AND/OR EMOTIONAL ILLNESS

Substance abuse or emotional/mental illness among nursing students is a major issue as it can place vulnerable patients at risk, as well as compromise the integrity of the learning environment. Nursing students are at high risk for developing substance abuse behaviors or emotional/mental illness due to the inordinate levels of stress, burn-out, and the high demands of nursing school.

Substance Abuse and Emotional/Mental Illness:

The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices, or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption, or self-administration of the above substances is conclusive evidence thereof. (B&P 2762). Also, the Board of Registered Nursing considers that substance abuse and emotional/mental illness are diseases and should be treated as such. Therefore, the Board has established a diversion program for impaired registered nurses as a voluntary alternative to traditional Board disciplinary actions. (B&P 2770)
It is the responsibility of the student nurse who suffers from any of these conditions to seek voluntary diagnosis and treatment. It is recognized that the nature of these illnesses requires extensive and thorough rehabilitation. The Counseling and Nursing Departments as well as the Student Health Center can provide information regarding treatment centers. If left untreated, this could lead to disciplinary action and may prevent licensure in California.

Procedure:

- Any student demonstrating characteristics of substance abuse, emotional, or mental illness will be directed to a health care provider for diagnosis and treatment.
- If the student is in a patient care setting, the student will be removed from the clinical setting immediately by the instructor and referred to seek appropriate attention with a physician or the COC Student Health Center.
- **If the Behavioral Intervention Team (BIT) is notified, the student is required to comply with BIT follow-up recommendations. The course instructor or nursing program director will communicate with the BIT team regarding ability to return to clinical.**
- The student may be dropped from the program.
- Reentry into the nursing program will be considered on a space available basis only after documentation of aggressive, continuous rehabilitation, or counseling and recommendation from a physician indicating satisfactory health status.
- The BRN requires students to show evidence of rehabilitation when submitting application for licensure.

Additionally, the nursing faculty recognizes that high levels of anxiety can significantly interfere with learning as well as patient care and believes in the importance of addressing this issue immediately. If a student demonstrates high levels of anxiety the following guidelines will be followed:

- The student will be referred to the Student Health Center.
- Following the Student Health Center referral, the student must meet with the course instructor or nursing program director.
- Before returning to the clinical setting, the student must meet with the clinical instructor and/or program director for assessment and discussion about follow-up measures to control anxiety.

NOTE: The Nursing Department is subject to College of the Canyons policy regarding drug and alcohol abuse by students. A student will be dismissed from the program if he/she is deemed unsafe to practice. Students are advised to read the College of the Canyons policies governing student rights and responsibilities in the College Catalog. Every attempt will be made to help a student find appropriate agencies to help in rehabilitation. The Board of Nursing guidelines indicate that the student must participate in such a program. Crisis counseling is available in the Student Health and Wellness Center.

This entire policy will be discussed in new student orientation

Taken from All Nurses Website   VickyRN. (2010). Nursing students and substance abuse. Retrieved Friday, Nov 04, 2011

INTELLECTUAL PROPERTY RIGHTS

Lecture materials obtained from the COC Nursing Program are for the personal use of the enrolled student only and may not be posted online. Permission for audiotape or videotape must be obtained from faculty.

UTILIZATION OF PATIENT INFORMATION

Clinical Preparation: All accessed patient information must be hand written. No patient records may be duplicated or electronically transmitted.

During Clinical Hours: Patient information may be accessed and utilized per hospital policy with clinical instructor guidance. All documents containing patient information must be disposed of appropriately before the student leaves the clinical area.

Patient confidentiality must be protected at all times. Health care providers (including student RNs) are required to comply with state and federal laws concerning he confidentiality of patient information including the Health Insurance Portability and Accountability Act ("HIPAA"). Any evidence of a breach of confidential patient information will result in disciplinary action that may include expulsion from the program and the Santa Clarita Community College district. The following are a few examples of acts that would constitute violation of patient confidentiality requirements:

- Accessing patient information not required for care.
- Posting photographs and/or any patient information on the web or social networking sites.
- Removing any printed, copied, photographed or otherwise duplicated patient medical records from the facility, whether or not specific patient identifiers have been redacted or removed. Clinical written assignments may be completed as required.

SOCIAL MEDIA

The American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN®) have mutually endorsed each organization's guidelines for upholding professional boundaries in a social networking environment. Both professional organizations caution nurses that they shall not disclose, and also need to be aware of the potential consequences of disclosing patient-related information via social media and must be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality. The ANA developed a guide for nurses to ensure that professional standards are maintained in new media environments. These principles will be used to guide policy by the College of the Canyons Nursing Program.

ANA's Principles for Social Networking

8. Nurses must not transmit or place online individually identifiable patient information.
9. Nurses must observe ethically prescribed professional patient — nurse boundaries.
10. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
11. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
12. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
13. Nurses should participate in developing institutional policies governing online conduct.

6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

References:
American Nurses Association. (2011, September). Principles for social networking and the nurse. Silver Spring, MD: Author.
National Council of State Boards of Nursing. (2011, August). White Paper: A nurses guide to the use of social media. Chicago, IL: Author.

http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit/Tip-Card-for-Nurses-Using-Social-Media.pdf Sept. 2011

Patient information includes more than name. Protected information may include; age, gender, race, dates, diagnosis, medical photos. No pictures may be taken in skills labs without the permission of the supervising instructor. No pictures taken in classrooms or skills labs may be posted without appropriate permission.

In addition, it is considered cheating to post, text or discuss any content from graded exams or quizzes.

Policy Violation

All information described under the social media heading constitutes social media policy, and therefore violation will result in:
• Meeting with the nursing program director in order to determine disciplinary actions.
• Documentation of policy violation will be placed in student's department file.

- Consequences or disciplinary actions may result in a Professional Development Plan (PDP) and/or referral to the Dean of Mathematics, Sciences, and Health Professions or the Dean of Student Services.
- Continued eligibility in the program will be determined at that time.
- Reporting of violation and subsequent disciplinary action by clinical facility/agency if appropriate.

BOARD OF REGISTERED NURSING POLICIES

Nurses as well as nursing students are governed by policies established by the state legislature and regulated by the Board of Registered Nursing. The scope of RN practice (Nursing Practice Act) can be viewed at the BRN Website. You may be interested in viewing some specific policies such as:
Scope of Regulation

Student Workers

Pain Assessment

Abuse Reporting Requirements

Acceptance and Implementation of Orders
BRN Report Spring 2001
BRN Report Fall 2003

Policy Statement on Denial of Licensure: Policy Statement on Denial of Licensure Recommended Guidelines

SECTION IV

CLINICAL EVALUATION

Clinical Evaluation

Evaluation of performance is required at the completion of every clinical course. In addition, full semester courses evaluate performance at mid-term. Evaluation is completed using the clinical evaluation tool which lists key program concepts as well as expected clinical behaviors. The progressive behaviors reflect the increase in knowledge and skills which result in the ability to function as a provider of care, manager of care, and member of the nursing profession.

Tool Directions:

The clinical evaluation tool is a list of key program concepts (critical thinking, patient centered care, safety, communication, leadership, and professionalism). Each key concept is further defined in the highlighted sections. Below the definition are numbered behaviors expected in each semester. Each behavior is a critical element that reflects course expectations. **Students are accountable for performing all behaviors from previous semesters in addition to the ones for the current semester.** Failure to meet an expected behavior at the end of the rotation will result in failing the course. <u>Also, a grade of ≥ 75% must be achieved in each key concept in order to successfully pass a course</u>.

A grade summary will be used to record a number grade only for each key concept. The number grade will provide an assessment of a student's knowledge level and ability for that key concept. The grade summary is reviewed and signed by the student and instructor at the end of the rotation. Any student comments may be recorded on this summary. A copy of the summary will be made available to the student and the original will be placed in the student's departmental file.

In addition to the course grade, the clinical evaluation tool provides direction to the student of expected clinical performance. Since every behavior is considered a critical element, inability to meet an expected behavior at any time in clinical course will result in a Professional Development Plan (PDP).

1. **Critical Thinking: This concept examines the students' ab**ility to make decisions using critical thinking skills and to utilize knowledge from the sciences, humanities, and nursing science.

Makes decisions that reflect knowledge of facts and use of critical thinking.			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Uses a logical approach to solve patient problems 1.2 Validates data 1.3 Identifies normal from abnormal 1.4 Recognizes changes in patient condition	2.1 Recognizes relevant facts and reaches correct conclusions 2.2 Explains theoretical concepts of beginning medical/surgical situations 2.3 Gives verbal evidence of applying theoretical concepts to psychiatric situations	3.1 Identifies focused data and recognizes inconsistencies 3.2 Identifies missing information and determines if the information is available 3.3 Uses reason and logic, anticipates issues, is open-minded, and asks clarifying questions 3.4 Integrates concepts from the sciences and humanities into plans for solving problems in complex nursing situations 3.5 Integrates concepts from the sciences and humanities into plans for solving problems in OB/Pediatric nursing situations	4.1 Solves problems to make decisions for patient situations with complex multisystem issues 4.2 Justifies nursing decisions based on knowledge from the sciences, humanities, and evidence nursing science
Recognizes and reports behavioral and physiological changes due to drugs and other therapies, and adjusts care accordingly			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Researches medications/therapies he/she is administering 1.2 Can state actions, precautions, and signs of toxicity 1.3 Checks relevant diagnostic tests for results	2.1 Explains medications/therapies he/she is administering and can describe the beneficial effects to the patient as well as the risks involved 2.2 When medications are used for more than one disease, begins to differentiate which disease is the target of treatment	3.1 Incorporates medication/treatments into total assessment 3.2 Distinguishes expected changes in diagnostic tests as the result of medication therapy from those which indicate abnormal findings 3.3 Correlates relevant medication **therapy with patient's disease** process	4.1 Anticipates and evaluates the effects of medication/treatments as well as medication interactions with each other

2. Patient Centered Care: This concept ex**amines the students' ability to use a consistent process to create a plan of care that incorporates the patient's** goals, multifaceted needs, and environmental stressors.

Assessment: Utilizes a systematic approach to assessing patient needs and desired level of wellness			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Identifies basic physical, psychological, socio-cultural, developmental, and spiritual self-care needs 1.2 Performs a head to toe assessment 1.3 Recognizes intrapersonal and extra personal stressors 1.4 Distinguishes between normal and abnormal lab, history, and assessment findings 1.5 **Identifies patient's key problem** focusing on basic patient needs and desired level of wellness 1.6 Assesses for effectiveness and/or adverse reactions to medications/therapies	2.1 Completes a focused assessment based on the disease process at the beginning level. 2.2 Classifies relative importance of assessment findings including lab and history 2.3 Assesses behavioral cues indicating psychological, socio-cultural, developmental, spiritual, and environmental stressors 2.4 Recognizes patient personal goals for treatment 2.5 Uses the Mental Status Examination proficiently with psychiatric patients	3.1 Proficiently performs a focused assessment based on understanding of complex disease processes 3.2 Focuses on priority issues related to patient self-care deficits 3.3 Assesses complex behavioral cues indicating intrapersonal and extra personal stress 3.4 Uses specialty assessment tools to assess intra-partum, post-partum, and newborn patients 3.5 Analyzes trends in lab values and past medical history and compares to current patient response 3.6 Recognizes signs of patient deterioration 3.7 Identifies conflicts between patient goals and the plans for treatment	4.1 Anticipates priority assessment areas based on patient condition and focuses assessment accordingly 4.2 Anticipates potential outcomes based on history findings 4.3 Incorporates a holistic approach to assessing patient care needs 4.4 Monitors patient response through analysis of lab data and exam findings 4.5 Performs assessment as appropriate for patient condition 4.6 Intervenes appropriately to signs fo patient deterioration

Plans of care			
First Semester	Second Semester	Third Semester	Fourth Semester

First Semester

Diagnosis
1.1 Formulates a list of nursing diagnoses based on assessment data with instructor input

Plan
1.1 Formulates a plan of care, in collaboration with the patient and staff, which provides for **the patient's safety, comfort,** hygiene

Implementation
1.1 Performs fundamental psychomotor skills safely and effectively
1.2 Acts as a patient advocate at a basic level
1.3 Demonstrates caring by treating patients with dignity and as unique individuals when interacting at a basic level
1.4 Adjusts care to reflect cultural and spiritual sensitivity as well **as the patient's mental and** physical status at a basic level
1.5 Administers medications in accordance with the 7 rights of medication administration

Evaluation
1.1 Evaluates care plans related to patient safety, comfort and hygiene and suggests modifications

Second Semester

Diagnosis
2.1 Formulates a list of nursing diagnoses based on assessment data

Plan
2.1 Formulates a plan of care, in collaboration with the patient and staff, which addresses the priority needs of patients with non-complex med-surg
2.2 Formulates a plan of care, in collaboration with the patient and staff, which addresses the priority needs of patients with mental health issues

Implementation
2.1 Performs beginning psychomotor skills safely and effectively in noncomplex patient situations
2.2 Acts as a patient advocate at a beginning level
2.3 Promotes patient self-care
2.4 Demonstrates caring by treating patients with dignity and as unique individuals when interacting at a beginning level
2.5 Adjusts care to reflect cultural and spiritual sensitivity as well **as the patient's mental and** physical status at a beginning level
2.6 Responds to changes in health status.

Third Semester

Diagnosis
3.1 Develops and prioritizes collaborative nursing diagnoses

Plan
3.1 Formulates a plan of care, in collaboration with the patient and staff, which provides for **the patient's safety, comfort,** hygiene, and addresses the priority needs of complex med-surg or OB/Peds patients
3.2 Develops individualized care plans focusing on complex patient care issues and risk reduction
3.3 Includes significant others in plan of care

Implementation
3.1 Performs intermediate psychomotor skills safely and effectively in complex med/surg & OB/Peds situations
3.2 Act as a patient advocate at an intermediate level
3.3 Implements prioritized and focused care appropriately in med/surg and OB/Peds situations.
3.4 Demonstrates caring by treating patients with dignity and as unique individuals when interacting at an intermediate level

Fourth Semester

Diagnosis
4.1 Develops and prioritizes collaborative nursing diagnoses

Plan
4.1 Formulates a plan of care, in collaboration with the patient and staff, which provides for **the patient's safety, comfort,** hygiene, and addresses the priority needs of 4-5 patients
4.2 Includes significant others in plan of care

Implementation
4.1 Integrates, prioritizes, and adapts psychomotor skils to complex patient care situations
4.2 Responds to changes in patient health status by modifying care to meet current needs
4.3 Acts as a patient advocate at an advanced level
4.4 Demonstrates caring by treating patients with dignity and unique individuals even in emergency or critical situations
4.5 Adjusts care to reflect cultural and spiritual sensitivity as well **as the patient's mental and** physical status at an advanced level

Evaluation

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Plans of care			
1.2 Evaluates results of medications and therapies	2.7 Performs basic psychotherapeutic interventions appropriately with psychiatric patients. Evaluation 2.1 Evaluates beginning med/surg and psychiatric nursing care plans and implements modifications	3.5 Adjusts care to reflect cultural and spiritual sensitivity as well as the patient's mental and physical status at an intermediate level 3.6 Adjusts care to reflect cultural and spiritual sensitivity as well as the patient's mental and physical status at an intermediate level Numbering please 3.7 Takes steps to minimize complications from treatment Evaluation 3.1 Evaluates complex care plans and implements modifications	4.1 Evaluates advanced plans of care, modifies, and implements changes.
Provides Patient Teaching			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Supports and reinforces teaching plans of other health professionals 1.2 Explains procedures to patient/family 1.3 Teaches and models basic infection control	2.1 Develops short range teaching plans based on patient goals and needs 2.2 Rephrases medical information into lay terms for patient/family 2.3 Evaluates effectiveness of teaching whether done formally or informally 2.4 Provides patient teaching related to medication/therapy	3.1 Develops realistic teaching plans depending upon the patient's situation, value system, and developmental level 3.2 Collaborates with patient, and family to implement patient education 3.3 Identifies need for further patient/family teaching 3.4 Teaches patients about medication, treatments, and home care 3.5 Incorporates significant others in basic health care education	4.1 Develops both short term and long range teaching plans to address management of therapeutic regime 4.2 Collaborates with patient, family and health care team to implement patient education 4.3 Modifies patient teaching methods based on patient/teaching response 4.4 Develops and teaches comprehensive teaching plans preparing the patient for effective management of their therapeutic regime

3. Safety: This concept examines the students' ability to provide safe care individually and within the health care system

Delivers Safe Care			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Checks orders for accuracy 1.2 Identifies patient using 2 forms of identification prior to any intervention 1.3 Uses appropriate transfer and body mechanics techniques 1.4 Uses basic patient care equipment safely 1.5 Administers all therapies, including medications safely indicating awareness of risks and benefits 1.6 Follows all hospital policies and procedures to maintain safety 1.7 Enforces infection control guidelines	2.1 Uses equipment safely including IV pumps 2.2 Actively contributes to maintaining a safe and effective therapeutic milieu for all patients 2.3 Analyzes legality of orders and care based on mental health law.	3.1 Uses equipment safely to provide complex care such as suctioning, accessing central lines, and administering anti-coagulation therapy 3.2 Actively assesses and modifies environment to maintain patient safety 3.3 Determines appropriateness of orders in collaboration with health care team.	4.1 Uses all patient care equipment safely 4.2 Analyzes and proactively reduces hospital risks 4.3 Actively assesses and modifies environment to maintain patient safety for entire team/group of assigned patients

4. Communication: Measures the ability to communicate with patients, families, and the health care team.

Verbal and Non-verbal Communication			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Identifies self, is respectful, speaks clearly, and enunciates distinctly 1.2 Assumes positions which will aid in observation and communication with patient while competently performing basic nursing procedures 1.3 Compensates for sensory deficits and/or language barriers 1.4 Reports to staff accurately	2.1 Focuses on patient concerns 2.2 Uses broad openings clarifying, focusing, and active listening techniques to help patients explore feelings 2.3 Communicates effectively when performing beginning psychomotor skills 2.4 Summarizes information and reports to staff accurately	3.1 Communicates appropriately with patients of all ages and their families taking into consideration the developmental level and barriers to communication 3.2 Communicates effectively when performing complex psychomotor skills 3.3 Prioritizes information and reports to staff in an organized and accurate manner	4.1 Anticipates communication issues and plans care to facilitate communication of patient concerns and educational needs 4.2 Communicates appropriately with patients even when performing psychomotor skill for the first time 4.3 Draws conclusions based on information and reports to staff

Verbal and Non-verbal Communication			
			in an organized, accurate, and concise manner

Written Communication			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Documents at the basic level accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (including electronic health record)	2.1 Documents at the beginning level for med/surg and psychiatric issues accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (Including electronic health record)	3.1 Documents at the intermediate level for complex med/surg and maternal/child issues accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (including electronic health record)	4.1 Documents at the advanced level, including patient care, transfer, and discharge, accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (including electronic health record)

5. Leadership: The ability to manage care and collaborate with the health team

Management and Organization			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Organizes and manages the basic care of 1-2 patients 1.2 Sets priorities for care with assistance from instructor 1.3 Participates as part of the health care team by reporting information to team leader.	2.1 Organizes and manages beginning care of 2 med/surg patients or one psychiatric patient 2.2 Develops daily schedule and utilizes time efficiently to conserve energy for patients and self 2.3 Demonstrates assertiveness by actively seeking help when unable to manage a patient problem 2.4 Participates as part of the health care team by setting priorities in collaboration with	3.1 Organizes complex care for 3 patients and up to 2 mother-baby dyads 3.2 Focuses care based on the priority patient care needs 3.3 Collaborates with the patient and health team and seeks assistance from appropriate resources 3.4 Demonstrates assertiveness by taking an active role in managing patient problems	4.1 Actively organizes and manages can of 4-5 patients 4.2 Delegates and supervises care appropriately 4.3 Prioritizes patient care and adjusts priorities based on new orders, results of diagnostic testing, and/or changes in patient condition 4.4 Collaborates with all members of the health team to provide continuity of care.

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Management and Organization		
the team leader and helping others as needed.		

6. **Professionalism: Examines a student's self**-direction in showing ongoing growth thro**ughout the program. Specifically the student's development of a legal** and ethical practice, and a professional attitude based on the Nurse Practice Act, college policies and standards of practice are examined.

Practices within Legal and Ethical Parameters			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Describes professional, legal, and ethical issues related to patient care 1.2 Maintains confidentiality 1.3 Recognizes potential conflicts between personal values and professional responsibilities 1.4 Conforms to school and agency policies 1.5 Reports errors 1.6 Recognizes mandatory reporting situations and follows agency policy for reporting 1.7 Is an active participant in unit functions (answers phones, call lights offers help when appropriate)	2.1 Applies laws relating to the mentally ill 2.2 Identifies ethical issues	3.1 Describes liability issues for nurses caring for the childbearing family and patient and family rights issues 3.2 Begins to employ a systematic approach to resolving ethical issues	4.1 Analyzes practice situations with potential legal ramifications and predicts outcomes based on knowledge of Nurse Practice Act 4.2 Assumes responsibility for own ethical, professional, and legal practice

Demonstrates self-direction and a professional attitude			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Arrives on time to clinical area 1.2 Is prepared for clinical as evidenced by completing all forms, knowledge of medications, procedures, and patient care needs 1.3 Can explain patient condition and anticipated care	2.1 Verbalizes understanding of stressful situations 2.2 Identifies ways to reduce stress. Adapts to changing clinical situations 2.3 Recognizes professional issues and makes plans to handle them at the beginning level	3.1 Remains calm in clinical setting and intervenes effectively to reduce stress 3.2 Remains professional when dealing with inappropriate behavior 3.3 Demonstrates less need for direction as rotation progresses	4.1 Maintains a positive approach in unfamiliar or difficult situations while continuing to meet patient needs 4.2 Resolves conflicts professionally 4.3 Demonstrates less need for direction as rotation progresses

Demonstrates self-direction and a professional attitude			
1.4 Remains calm and effective even when performing a task in front of instructor and/or when handling a difficult patient situation 1.5 Demonstrates less need for direction as rotation progresses 1.6 Meets obligations to patients and health team. 1.7 Recognizes professional issues and makes plans to handle them at the fundamental level.	2.4 Maintains appropriate boundaries with patients	3.4 Recognizes professional issues and makes plans to handle them at the intermediate level.	4.4 Recognizes professional issues and makes plans to handle them at the advanced level 4.5 Analyzes repercussions of not meeting obligations to patients and health team

Demonstrates self-direction and a professional attitude			
First Semester	Second Semester	Third Semester	Fourth Semester
1.8 Arrives on time to clinical area 1.9 Is prepared for clinical as evidenced by completing all forms, knowledge of medications, procedures, and patient care needs 1.10 Can explain patient condition and anticipated care 1.11 Remains calm and effective even when performing a task in front of instructor and/or when handling a difficult patient situation 1.12 Demonstrates less need for direction as rotation progresses 1.13 Meets obligations to patients and health team. 1.14 Recognizes professional issues and makes plans to handle them at the fundamental level.	2.5 Verbalizes understanding of stressful situations 2.6 Identifies ways to reduce stress Adapts to changing clinical situations 2.7 Recognizes professional issues and makes plans to handle them at the beginning level	3.5 Remains calm in clinical setting and intervenes effectively to reduce stress 3.6 Remains professional when dealing with inappropriate behavior 3.7 Demonstrates less need for direction as rotation progresses 3.8 Recognizes professional issues and makes plans to handle them at the intermediate level.	4.6 Maintains a positive approach in unfamiliar or difficult situations while continuing to meet patient needs 4.7 Resolves conflicts professionally 4.8 Demonstrates less need for direction as rotation progresses 4.9 Recognizes professional issues and makes plans to handle them at the advanced level 4.10 Analyzes repercussions of not meeting obligations to patients and health team

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CLINICAL GRADING SUMMARY KEY

	A = ≥ 90%	B = ≥ 80% < 90%	C = ≥ 75% < 80%	F = < 75%
Critical Thinking Solves clinical issues	Almost always anticipates issues and plans accordingly Almost always problem solves independently Almost always sees the big picture Minor prompts needed at times	Usually anticipates issues and plans accordingly Usually problem solves independently Usually sees the big picture Prompts needed occasionally	Sometimes anticipates issues and plans accordingly Sometimes problem solves independently Sometimes sees the big picture Needs guidance	Rarely anticipates issues and plans accordingly Rarely problem solves independently Rarely sees the big picture Needs strong guidance to problem solve
Clinical Skills Performs clinical skills in a proficient, coordinated, and efficient manner	Almost always Only needs minor prompts to correct technique	Usually Needs prompting at times to complete tasks correctly	Sometimes Needs verbal and physical guidance to correct technique	Rarely Needs frequent prompts and close supervision to maintain safe technique

CLINICAL GRADE SUMMARY

Student Name:_____

Course Number_____   Date:_____

Absences_____   Tardies_____

Final Score:_____

Grading Scale
≥ 90%   = A
≥ 80% < 90% = B
≥ 75% < 80% = C
< 75%   = F

____%   **1. Critical Thinking:** This concept examines the students' ability to make decisions using critical thinking skills and to utilize knowledge from the sciences, humanities, and nursing science.

____%   **2. Patient Centered Care:** This concept examines the students' ability to use a consistent process to create a plan of care that incorporates the patient's goals, multifaceted needs, and environmental stressors**.**

____%   **3. Safety:** This concept examines the students' ability to provide safe care individually and within the health care system.

_____%   **4. Communication:** This concept measures the students' ability to communicate with patients, families, and the health care team.

____%   **5. Leadership:** This concept measures the students' ability to manage care and collaborate with the health team.

____%   **6. Professionalism:** This concept examines the students' development of an ethical practice and professional attitude based on the Nurse Practice Act, college policies, and standards of practice.

Student Signature: _____

Instructor Signature: _____

SECTION V

GRADUATION AND LICENSURE

ADN GRADUATION CHECKLIST

During the first semester of the RN program, it is the student's responsibility to schedule a meeting with a college counselor for the purpose of creating an education plan to complete the associate degree with a major in nursing from COC. During the third semester of the associate degree program students must seek advisement again from a college counselor who will validate that all transcripts have been received and that all course work is completed, in progress, or needed in order to graduate from the College of the Canyons at the end of the fourth semester. Please see the College of the Canyons for specific courses required to complete the associate degree in nursing.

At the beginning of the fourth semester a Petition for Graduation must be completed and signed. After the petition is signed, each student will be notified of arrangements which are needed to participate in the graduation ceremony.

To commemorate completion of the nursing program, all classes are encouraged to participate in the campus commencement activities at the end of the spring semester. These are the only college sponsored commencement events. In addition, individual classes are invited to plan a pinning ceremony at the completion of the program.

APPLYING FOR RN LICENSURE

Before completing the program students will be advised how to apply online for licensure. The Board of Registered Nurses will notify students when these applications have been received. The BRN screens applicants for licensure to protect the public. The BRN denies licensure for crimes which are substantially related to nursing qualifications, functions, or duties (see policy statement in the section of Handbook titled "Board of Registered Nursing Policies").

The Board will send information to the student regarding the procedure for applying for the National Council Licensure Examination (NCLEX-RN). You may access this information at the BRN Website.

COC has review software in the nursing computer lab for the NCLEX exam and a video explaining NCLEX by computer adapted testing.

LETTERS OF RECOMMENDATION

Students desiring letters of recommendation from faculty are required to complete a request form which is available in the hallway outside the Mathematics, Sciences, and Health Professions Office or in the student mailroom. The student portion should be completed before giving it to the faculty member. It is recommended to restrict requests for recommendations to 3rd and 4th semester clinical instructors, since hiring bodies are interested in performance (not lecture) during the last year of school. Two weeks is

generally required for the faculty to complete the form and have it prepared by the Mathematics, Sciences, and Health Professions Office.

DUAL/CONCURRENT ENROLLMENT

A number of dual or concurrent enrollment options leading to the completion of a Bachelor of Science in Nursing degree is available to College of the Canyons nursing students. The BSN is not conferred by College of the Canyons. Each BSN-conferring institution has its own policies related to when a student may concurrently enroll. Information is available in the Mathematics, Sciences, and Health Professions Office. Faculty will only write letters of support for participation in dual or concurrent enrollment for students in good academic standing within the COC Nursing Program.

PINNING CEREMONY

The nursing pinning ceremony recognizes the accomplishments of student nurses upon completion of the nursing program course of study. In this ceremony, students receive their COC nursing pin. All graduates are encouraged to participate. Families and friends are encouraged to attend.

A faculty advisor assigned to the class will meet with students at the beginning of the fourth semester to provide policy information about the ceremony. A committee is then formed to plan the ceremony and present suggestions to the rest of the graduating class. Ceremony plans will be decided by class majority using a confidential ballot. The results of the vote are final. The committee will then ensure plans are completed.

Please note, nursing pins must be ordered early in the semester to have them available for the ceremony. **Only the official COC nursing pin may be used in the pinning ceremony.**

If the class chooses to develop a slide show for the pinning ceremony, it must be approved by the Nursing Program Director at least 2 weeks prior to the date of the pinning ceremony. Failure to do so will result in forfeiture of the privilege. Content of the slide show must maintain the professional standards of the nursing program as reflected by the Ethics and Code of Conduct section of the Student Handbook. For example; photos of mannequins or students must not be revealing and must maintain patient privacy.

The ceremony is held at the Performing Arts Center (PAC) on the college campus. PAC personnel determine the date and time according to the PAC agenda. There will be only one ceremony per semester.

Students are required to wear the COC graduation gown. All dress code requirements (including jewelry and hair) described in the student RN handbook must be followed. The class faculty adviser has the right to exclude any student from participating in the ceremony if proper dress is not met. Care should be taken that graduation attire is pressed and shoes are clean.

Faculty will have the honor of announcing student names and pinning students during the ceremony. Faculty is assigned this honor on a rotating basis. The Director and Assistant Directors of the nursing program will present certificates to the students. Only participants and invited speakers from the college and the community are allowed on stage.

Nursing Pin Information:

COC nursing pins can be ordered from:

> JH Recognition Company
> 7800 S.W. Barbur Boulevard
> Portland, OR 97219-2823
> 503-244-1165
> 800-547-7781
> 877-244-1167 fax
> www.jhrecognition.com

ALPHA DELTA NU INDUCTION CEREMONY

College of the Canyons was the first Associate Degree Nursing program in the state of California to gain charter membership in Alpha Delta Nu as the Gamma Eta chapter. An induction ceremony is held at the end of each semester recognizing the accomplishment of qualifying 4th semester honors students.   Each inductee receives an Alpha Delta Nu pin, honor cord, and certificate of recognition.

SECTION VI

APPENDICIES

APPENDIX A

COLLEGE OF THE CANYONS
NURSING STUDENT HANDBOOK ACKNOWLEDGMENT AND CONSENT

I, _____ ("Student") have received my copy of the College of the Canyons Nursing Student Handbook dated _____("Handbook"), which is a guide to policies and procedures for Registered Nursing students.

It is my responsibility to read and understand the policies and procedures set forth in the Handbook. I have been advised that any questions I may have concerning this Handbook should be brought forward prior to signing this Handbook Acknowledgment and Consent. I understand and acknowledge that the Registered Nursing program has the right, without prior notice, to modify, amend or terminate policies, practices, forms and other institutional programs within the limits imposed by the College and applicable laws.

I acknowledge that my signature on this Handbook Acknowledgment and Consent shall constitute my express written consent to comply with the requirements specified in the Handbook.

I acknowledge that the Santa Clarita Community College District enters into Clinical Affiliation Agreements with clinical facilities ("Clinical Facilities") to allow students to complete their clinical rotations at the Clinical Facilities. I also acknowledge that the Clinical Facilities may require access to my private and confidential information, including but not limited to, student records, immunization records, criminal background and toxicology screening results ("Private Information") for purposes of granting me access to the clinical facility.

I hereby authorize the College of the Canyons to release my Private Information to such Clinical Facilities and hereby hold harmless the College of the Canyons and the Santa Clarita Community College District and from any claims or damages arising from this release of my Private Information and the use of my Private Information by the Clinical Facilities.

I acknowledge that my signature on this Handbook Acknowledgment and Consent shall constitute my express written consent to comply with the requirements specified in the Handbook, including, but not limited to, my need to comply with functional ability requirements, background checks,

drug screening, and infection control requirements applicable to students in the Program and as a condition to participation in clinical programs at Clinical Facilities.

By signing below, I verity that I have read and understand the information contained in the Handbook and will comply with all policies and requirements stated therein.

_____   _____
Student Signature   Date

Return this signed form to the Mathematics, Sciences, and Health Professions Office and retain a copy for your records.

APPENDIX B

Registered Nursing Program
Physical and Mental Health Clearance Form

This is to certify that _____ (print student's name) does not have any physical or mental health condition(s) that would create a hazard to themselves, employees or patients during required clinical rotation assignments.

_____   _____

(Print health care provider name)   (Date)

_____   _____

(Signature of healthcare provider)   (License Number)

APPENDIX C

COLLEGE OF THE CANYONS

WORKERS' COMPENSATION - Pre-Designation of Personal Physician

EMPLOYEE NAME	CLASSIFICATION

If you are injured on the job **you have the right to be treated by your personal physician if you notify us, in writing, prior to the injury. To qualify as your pre-designated, personal physician, the physician must agree, in writing, to treat you for a work related injury,** must have previously directed your medical care and must retain your medical history and records (Labor Code 4600). Your pre-designated physician must be a general practitioner, family practitioner, board certified or board eligible internist, pediatrician or obstetrician-gynecologist.

This is an optional form that can be used to notify us of your personal physician. You may choose to use another form, as long as you notify us, **in writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be pre-designated. Otherwise, you will be treated by one of our designated worker's compensation medical providers.

EMPLOYEE ACKNOWLEDGEMENT (Choose one)

❑ **I acknowledge receipt of this form and elect <u>not</u>** to pre-designate my personal physician at this time. I understand that in the event of a work related injury or illness, I will receive medical treatment from my employer's medical provider. I understand that, at any time in the future, I can change my mind and provide written pre-designation of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ Date: _____

OR

❑ **If I am injured on the job, I wish to be treated by my personal physician.** This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Name of Physician _____ Phone Number _____

Physician Address _____

Employee Signature: _____ Date: _____

The remainder of this form is to be completed by your physician and returned to Human Resources.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other **written** documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

❑ **I agree to treat** the above named employee in the event of an industrial accident or injury **AND** I meet the **criteria outlined above**. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

Physician Signature: _____ Date: _____

Printed Name: _____

Please return completed form to: Santa Clarita Community College District
26455 Rockwell Canyon Rd., Santa Clarita, CA 91355
Fax (661) 362-5570   Phone (661) 362-3427

COLLEGE OF THE CANYONS

College of the Canyons Department of Nursing
BLOODBORNE PATHOGEN TRAINING ACKNOWLEDGEMENT

I, _____ ("Student"), certify and acknowledge that I have received Bloodborne Pathogen training that includes the following covered topics:

- Explanation of epidemiology.

- Explanation of symptoms of bloodborne diseases and transmission of bloodborne pathogens.

- Information regarding hepatitis vaccination.

- Explanation of different methods to control exposure.

- Explanation of signs, labels, and color-coding for identifying bio-hazardous materials.

- Information on use and limitations of protective clothing and equipment (PPE).

- Information on what to do in the case of an exposure, including post exposure evaluation and follow-up procedures.

Additionally, I acknowledge that I have been given the opportunity to ask questions about the information provided during this training.

I hereby acknowledge that I have received the above training.

_____   _____
Print Name   Course

_____   _____
Signature   Date

COLLEGE OF THE CANYONS

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT SUSPECTED ABUSE OF DEPENDENT ADULTS AND ELDERS

California law REQUIRES certain persons to report known or suspected abuse of dependent adults or elders. As an employee or volunteer at a licensed facility, you are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include care custodians and any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not paid for that responsibility (Welfare and Institutions Code (WIC) Section 15630(a)). Care custodian means an administrator or an employee of most public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff (WIC Section 15610.17).

PERSONS WHO ARE THE SUBJECT OF THE REPORT

Elder means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). Dependent Adult means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age and those admitted as inpatients in 24-hour health facilities (WIC Section 15610.23).

REPORTING RESPONSIBILITIES AND TIME FRAMES

Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse or neglect occurred, shall complete form SOC 341, "Report of Suspected Dependent Adult/Elder Abuse" for each report of known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (self-neglect), isolation, and abandonment) involving an elder or dependent adult.

Reporting shall be completed as follows:
• If the abuse occurred in a Long-Term Care (LTC) facility (as defined in WIC Section 15610.47) and resulted in serious bodily injury (as defined in WIC Section 15610.67), report by telephone to the local law enforcement agency immediately and no later than two (2) hours after observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local Long-Term Care Ombudsman Program (LTCOP), and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within two (2) hours of observing, obtaining knowledge of, or suspecting physical abuse.
• If the abuse occurred in a LTC facility, was physical abuse, but did not result in serious bodily injury, report by telephone to the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local LTCOP, and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
• If the abuse occurred in a LTC facility, was physical abuse, did not result in serious bodily injury, and was perpetrated by a resident with a physician's diagnosis of dementia, report by telephone to the local law enforcement agency or the local LTCOP, immediately or as soon as practicably possible. Follow by sending the written report to the LTCOP or the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
• If the abuse occurred in a LTC facility, and was abuse other than physical abuse, report by telephone to the LTCOP or the law enforcement agency immediately or as soon as practicably possible. Follow by sending the written report to the local law enforcement agency or the LTCOP within two working days.
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
• If the abuse occurred in a state mental hospital or a state developmental center, mandated reporters shall report by telephone or through a confidential internet reporting tool (established in WIC Section 15658) immediately or as soon as practicably possible and

submit the report within two (2) working days of making the telephone report to the responsible agency as identified below:
• If the abuse occurred in a State Mental Hospital, report to the local law enforcement agency or the California Department of
State Hospitals.
• If the abuse occurred in a State Developmental Center, report to the local law enforcement agency or to the California
Department of Developmental Services.
• For all other abuse, mandated reporters shall report by telephone or through a confidential internet reporting tool to the adult
protective services agency or the local law enforcement agency immediately or as soon as practicably possible. If reported by telephone, a written or an Internet report shall be sent to adult protective services or law enforcement within two working days.

PENALTY FOR FAILURE TO REPORT ABUSE

Failure to report abuse of an elder or dependent adult is a MISDEMEANOR CRIME, punishable by jail time, fine or both (WIC Section
15630(h)). The reporting duties are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report (WIC Section 15630(f)).

CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCOPs, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order. Any violation of confidentiality is a misdemeanor punishable by jail time, fine, or both (WIC Section 15633(a)).

DEFINITIONS OF ABUSE

Physical abuse means any of the following: (a) Assault, as defined in Section 240 of the Penal Code; (b) Battery, as defined in
Section 242 of the Penal Code; (c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section
245 of the Penal Code; (d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water; (e) Sexual assault, that means any of the following: (1) Sexual battery, as defined in Section 243.4 of the Penal Code; (2) Rape, as defined in Section 261

of the Penal Code; (3) Rape in concert, as described in Section 264.1 of the Penal Code; (4) Spousal rape, as defined in Section 262 of the Penal Code; (5) Incest, as defined in Section 285 of the Penal Code; (6) Sodomy, as defined in Section 286 of the Penal Code; (7) Oral copulation, as defined in Section 288a of the Penal Code; (8) Sexual penetration, as defined in Section 289 of the Penal Code; or (9) Lewd or lascivious acts as defined in paragraph (2) of subdivision (b) of Section 288 of the Penal Code; or (f) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions: (1) For punishment; (2) For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given; or (3) For any purpose not authorized by the physician and surgeon (WIC Section 15610.63).

Serious bodily injury means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation (WIC Section 15610.67).

Neglect (a) means either of the following: (1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise; or (2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise. (b) Neglect includes, but is not limited to, all of the following: (1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter; (2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment; (3) Failure to protect from health and safety hazards; (4) Failure to prevent malnutrition or dehydration; or (5) Failure of an elder or dependent adult to satisfy the needs specified in paragraphs (1) to (4), inclusive, for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health (WIC Section 15610.57).

Financial abuse of an elder or dependent adult occurs when a person or entity does any of the following: (1) Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or

both; (2) Assists in taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both; or (3) Takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult by undue influence, as defined in Section 15610.70 (WIC Section 15610.30(a)).

SOC 341A (3/15)

Abandonment means the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody (WIC Section 15610.05).

Isolation means any of the following: (1) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls; (2) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons; (3) False imprisonment, as defined in Section 236 of the Penal Code; or (4) Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors (WIC Section 15610.43).

Abduction means the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court (WIC Section 15610.06).

AS AN EMPLOYEE OR VOLUNTEER OF THIS FACILITY, YOU MUST COMPLY WITH THE DEPENDENT ADULT AND ELDER ABUSE REQUIREMENTS, AS STATED ABOVE. IF YOU DO NOT COMPLY, YOU MAY BE SUBJECT TO CRIMINAL PENALTY. IF YOU ARE A LONG-TERM CARE OMBUDSMAN, YOU MUST COMPLY WITH FEDERAL AND STATE LAWS, WHICH PROHIBIT YOU FROM DISCLOSING THE IDENTITIES OF LONG-TERM RESIDENTS AND COMPLAINANTS TO ANYONE UNLESS

CONSENT TO DISCLOSE IS PROVIDED BY THE RESIDENT OR COMPLAINANT OR DISCLOSURE IS REQUIRED BY COURT ORDER (Title 42 United States Code Section 3058g(d)(2); WIC Section 9725).

I, _____, have read and understand my responsibility to report known or suspected abuse of dependent adults or elders. I will comply with the reporting requirements.

Print Name:_____Course:_____

Signature:_____Date:_____

Appendix F

COLLEGE OF THE CANYONS

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

California law REQUIRES certain persons to report known or suspected child abuse. As a licensee, employee, or volunteer at a licensed facility or a child care institution, YOU are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9]

The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may

be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both.

[PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail, a fine of $1000, or both. [PC § 11166(b)]

ACKNOWLEDGMENT OF RESPONSIBLITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

Print Name:_____Course:_____

Signature:_____Date:_____

SANTA CLARITA COMMUNITY COLLEGE DISTRICT
HIPAA Education Verification Acknowledgement
Confidentiality and Non-Disclosure Agreement

Participant: _____

Course: _____

I have been trained and tested in the 2003 Health Insurance Portability and Accountability Act (HIPM) guidelines. I agree to acknowledge and abide by the following:

1. I will maintain the privacy of all business and medical information relating to patients, employees and health care providers.
2. I understand that any confidential information obtained does not belong to me and I have neither right nor ownership. Agencies may restrict or remove my access to confidential information at any time for any reason.
3. I understand that this confidentiality obligation applies regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any other format, and regardless of whether it was communicated directly to me or intended for my access.
4. I will not misuse confidential information and will only access information that is necessary unless required to do so in the official capacity of my relationship with the hospital or agency.
5. I will not share, alter or destroy any confidential information.
6. I will only print or download information when it is necessary for a legitimate work purpose.
7. If I have a computer password, I will not share it.
8. I understand I must immediately report to my supervisor and Santa Clarita Community College District if I think anyone is misusing confidential information.
9. On termination of my time with the hospital or agency, I will return any document or data containing confidential information or data in my possession or control.

I understand that any failure to comply with any term of this agreement may result in corrective action up to, and including expulsion from the hospital or agency, and termination/ dismissal from the Santa Clarita Community College District Program. I also understand that violating the privacy rights of individuals under HIPAA may also result in the imposition of civil and/ or criminal penalties and other sanctions provided by federal and state laws.

By signing below, I acknowledge that I have read and understand this confidentiality and non-disclosure agreement and had my questions fully addressed.

_____   _____
Participant Signature   Instructor Signature

_____   _____
Print Participant Name   Print Instructor Name

_____   _____
Date   Date

White Copy- Allied Health   Yellow Copy - Student   RM Form 2005-010

College of the Canyons Nursing Program Academic Integrity Pledge

_____

On my honor as a College of the Canyons nursing student, I have neither given nor received unauthorized assistance on this assessment (i.e. quiz, exam, paper), nor have I tolerated others' use of unauthorized aid.

_____

Printed Name   Student ID #

_____

Signature

_____

Date

This applies to every nursing program assessment (i.e. quiz, exam, paper) for the entire length of the nursing program. Violation of this code is grounds for disciplinary action as described in the Nursing Student Handbook and the College of the Canyons Catalogue.

SANTA CLARITA COMMUNITY COLLEGE DISTRICT
CONSENT FOR RELEASE OF INFORMATION RELEASE OF LIABILITY

		COC STUDENT ID #
Student Name:		
Description of Activity:		
Date(s) of Activity:		
Location:		

I understand and acknowledge that I have voluntarily enrolled in the Nursing Program of the Santa Clarita Community College District ("District") which may require the District to release personal information, including my Social Security Number, to other entities and organizations in order to participate in clinical activities.

I hereby consent and authorize the District to use and disclose my personal information, including my Social Security Number, to _____ for the purpose of access to its electronic medical records system. This consent is valid for the duration of my participation in the District's Nursing Program.

I hereby voluntarily waive any claims against the District for any unauthorized release of personal information occurring during or by reason of these Activities. I voluntarily elect to participate in these Activities. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activities or any Activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Santa Clarita Community College District, College of the Canyons, its officers, agents, servants, employees, and volunteers from any liability or responsibility for any unauthorized release of personal information which is incident to and/or associated with preparing for and/or while participating in any Activity in any way connected with said Activities, whether same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge that I have carefully read and understand this Consent for Release of Information and Release of Liability and that I agree to its terms and conditions.

_____   _____
Signature of Participant   Date

_____
Print Name of Participant

College of the Canyons
NURSING Organizational Chart

```
                        MSHP Dean
                            |
        +-------------------+-------------------+
        |                                       |
     Director                              OFFICE STAFF
        |                                  Coordinator II (2)
        |                                     Part-Time
        |
+-------+---------------------------------------------+----------------+
|                                                     |                |
Assistant                                         Assistant      Chair / Lab
Director                                          Director       Coordinator
```

Assistant Director				Assistant Director				Chair / Lab Coordinator
1st Semester Instructor	1st Semester Instructor	2nd Semester Instructor	2nd Semester Instructor	3rd Semester Instructor	3rd Semester Instructor	4th Semester Instructor	4th Semester Instructor	Lab Instructor
Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Grant Services Instructor
Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Instructor	Clinical Affiliates
Clinical Instructor		Clinical Instructor		Clinical Instructor		Clinical Instructor		