

**CALIFORNIA STATE UNIVERSITY, CHICO**  
**SCHOOL OF NURSING**

**RN STUDENT GUIDELINES**

**Revised: October 2010**  
See updates online: <http://chuchico.edu/nurs>

CALIFORNIA STATE UNIVERSITY, CHICO  
SCHOOL OF NURSING

INTRODUCTION

The faculty of the School of Nursing would like to welcome you to the Nursing Program. We know you will find the study of nursing interesting and rewarding. The course of study is demanding and we would like to help you achieve your goal.

The guidelines in this booklet evolved over years of student and faculty participation in the nursing curriculum of California State University, Chico. They were developed to help you understand certain expectations of this nursing curriculum. Your suggestions to make these "Guidelines" continuously useful are welcomed. These guidelines are a supplement to the "University Catalog".

Successful completion of the program leads to the B.S. in Nursing. The program combines both general and professional education to prepare a well-educated citizen who is also a professional practitioner. The program is accredited by the State of California Board of Registered Nursing and by the Commission on Collegiate Nursing Education. Graduates of the program are eligible to apply for the State of California Public Health Nursing Certificate.

The School of Nursing is an integral unit of the College of Natural Sciences at California State University, Chico, and, in accord with the primary goal of the University, provides a quality education. The School of Nursing further subscribes to the University's commitment to serve the population of northeastern California.

MISSION

The mission of the School of Nursing is to offer baccalaureate and master's programs in nursing that prepare graduates as generalists in professional nursing, as nursing educators, and as leaders/managers for diverse healthcare settings. As such, the school provides high quality, student-centered learning environments that utilize technological innovation and promote critical thinking. The school supports faculty and student scholarly activities and encourages lifelong learning. The school also fosters service to others through our extensive community and regional collaboration with external healthcare stakeholders.

GOALS

The University, College of Natural Sciences, and School of Nursing have identified six goals known as strategic priorities, which are as follows:

**Strategic Priority #1:** Believing in the primacy of student learning, we will continue to develop high quality learning environments both in and outside of the classroom.

**Strategic Priority #2:** Believing in the importance of faculty and staff, and their role in student success, we will continue to invest in faculty and staff development.

**Strategic Priority #3:** Believing in the value of the wise use of new technologies in learning and teaching, we will continue to provide the technology, the related training, and the support needed to create high quality learning environments both in and outside of the classroom.

**Strategic Priority #4:** Believing in the value of service to others, we will continue to serve the educational, cultural, and economic needs of Northern California.

**Strategic Priority #5:** Believing that we are accountable to the people of the State of California, we will continue to diversify our sources of revenue and manage the resources entrusted to us.

**Strategic Priority #6:** Believing that each generation owes something to those that follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally.

### **DESIRED CSUC SCHOOL OF NURSING STUDENT LEARNING OUTCOMES**

Baccalaureate Graduates of the CSUC School of Nursing will:

- 1) Demonstrate effective written and verbal communication skills.
- 2) Influence the quality of nursing and health care within practice settings through the use of leadership skills, management concepts, and knowledge of the political system.
- 3) Use scientific knowledge, research, and nursing theory as the basis for professional nursing practice.
- 4) Demonstrate competency in the application of technology in the provision of nursing care.
- 5) Demonstrate information literacy skills in planning and implementing quality nursing interventions.
- 6) Apply critical thinking skills as the basis for making judgments for professional nursing practice.
- 7) Apply the nursing process in the provision of care for individuals, families, groups, and community in a variety of settings.
- 8) Demonstrate accountability for legal scope of practice, professional standards of practice, and professional code of ethics.
- 9) Demonstrate cultural competency in the provision of nursing care.
- 10) Collaborate with health care providers and consumers to promote the health and well being of people across the life span.

The curriculum for the CSUC School of Nursing provides the following content identified by the American Association of Colleges of Nursing as essential to BSN education.

## **BSN ESSENTIALS**

Essential I: Liberal education for baccalaureate generalist nursing practice.
Essential II: Basic organizational and systems leadership for quality care and patient safety.
Essential III: Scholarship for evidence-based practice.
Essential IV: Information management and application of patient care technology.
Essential V: Healthcare policy, finance, and regulatory environments.
Essential VI: Interprofessional communication and collaboration for improving patient health outcomes.
Essential VII: Clinical prevention and population health.
Essential VIII: Professionalism and professional values.
Essential IX: Baccalaureate generalist nursing practice.

### **PHILOSOPHY OF THE CSU, CHICO SCHOOL OF NURSING**

The philosophy for the CSU, Chico School of Nursing, identifies the underlying beliefs and values regarding how the mission can be met, describing beliefs about the components of nursing's meta-paradigm: persons, health, nursing, environment and nursing education.

#### Persons

Person includes the assumption that: persons are unique, dynamic, complex, and they are interconnected with others and the environment. As products of their culture, persons are at the center of their own experiences and create meaning for themselves.

#### Health

Health consists of evolving life experiences of a person that implies continuous adjustment to stressors in the internal and external environments through optimum use of one's resources to move toward achievement of maximum potential for daily living. [Adapted from: King, I. (1981). *A theory for nursing systems: Concepts and processes*. New York, NY: John Wiley and Sons].

#### Nursing

Nursing is a caring, dynamic health care discipline strongly committed to nurse-client relationships. Nursing is goal-directed to support and empower clients to achieve desired health and wellness outcomes. Professional nurses assist individuals, families and community groups to promote, restore and rehabilitate their health and well-being throughout the life span.

As an art and applied science, nursing promotes a holistic view of persons and requires a substantial knowledge base in the sciences and humanities. Nursing requires critical and creative thinking for independent and collaborative decision-making and clinical skills.

Nurses establish a caring presence, which can deeply impact the well-being of the client. This caring presence is enacted through advocacy, nursing therapeutics and leadership/management roles.

Professional nurses are accountable for nursing practice as set forth by evolving legal, ethical and professional standards. The profession expands and refines nursing knowledge through practice, research, and theory development.

### Environment

Florence Nightingale viewed environment as central to the practice of professional nursing. Viewed broadly, environment includes all contextual/cultural aspects in which persons and communities live. The faculty believe that environment is a complex integration of physical, political, social and cultural factors. Because health care is strongly influenced by environmental forces, nurses must be cognizant of the ever changing environments in which health care is delivered. Faculty believe health care should be accessible to all. Nurses must actively participate as advocates for health care access and for the establishment and enforcement of quality environmental standards and conditions.

### Nursing Education

The faculty believes that baccalaureate and graduate nursing education is learning centered and is a collaborative exchange between teacher and student and among students that results in a change in knowledge, values and attitudes. The teaching-learning process promotes information literacy competency and facilitates the development of critical thinking, communication skills, leadership qualities and the commitment to lifelong personal and professional growth.

Learning is a continuous process that includes the affective, cognitive, and psychomotor domains. The learner has a personal responsibility requiring effort and accountability. Teaching is a complex process characterized by planning, implementing and evaluating. Faculty endeavor to provide a supportive environment that considers individual student goals, uniqueness, culture/ethnicity, learning style and learning pace.

Because nursing is an applied discipline, teaching also takes place in a variety of settings that represent the diversity of professional nursing roles. Each of the clinical settings used in the teaching-learning process provides the faculty with the opportunity to incorporate the constant changes that are occurring within science, health care and technology into the current clinical experiences of students. Important also to the educational process is collaboration within the profession and the exchange between nursing education and nursing service, which allows students to interact with practicing professionals.

## **ORGANIZING FRAMEWORK OF THE CSU, CHICO SCHOOL OF NURSING**

The Organizing Framework of the School of Nursing is composed of four major concepts of the metaparadigm of the profession of nursing. These are Person, Health, Environment and Nursing. The curriculum is designed to reflect the relationships among and between the elements.

## CENTRAL ELEMENTS

### Person

Person includes individuals, families and communities. Person implies a genetic endowment that sets the stage for subsequent growth, development and health potential, is strongly influenced by the environment and provides the baseline or foundation for health. Communication among and between persons, which influences development, health choices, decisions and meanings, is central to human connectedness. Person also includes development, which is a process that continues throughout the lifespan and encompasses the physical, emotional, spiritual, social, and cultural.

### Environment

Environment provides the context in which person and health connect. Environment includes: physical, political, economic, social, and cultural realities that must be considered in planning the delivery of comprehensive health care for individuals, families and communities.

### Nursing

Nursing is composed of knowledge and caring processes that foster the health of persons in their environment. This knowledge base is derived from nursing theory and research, as well as the basic and applied sciences and humanities. The nurse applies knowledge through caring and the processes of: nursing therapeutics, critical thinking, decision making, teaching, advocacy, leadership/management and research. Nurses practice in accordance with evolving legal, ethical and professional standards.

### Health

Health is persons' actualization of inherent and acquired human potential and is influenced by life experiences, environment, resources and stressors. Health includes a sense of well-being, satisfying relationships and behavioral adjustments necessary to maintain structural integrity. Future health is determined by current decisions and behaviors as well as the impact of the environment.

## OPERATIONALIZING THE ORGANIZATIONAL FRAMEWORK

The nursing curriculum is ordered around the Organizing Framework, which is composed of the four elements of the metaparadigm of the discipline of nursing: Person, Nursing, Health and Environment. The Organizing Framework that was derived from the Philosophy provided guidance for the development of the Student Learning Outcomes (SLOs) for the Bachelor of Science degree. The Organizing Framework and the SLOs were used as the template for development of the nursing courses in each semester of the baccalaureate program.

The RN-BSN pathway builds on the existing clinical expertise of the RN, to apply critical thinking, communication and nursing therapeutic skills in complex situations, and with groups and communities, to meet the baccalaureate SLOs of the program.

## NURSING STANDARDS

The American Nurses Association has defined standards and codes by which all nurses practice. As a professional program it is expected that students will demonstrate behaviors that reflect the defined standards of nursing throughout their academic experience.

### ANA Standards of Nursing Practice

Standard	Measurement Criteria:
<p><b>Standard 1. Assessment</b> The registered nurse collects comprehensive data pertinent to the patient's health or the situation.</p>	<p>The registered nurse:</p> <ul style="list-style-type: none"><li>Collects data in a systematic and ongoing process.</li><li>Involves the patient, family, other healthcare providers, and environment, as appropriate, in holistic data collection.</li><li>Prioritizes data collection activities based on the patient's immediate condition, or anticipated needs of the patient or situation.</li><li>Uses appropriate evidence-based assessment techniques and instruments in collecting pertinent data.</li><li>Uses analytical models and problem-solving tools.</li><li>Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.</li><li>Documents relevant data in a retrievable format.</li></ul>
<p><b>Standard 2. Nursing Diagnosis</b> The registered nurse analyzes the assessment data to determine the diagnoses or issues.</p>	<p>The registered nurse:</p> <ul style="list-style-type: none"><li>Derives the diagnoses or issues based on assessment data.</li><li>Validates the diagnoses or issues with the patient, family, and other healthcare providers when possible and appropriate.</li><li>Documents diagnoses or issues in a manner that facilitates the determination of the expected outcomes and plan.</li></ul>
<p><b>Standard 3. Outcomes Identification</b> The registered nurse identifies expected outcomes for a plan individualized to the patient or the situation.</p>	<p>The registered nurse:</p> <ul style="list-style-type: none"><li>Involves the patient, family, and other healthcare providers in formulating expected outcomes when possible and appropriate.</li><li>Derives culturally appropriate expected outcomes from the diagnoses.</li><li>Considers associated risks, benefits, costs, current scientific evidence, and clinical expertise when formulating expected outcomes.</li></ul>

	<p>Defines expected outcomes in terms of the patient, patient values, ethical considerations, environment, or situation with such consideration as associated risks, benefits and costs, and current scientific evidence.</p> <p>Includes a time estimate for attainment of expected outcomes.</p> <p>Develops expected outcomes that provide direction for continuity of care.</p> <p>Modifies expected outcomes based on changes in the status of the patient or evaluation of the situation.</p> <p>Documents expected outcomes as measurable goals.</p>
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<p><b>Standard 4. Planning</b> The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.</p>	<p>The registered nurse: Develops an individualized plan considering patient characteristics or the situation (e.g., age and culturally appropriate, environmentally sensitive).</p> <p>Develops the plan in conjunction with the patient, family, and others, as appropriate.</p> <p>Includes strategies within the plan that address each of the identified diagnoses or issues, which may include strategies for promotion and restoration of health and prevention of illness, injury, and disease.</p> <p>Provides for continuity within the plan.</p> <p>Incorporates an implementation pathway or timeline within the plan.</p> <p>Establishes the plan priorities with the patient, family, and others as appropriate.</p> <p>Utilizes the plan to provide direction to other members of the healthcare team.</p> <p>Defines the plan to reflect current statutes, rules and regulations, and standards.</p> <p>Integrates current trends and research affecting care in the planning process.</p> <p>Considers the economic impact of the plan.</p>
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	<p>Uses standardized language or recognized terminology to document the plan.</p>
<p><b>Standard 5. Implementation</b> The registered nurse implements the identified plan.</p> <p><b>Standard 5A. Coordination of Care</b> The registered nurse coordinates care delivery.</p> <p><b>Standard 5B. Health Teaching and Health Promotion</b> The registered nurse employs strategies to promote health and a safe environment.</p>	<p>The registered nurse: Implements the plan in a safe and timely manner.</p> <p>Documents implementation and any modifications, including changes or omissions, of the identified plan.</p> <p>Utilizes evidence-based interventions and treatments specific to the diagnosis or problem.</p> <p>Utilizes community resources and systems to implement the plan.</p> <p>Collaborates with nursing colleagues and others to implement the plan.</p> <p>The registered nurse: Coordinates implementation of the plan.</p> <p>Documents the coordination of the care.</p> <p>The registered nurse: Provides health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care.</p> <p>Uses health promotion and health teaching methods appropriate to the situation and the patient’s developmental level, learning needs, readiness, ability to learn, language preference, and culture.</p> <p>Seeks opportunities for feedback and evaluation of the effectiveness of the strategies used.</p>
<p><b>Standard 6. Evaluation</b> The registered nurse evaluates progress toward attainment of outcomes.</p>	<p>The registered nurse: Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in relation to the structures and processes prescribed by the plan and the indicated timeline.</p> <p>Includes the patient and others involved in the care or situation in the evaluative process.</p> <p>Evaluates the effectiveness of the planned strategies in relation to patient responses and the attainment of the expected outcomes.</p>

	<p>Documents the results of the evaluation.</p> <p>Uses ongoing assessment data to revise the diagnoses, outcomes, the plan, and the implementation as needed.</p> <p>Disseminates the results to the patient and others involved in the care of situation, as appropriate, in accordance with state and federal laws and regulations.</p>
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American Nurses Association (2004). *Scope and Standards of Practice*. Washington, DC: American Nurses Association.

### **American Nurses Association Code of Ethics for Nurses**

The Code of Ethics for Nurses as revised in 2001 follows. The professional issues in the first three statements are concerned with protection of clients' rights and safety; those in the next three pertain to qualifications for professional encounters with clients. The social issues of the last three statements of the code relates to the nurse's obligations to society and the profession.

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The nurse profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

## **SAFE AND PROFESSIONAL NURSING PRACTICE**

Throughout this program the student will be required to demonstrate professional behavior and safe nursing care. Students who exhibit behavior resulting in performance that is potentially or actually unsafe or unprofessional will be removed from the clinical setting. Unsafe practice or unprofessional behavior can result in a failing grade for the course regardless of the course grade at the time of the incident.

The student will in no instance demonstrate any unsafe or potentially unsafe behavior that could endanger not only the physical well-being but also the emotional well-being of any client, family member, faculty or staff. Unsafe behavior includes, but is not limited to, being under the influence of drugs or alcohol, failure to use Standard Precautions at all times, failure to apply basic safety rules, such as leaving siderails on beds and cribs down, or failing to report an abnormal finding. Unsafe behavior is the failure to perform in the manner that any prudent student nurse, at the same level of preparation, would perform in a particular clinical situation. Individual course supplements may designate other specific behaviors considered unsafe in specific settings.

Students in the nursing program are expected to adhere to professional standards in their experiences and relationships with nursing faculty, agency staff, clients and family members. The student will in no instance demonstrate any behavior deemed unprofessional or inappropriate by the nursing faculty or agency staff. Professional behavior includes, but is not limited to, following directions, adequate preparation for clinical, meeting deadlines for assignments, being dressed appropriately, meeting appointments, being on time, and honesty in all statements or documentation. If a pattern of unprofessional behavior is exhibited, the instructor and the Director will address the student to determine if, and how the student can continue in the nursing program.

Students are expected to be familiar with all information that is published in the course supplements. Failure to read this material cannot be cited as a reason for non-compliance with information that promotes safe and professional nursing practice.

## **HEALTH POLICIES AND REGULATIONS**

To enter into and to complete the nursing program, students must be able to meet the emotional and physical requirements of the School.

### Emotional Requirements

The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing nursing care in real patient situations while being observed by the instructors and other health care personnel.

### Physical Requirements

In order to participate in CSU, Chico's Nursing Program, students are required to travel to agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program. The following physical requirements would be necessary to participate in the clinical application courses in nursing:

1. Strength

Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR that requires sufficient body weight and adequate lung expansion.

2. Mobility

Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around rapidly.

3. Fine Motor Movements

Necessary to manipulate syringes and IV's; to assist patients with feeding and hygiene; to write in charts; to perform sterile procedures and other skilled procedures.

4. Speech

Ability to speak clearly in order to communicate with staff, physicians, and patients; need to be understood on the telephone.

5. Vision

Sufficient to make physical assessments of patients and equipment; to read.

6. Hearing

Sufficient to accurately hear on the telephone, to be able to hear through the stethoscope to discriminate sounds.

7. Touch

Ability to palpate both superficially and deeply and to discriminate tactile sensations.

8. Health

Nursing is considered to be a high risk profession for exposure to Hepatitis B and other contagious diseases. Immunizations required by the School of Nursing reduce this risk for nursing students, but do not eliminate it entirely. Pregnant students need a physician's note to participate in the program. Students with impaired or deficient immune systems may be at risk for contracting serious diseases. Such students must have physician approval for participation in clinical courses, and must discuss their situation with the clinical instructor.

### **REPORTING OF ILLNESS OR ACCIDENT**

1. In the event of illness or accident, the student should notify the School Office; if unable to attend laboratory assignment, the student must notify the clinical instructor. Exposure to any contagious disease must be reported immediately to the appropriate clinical instructor.

2. If physical illness and/or emotional problems are noted by the instructor to be interfering with a student's ability to function in either the classroom or clinical area, the student may be required to obtain a physical examination and/or counseling, as appropriate, in order to continue in the course.
3. In case of illness, students are responsible to provide their own medical care.
4. If a student is involved in an accident occurring either on campus or during a clinical session, the student should report that accident to his/her instructor immediately. If the injuries are more substantial than can be treated by the Student Health Center, the student should obtain treatment on his/her own and is fully responsible for all treatment costs. An accident form is to be filled out within 24 hours of the accident and submitted to the Director of the School of Nursing. Students may be eligible for workmen's compensation if injured in the clinical setting.
5. If you have any injury in the clinical setting, fill out an accident form with your clinical instructor. Include the same information you would include on an incident report. Students are not to be seen in the clinical emergency room, except in cases of true emergency. The student will be held accountable for all costs incurred for treatment at the clinical emergency room. Non-emergency accidents should be followed up at the Student Health Center or private health care provider.
6. For needlesticks and/or potential infectious exposures the Bloodborne Pathogen Policy will be followed.

### CLINICAL REQUIREMENTS

The following requirements must be completed and documented in the office of the School of Nursing upon enrolment into the RN-BSN program and where appropriate updated before enrolling in N425 and N474. No student may attend the first day of the clinical course unless all requirements are met. All clinical requirements must be current for the academic semester, through the last day of finals.

#### Certified Background Check & Drug Test

RN students entering the RN-BSN program are required to get the certified back ground check and drug test. See information on following page.



# CertifiedBackground.com

-----Student Instructions-----

## California State University - Chico (RN to BSN)

The above organization has chosen CertifiedBackground.com as an approved source for background checks/drug tests.

CertifiedBackground.com is a background check service that allows students to purchase their own background check/drug test. The results of the background check/drug test are posted to the CertifiedBackground.com website in a secure, tamper-proof environment. The student, as well as any organization (clinic, hospital, etc.) requiring this information can view the results. To order your background check/drug test from CertifiedBackground.com, please follow the instructions below.

1. Go to [www.certifiedbackground.com](http://www.certifiedbackground.com) and click on "Students."
2. In the Package Code box, enter your package code:

**Students needing BOTH a Background Check and Drug Test: CF15DT**

3. Click "Continue."
4. Follow the prompts to complete the order. Please see the notes below for further instructions.

### **For Drug Testing (if you did the background check only and now need to complete the drug test):**

(Students who have already completed drug testing for clinical in the School of Nursing do not need to repeat this testing). You can complete your drug testing (8 drug screen) at the Student Health Center (cost \$12.00) or through [www.CertifiedBackground.com](http://www.CertifiedBackground.com) (\$35.00). If you complete your drug testing through the Student Health Center, you must bring in a paper copy of your drug screen results to the nursing office.

If you complete the testing through Certified Background, your results will automatically be sent to the School of Nursing and no documentation must be submitted on your part. Also note that if you do your drug testing through Certified Background, you should follow these steps:

- a. Go to [www.CertifiedBackground.com](http://www.CertifiedBackground.com)
- b. Click on the STUDENTS link on the right side under "Order Now."
- c. In the package code, enter:
  - **CF15X Drug Testing Only** if you are an RN-BSN student.

Once your order is submitted, you will receive a password via email to view your results. The results will be available in approximately 48-72 hours.

Select a method of payment (Visa, Master Card, and money orders. The cost for the background check for AY 2010/2011 is approx. \$42.00 and the drug testing \$35.00.

**This package will include criminal records from all counties of residence within the previous 7 years. There are no additional charges for this package.**

**DRUG TEST: If your package contains a Drug Test, you will receive an email from Quest Diagnostics with instructions for completing your Drug Test. Results of your background check will be available only after you have submitted your drug test sample and the lab has returned the results.** <http://www.certifiedbackground.com> Phone: (888) 666-7788 [info@certifiedbackground.com](mailto:info@certifiedbackground.com)

Any prior convictions related to child abuse, sexual abuse, etc. may result in students being barred from access to clinical settings which involve vulnerable populations. If you have concerns about your background check, please see the Director. No other background clearances you may have received can be used to meet this requirement.

### Health Insurance

Proof of health insurance must be provided to the School of Nursing office **every semester you are enrolled in the nursing program**. If you receive financial aid you may include the added cost of the insurance on your financial aid request. The student is responsible to determine that health insurance coverage includes provisions for emergency room visits in the event of a needlestick or other high risk exposure in the clinical setting, as well as the costs of anti-HIV drugs if the physician determines they are warranted. For example, Kaiser coverage does not always extend to emergency room visits out of their area of service.

Since the School of Nursing policy for needlestick and other bloodborne pathogen exposures may involve an emergency room visit and may require an initial course of anti-HIV drugs, started within one hour, complete insurance coverage is especially important. These costs could easily reach \$300 or more for the initial incident. If you have to start on anti-HIV drugs for a prolonged period, it would be quite expensive. Several students experience needlesticks each year, so it is not an uncommon problem.

Please note that Student Health Services provided on campus are not available evenings and weekends, do not cover emergency room treatment, or the costs of anti-HIV therapy, so additional coverage is necessary. Supplemental health insurance may be purchased through CSU, Chico's student accident and sickness insurance plan at the time of registration. Descriptions of the policy are available online at: <https://www.csuhealthlink.com/>

### Professional Liability

Professional malpractice coverage is encouraged for all clinical courses. The university currently maintains a blanket policy covering the students enrolled in clinical courses. This policy does not cover students outside of the clinical course. RNs are strongly advised to maintain a private malpractice policy to cover them in their professional practice site.

### Automobile

Laboratory experiences are in various settings such as hospitals, health departments, and schools throughout Butte County and surrounding counties, and require that students have access to a car. Some clinical facilities may be considerable distances from the Chico campus, i.e., Paradise, Oroville,

Marysville, Red Bluff, and Redding. A current driver's license and automobile registration are mandatory. The car **MUST** be insured with an agency that is registered in the State of California. Currently, the minimum acceptable coverage is for bodily injury of \$15,000/\$30,000 and for damage to the property of a third person of \$10,000. The public and mental health agencies require an Affidavit of Coverage in order for the student to be assigned for experience. Insurance verification is required in N425 and N474 of the nursing program prior to enrolling in these courses.

#### Cardio-Pulmonary Resuscitation (CPR)

Prior to enrolling in any clinical courses (N425 or N474) you must show a class "C" or professional CPR card that includes certification in two-man CPR. Your card must be current throughout the semester. CPR renewals are required yearly for students even if the card shows a 2 year expiration date.

#### Immunizations

The School of Nursing at CSU, Chico requires all new students to have the following immunizations and tests (listed below) before entry into the program; they are to be kept current throughout the program. Students may not enter the clinical practicum course or agencies unless these requirements are completed each year.

It is assumed that all new students have previously received the usual childhood immunizations (which are required during public school attendance) for: diphtheria, tetanus, whooping cough, measles, mumps and polio. If the student has not had these immunizations, or is unsure, it is highly recommended that students discuss their past immunization history with their personal physician and to have the appropriate immunizations as needed.

1. Requirements
  - a. Tetanus booster given within the past ten years.
  - b. Annual PPD skin test for TB. Students must submit PPD skin test results to the School of Nursing prior to the beginning of each semester. Students with negative skin test results need no further evaluation other than an annual PPD skin test. In accord with county and state health policy, if a student has a new positive skin result, a chest x-ray is required. If check x-ray is positive, TB prophylaxis must be initiated. An annual symptom checklist is required. A student showing any of the following symptoms needs follow-up, on an individual basis: weight loss, productive cough, bloody sputum, chest pain, shortness of breath, fatigue, fever, night sweats.
  - c. Rubella (German measles) vaccine, usually given as "MMR" (Measles, Mumps, Rubella). Positive Rubella titers will be accepted in lieu of vaccination records.
  - d. Rubeola (10-day measles) is currently epidemic in California. Health care providers are at high risk for exposure and transmission of this disease. You are required to show proof of a second booster immunization against measles (rubeola or 10-day measles, not to be confused with Rubella, German Measles) prior to entering clinical. This booster is in addition to your initial MMR vaccine. If born prior to 1957 and you know you have had Rubeola, you may verify with a note from your doctor or a rubeola titer. The Student Health Center will offer the vaccine during registration week, and many health departments offer free vaccines. If you are pregnant or plan to be within the next three months, consult your physician. A positive titer for Rubeola can be accepted in lieu of a booster.

- d. Completion of Hepatitis B immunization series is required of all students entering the nursing program. An information packet about Hepatitis B and the immunization series will be sent with acceptance letters. Students refusing the vaccination series must sign a form releasing the University, College, School, faculty and clinical agencies of any liability for their decision. If you fail to complete the series within the prescribed timeframe, you will be ineligible to participate in clinical courses until immunity has been confirmed. An immune titer is recommended for all students after completion of the semester.
  
- e. **Annual Influenza Vaccination:** You must provide proof of an annual influenza vaccination. I encourage you to get vaccinated during the numerous flu clinics being put on by the Student Health Center and the School of Nursing the end of Sept. and early October 2010. The schedule for these clinics is posted in the Nursing Office and these vaccinations are provided at no cost to students.

Typically, however, health care providers at these influenza clinics do not provide proof of immunization. We have therefore included a “proof of immunization” form below, which you should take with you to the site where you are vaccinated for signature verification.

The 2010 Influenza Vaccine Recommendations of the federal Advisory Committee on Immunization Practices (ACIP) are available at:  
<http://www.cdc.gov/mmwr/pdf/rr/rr59e0729.pdf>

**Please seek the advice of your medical healthcare provider about the advisability of having this vaccine if you are pregnant.**

PLEASE RETURN THE FOLLOWING FORM TO THE SCHOOL OF NURSING  
 AS PROOF OF YOUR INFLUENZA VACCINATION.

(Be sure to make a copy for your records as well).

<b><u>Proof of Influenza Vaccination for CSU Chico, School of Nursing Students</u></b>
Student Name _____
Date Influenza Vaccination Was Administered _____
Signature of Agency Representative /Provider Administering Vaccination _____

- f. **For TDAP:** You can get this immunization at the Student Health Center. Effective Thursday, September 16 through October 31, or while supplies last, please be advised that the Health Center will be holding ongoing vaccination clinics during the times and days listed below:

Wednesdays: 9:15 - 11:00 a.m. AND 1:00 - 4:00 p.m.

Thursdays: 8:00 - 11:00 a.m. AND 1:00 - 4:00 p.m.

This shot is available for \$10 for eligible students who qualify for the vaccine based on their immunization history. For more information, click here:

[http://www.csuchico.edu/shs/announcements/pertussis\\_announcement.shtml](http://www.csuchico.edu/shs/announcements/pertussis_announcement.shtml)

In addition, Butte County Public Health Department is offering free pertussis vaccines for the month of Sept. 2010. (Normal cost is \$43.00). You will need to make an appointment (pertussis clinic – 891-2732.) The information on the vaccine and the contact information is included in the web link below: <http://www.buttecounty.net/publichealth/news/10-12-O.pdf>. Additional information about the California pertussis epidemic can be found at <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx>.

**Please seek the advice of your medical healthcare provider about the advisability of having this vaccine if you are pregnant.**

\*\*Effective spring semester 2011, the CSUC School of Nursing will require drug testing, Tdap (pertussis) vaccination, proof of auto insurance, and annual influenza vaccination for all students enrolled in the program. This is being done to meet the ever increasing clinical requirements set forth by the agencies in which our students complete their practicum courses. All continuing students must provide proof of these new clinical requirements by January 3, 2011 or you will be dropped from your spring 2011 clinical courses. Turn in copies of your records and make sure to keep a copy for yourself.

## 2. Procedure

You need to provide documentation of all immunizations on entry to the program. Prior to the semester in which you plan to take N425 and N474, make sure that all clinical requirements/immunizations are up to date and submitted to the School of Nursing on the form provided. You will not be permitted to register for clinical courses until all required information is on file and current.

Here is a checklist for you to assist with completing all the requirements needed for the program:

**CSU, Chico School of Nursing Clinical Requirements Checklist  
for RN-BSN Students Entering in Fall 2010**

<b>Clinical Requirement</b>	<b>Date Copies of Documentation Due to School of Nursing</b>	<b>Done? (Use checkmark)</b>
Tetanus 1	August 16, 2010	
Tetanus booster 2 (within last 10 years)	August 16, 2010	
Pertussis booster (if not included in Tetanus Booster 2)	August 22, 2011	
MMR	August 16, 2010	
2 <sup>nd</sup> Measles (booster)	August 16, 2010	
PPD (TB) skin test year 1 of program	August 16, 2010	
PPD (TB) skin test year 2 of program	August 16, 2011	
Hepatitis 1	August 16, 2010	
Hepatitis 2	August 16, 2010 or no later than Oct. 16, 2010 if series begun summer 2010	
Hepatitis 3	August 16, 2010 or no later than April 16, 2011 if series begun summer 2010	
Varicella booster or proof of exposure	August 16, 2010	
Professional Rescuer CPR year 1 of program	August 16, 2010	
Professional Rescuer CPR year 2 of program (note this must be renewed annually even if card states it is good 2 years)	August 16, 2011	

Health insurance- entering the program	August 16, 2010	
Health insurance- 2 <sup>nd</sup> year of program	August 16, 2011	
Auto insurance- entering the program	August 16, 2010	
Auto insurance- 2 <sup>nd</sup> year of program	August 16, 2011	
Background check (upon entering the program)	August 16, 2010	
Drug testing (upon entering the program)	January 3, 2011	
Influenza vaccination- year 1 of program	January 3, 2011	
Influenza vaccination- year 2 of program	January 2, 2012	
Current CA RN license on file in nursing office (update so current during the entire 2 years of the program)	August 16, 2010	

### Standard Precautions

In order to protect nursing students against a broad range of blood-borne diseases that are transmitted by direct or indirect contact with infective blood or other body fluids, the School of Nursing has adopted a policy of standard body substance precautions. Infectious diseases requiring such precautions are those that result in the production of infective blood or body fluids and include Hepatitis B, Hepatitis non-A, non-B, Human Immunodeficiency virus (AIDS), Syphilis, Malaria, Leptospirosis, Creutzfeld-Jakob diseases, and the arthropodborne viral fevers such as dengue, yellow fever, and Colorado tick fever or others that produce infective body fluids.

Body substances include blood and all body fluids. Standard refers to the blood and body fluids of all patients, not just known infected patients. Treating all patients' blood and body fluids as hazardous provides the best protection of student nurses without compromising patient care and confidentiality. This policy is consistent with the policies of the local hospitals in which students are assigned for clinical courses and the latest (2005) Center for Disease Control Recommendation to Health Care Workers on the

Prevention of HIV Transmission in Health-Care Settings, see link <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html> for more information. Health Care Workers are defined by the CDC as persons, including students and trainees, whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting.

Students will be taught the following guidelines and will practice these techniques both in simulation labs and in the actual clinical settings in hospitals, clinics, offices, and homes.

1. Standard precautions apply to blood and other body fluids containing visible blood. **BLOOD IS THE SINGLE MOST IMPORTANT SOURCE OF HIV, HBV, AND OTHER BLOODBORNE PATHOGENS IN THE OCCUPATIONAL SETTING.**
2. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any client is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all clients for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
3. Standard precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands.
4. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or body fluids. Hands should be washed immediately after gloves are removed.
5. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments during disposal of used needles, and when handling sharp instruments after procedures.
6. **DO NOT RECAP** used needles by hand; do not remove used needles from disposable syringes by hand; do not bend or break or otherwise manipulate used needles by hand. Place used disposable needles, syringes, scalpel blades, and other sharp items in puncture-resistant containers for disposal. Locate the puncture-resistant (Sharps containers) as close to the use area as is practical.
7. Use sterile gloves for procedures involving contact with normally sterile areas of the body. Use examination gloves for procedures involving contact with mucous membranes unless otherwise indicated and for other client care or diagnostic procedure that do not require the use of sterile gloves. Gloves should be changed after contact with each client. Do not wash or disinfect surgical or examination gloves for reuse. Use general purpose utility gloves (e.g. rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures.
8. Health care workers who have exudative lesions or weeping dermatitis should refrain from all client care and from handling client care equipment until the condition resolves.
9. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, and other ventilation devices

should be available in areas where the need for emergency mouth-to-mouth resuscitation is predictable.

10. Handle soiled linens as little as possible and minimize shaking or other agitation to diminish contamination of air and personnel. Wet linen soiled with bloody fluids must be placed in leak resistant bags in the room in which it was used.
11. Put all specimens of blood and body fluids in well-constructed containers with secure lids to avoid leakage during transport. Avoid contaminating outside of container when collecting specimen.
12. Follow agency policies for the disposal of infective waste, both when disposing of and when decontaminating materials. Excretions containing blood should be poured down drains that are connected to a sanitary sewer.

Students are responsible for learning and complying with the written policies of the hospital or agency to which they are assigned for clinical experience.

### BLOODBORNE PATHOGEN EXPOSURE NURSING STUDENT PROTOCOLS

This document provides a guide to safeguarding your health following an exposure to bloodborne pathogens in the clinical setting. Keep this document handy when in clinical. Keep information on your health insurance handy as well. All costs involved in your testing and treatment are your responsibility.

In the event that you experience a needlestick, cut, mucous membrane exposure or nonintact skin exposure (i.e. chapped or abraded skin) to:

- blood,
  - fluids containing blood,
  - other potentially infectious fluids (semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids) follow the procedures below:
1. Clean the area exposed immediately. For needlesticks or cuts, use soap and water to wash the area. For eye exposure, irrigate the area with clean water or saline. For splash exposures on nose, skin or mouth, flush the area with water.
  2. Immediately report, within 10 minutes, this exposure to your clinical instructor and preceptor or staff nurse, who should report to the nursing supervisor.
  3. With the assistance of your instructor or staff nurse, determine the risk of transmission and the status of the source (patient). Use the attached Public Health Service Guidelines to determine the exposure code and the HIV status code of the exposure source.

Consider:

- the type of exposure (intact skin, mucous membranes, percutaneous)
- the type of fluid involved
- depth of puncture

- volume of fluid
- duration of contact
- age of specimen

Assess the Source (Patient):

- Assessment of any risk factors for blood borne pathogens (history of IV drug use, blood transfusion or organ transplants prior to 1992; chronic hemodialysis; high risk sexual behaviors; received clotting factors before 1987).
- History of Hepatitis B, Hepatitis C or HIV?
- If known HIV positive, is there information on viral load or treatment history?
- Obtain HIV antibody, Hepatitis B surface antigen (HbsAG), Hepatitis B core and surface antibodies, and Hepatitis C antibody levels on the source patient if possible. If the patient is hospitalized, the patient's physician will be contacted and the patient will be asked for informed consent to have bloodwork drawn. Some hospitals can obtain stat results from an HIV test in 20 minutes.
  - If the patient is in a community setting, the patient's physician must be contacted for the lab work order, the patient must consent to the lab work and to the release of the results to your physician. Assistance may be needed to get the patient to the designated lab. The nursing instructor or preceptor may assist with this process. Cost of the lab work will usually not be covered by the patient's insurance coverage or by the agency where the injury occurred. The student will usually be responsible for the lab costs for the patient blood draw. (The student's health insurance is usually not willing to pay for lab work for the source patient, though this may be negotiable).
  - In community settings that don't have access to the STAT HIV test, you may not know the patient source HIV status for several days. In this case, you may start the PEP regimen, and then discontinue it once you know the patient's HIV status is negative.

If the combination of the exposure code and the HIV status code for the patient indicate that post-exposure prophylaxis (PEP) is needed (i.e. treatment with anti-HIV drugs), treatment should be started within one hour of the exposure. If the exposure code and the HIV status code for the patient are low, treatment may not be indicated, but the decision should be made within one to two hours, in consultation with a physician.

4. Seek treatment within one hour. Time is of the essence.
  - Use hospital emergency rooms or prompt care centers, which are close to you. Urgent care or prompt care type facilities may be able to get you in more quickly than a full-service ER. In Chico, Enloe Prompt Care at Bruce Road is recommended.
  - The Student Health Center cannot do the initial lab screen and does not carry the PEP drugs.
  - You may also contact your own physician, but don't delay getting treatment if you can't see your own physician within one to two hours.
  - Treatment includes drawing baseline lab values for the student (HbsAG, Hep C antibody and HIV).
  - All costs of lab work and treatment are the responsibility of the student. The institution or the agency where the exposure occurred has no responsibility to provide any testing or treatment related to the exposure. Estimated cost of PEP drugs for four weeks is about \$330.
5. **A 24-hour hotline for health professionals is available to help guide you through the process: 1-888-448-4911.**

Besides the initial lab work and decision about the need for PEP, the following is recommended:  
Tetanus

- If your last tetanus booster was over five years ago, get another.

#### Hepatitis B

- If your HbsAG results indicate you are a ‘nonresponder’ you will need a Hep B vaccine booster. You may be recommended to repeat the entire Hep B series.
- If the source (patient) was Hep B positive or unknown, you will likely need Hep B Immune Globulin (HBIG) also.
- If you have not yet completed the Hep B vaccine series, tell your physician where you are in the series to decide when the next booster should be given.
- No routine follow-up after treatment for Hep. B is recommended because postexposure treatment is highly effective.
- Report symptoms of hepatitis (yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness).

#### Hepatitis C

- There is no vaccine against HCV, and no treatment after exposure that will prevent infection.
- Obtain baseline HCV testing, and testing 4-6 months after exposure.
- Be aware of signs and symptoms of hepatitis (see above) and report to your physician.

#### HIV

- After baseline testing, follow-up testing should be done at 6 weeks, 12 weeks and 6 months. (Student Health Center can do the follow-up testing).
- If you start PEP, you should be checked for drug toxicity (CBC, kidney and liver function tests) before starting treatment and two weeks after starting treatment.
- Report sudden or severe flu-like illness, especially if you have fever, rash, muscle aches, tiredness, malaise, or swollen glands.
- Follow recommendations for preventing transmission of HIV (don’t donate blood, organs, semen; avoid sexual intercourse or take precautions; avoid breast feeding).

6. Complete an accident form at the School of Nursing.
7. Obtain a copy of Exposure to Blood: What Health-Care Workers Need to Know from the School of Nursing Office.

Other information is available at:

[www.cdc.gov/ncidod/diseases/hepatitis/index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm)

[www.cdcnpi.org](http://www.cdcnpi.org)

[www.cdc.gov/ncidod/hip](http://www.cdc.gov/ncidod/hip)

[www.cdc.gov/niosh](http://www.cdc.gov/niosh)

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

The following label should be carried on student name tags, so they have it handy for quick reference:

#### FOR NEEDLESTICK OR BODY FLUID EXPOSURE:

- Wash area immediately.
- Report exposure within 10 minutes to RN and instructor.

- Have instructor, preceptor or other begin process of assessing degree of risk from the exposure source.
- Seek immediate treatment (within 30 minutes) at nearest hospital emergency room or urgent care center.  
(Do not go to Student Health Center).
- Start PEP, if needed, within 1-2 hours of exposure.
- **Call hotline: 1-888-448-4911 if questions.**
- Read Exposure to Blood: What Healthcare Workers Need to Know.  
[http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf)
- Complete accident report at School of Nursing.

Revised 3/27/07

### Pregnant Students

A physician's consent to fully participate in the clinical setting is required of all pregnant nursing students. The School of Nursing and its faculty cannot eliminate all risk factors faced by pregnant students in the clinical setting.

Pregnant students must seriously consider what, if any, increased risk there is to the pregnancy from exposure to contagious disease, environmental agents, radiation, chemotherapeutic drugs, and physical exertion in the clinical setting. The pregnant student should discuss these issues with her physician in making her decision on whether to participate in clinical courses.

Pregnant students may choose to stop out of Nursing for medical reasons, or to postpone the clinical portion. Ability to enroll in clinical courses following a stop out will be dependent on space availability.

Pregnant students who continue in the program with physician's consent must be vigilant to avoid undue risks, such as exposure to X-rays, volatile gases such as anesthetics and cancer chemotherapy drugs. Be especially careful to abide by universal precautions (see clinical policies). Be certain to consult with your clinical instructor if you have any indication that a client has an infectious disease.

You will be asked to view a videotape on viral exposure during pregnancy and sign a verification for your file that you have seen the video.

Pregnant students are not covered by the University for any accidental exposures or health problems related to the clinical.

## CLINICAL POLICIES

### Agency Contracts

Students achieve some of the course requirements through practical experience in various health care agencies. Student access to facilities is regulated by contracts between the University and the agency, covering policies such as immunizations, workmen's compensation insurance, malpractice and car insurance requirements. Students who do not meet an agency's requirements will be denied access to that facility. It should be noted that the student is not considered an employee of the agencies involved, and has no claim for any employee benefits such as sick leave, vacation pay, social security, retirement benefits, worker's compensation or unemployment benefits. Workmen's compensation may, however, be available from CSU, Chico for injuries incurring during clinical courses (Check with the Nursing Office).

Students cannot make their own clinical agency arrangements as University and agency legal contracts are required. Faculty must make all arrangements.

Clinical Guidelines - Staff, Student and Instructor Responsibilities  
(See Course Supplement for Guidelines specific to Each Course)

Background Checks

Several school and community agencies are now requiring background checks for any one who will be working with children. If you are assigned to a school nurse setting for public health you will be asked to submit for a background check before the clinical begins.

Student Injuries

If a student is injured in a clinical setting, the agency may provide emergency care, but the student will be responsible for the cost of the care. When possible, the student should receive care at the Student Health Center or private care provider rather than at the clinical agency, as the agency is not under obligation to provide free care. All injuries, including "needlesticks" should be reported immediately to the clinical instructor. An accident report must be submitted to the School of Nursing. Usually an incident report will also be requested by the clinical agency. (see Protocol for Bloodborne Pathogens)

Clinical Absence Policy

Clinical practicum experiences are required for students to successfully complete this program. Students are required to report to all clinical experiences and to be on time. If the student will be late or absent, the student must notify the clinical instructor before the experience begins or as required by the instructor. Any absence in which the instructor is not notified will be considered unexcused and cannot be made up.

Make-ups must be arranged by the instructor. Most make-up experiences will not be equivalent to regular clinical time due to the required faculty supervision in the agencies and consequently may result in a reduction in clinical grade. Absences of more than 10% of total clinical time due to accidents, illness, pregnancy or other circumstances require negotiations with the instructor and the Director to determine if, and how the student can continue in the nursing program. This is regardless of whether make-ups are completed.

Failure to comply with any of the above will result in the clinical grade being lowered or failure of the clinical course. A "Report of Absence or Missed Deadline" form must be completed for each missed clinical experience. See the course syllabus for specifics related to that clinical experience.

Patient Confidentiality

Patient names should never be used in nursing care plans or case studies. Use initials or pseudonyms only. Assignment sheets used in the clinical setting should be destroyed in such a way that patient data cannot be linked to name or room number. You may not photocopy any portion of a patient's medical record. All students will be required to review information on the Federal Health Insurance Portability and Accountability Act (HIPAA) prior to taking N474 to comply with patient confidentiality standards.

## Dress Code

The School of Nursing must comply with the policies of various hospitals, clinics, and other agencies where clinical practice is scheduled. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies or hospitals. Any other concerns will be addressed through your clinical instructor who has the final decision on dress code implementation.

If unprofessional attire is reported in clinical agencies, clinical grades may be lowered, or preclinical access to patient records may be restricted; additionally, the student may be placed on nursing probation for unprofessional behavior.

In all areas:

- Acceptable jewelry includes only a wedding ring (or cultural wedding symbol), and a watch.
- Earrings must be studs only and are limited to no more than two per ear lobe.
- Necklaces will not be worn outside the uniform when providing patient care.
- No other visible body jewelry or piercing is permitted.
- No visible tattoos are permitted. Previous tattoos should be covered.
- Long hair must be worn up or back from the face, with no extravagant hair ornamentation.
- Make-up should be used only in moderation.
- No fragrances should be worn in clinical settings.
- Long fingernails are not permitted; nails must be kept neat in appearance and clean.
- No acrylic (false) nails will be allowed.

Some clinical areas will have more stringent requirements for jewelry due to potential safety hazards.

## Professional Attire

When a uniform is not required, students must dress in a professional manner. Whether or not a lab coat is required with your professional attire will be designated by your clinical faculty. Regardless of the clinical agency setting students must conform to the following:

- CSU, Chico photo ID name tag
- Tops must have sleeves
- No breast tissue or cleavage may be visible
- No skirt above knee length
- No open-toed shoes
- No shorts, no jeans, no short tops showing midriff
- No torn clothing.

When a lab coat is worn, professional attire is always required. A laboratory coat is required and must be worn, with your CSU, Chico photo ID name tag, when in the hospital other than for clinical labs, for example, when selecting patients, going to medical records, or reviewing charts. These requirements are in accordance with contractual agreements with clinical agencies for individuals when in the agency in a professional student role.

Approved – 4/05

## Chemical Abuse

Because patient safety is of the utmost concern, a nursing instructor in any classroom or clinical setting is expected to take immediate corrective action if a student, from a professional discipline such as nursing,

who provides patient care, is suspected based on inappropriate conduct, physical symptoms or other indicators of being under the influence of drugs or alcohol. If chemical abuse is proven (i.e., misdemeanor or felony conviction or through University disciplinary action), a student can be dismissed from the nursing program.

The California Board of Registered Nursing states that instructors have the responsibility and authority to take immediate corrective action with regard to the conduct and performance of students suspected of chemical abuse. If a nursing instructor suspects such impairment, he/she will immediately confront the student and remove the student from the classroom or clinical setting. A letter of concern documenting the incident will be sent to the Office of Student Judicial Affairs for formal disciplinary follow-up. Re-entry into the classroom or clinical setting is contingent upon acceptance by the student of all stipulations set forth by the Student Judicial Affairs Coordinator and the Director of the School of Nursing.

The above policy is in compliance with guidelines of the California Board of Registered Nursing (BRN).

The above policy is in compliance with guidelines of the California Board of Registered Nursing (BRN).

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness, the California Board of Registered Nursing recognizes that:

- a. these conditions are diseases and should be treated as such;
- b. personal and health problems involving these diseases can affect students' academic and clinical performance and that the impaired nursing student may pose a danger to self and a grave danger to the patients in her or his care;
- c. nursing students with these diseases can be helped to recover;
- d. it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness
- e. confidential handling of the diagnosis and treatment of these diseases is essential.

...the Board expects that [nursing instructors] have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

It is outside the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, may prevent them from being licensed to practice nursing in the State of California. (Board of Registered Nursing, 2007. EDP-B-03)

### Identifying and Dealing with Chemical Dependency

An estimated 144,000 – 192,000 of nurses (or 6-8%) have a chemical impairment problem. Surveys of these nurses indicate that at least 22% of them may have been chemically impaired during their nursing education. Several factors were identified by these nurses that may have contributed to the dependence:

1. Family history -- children of alcoholics, or of dysfunctional families, which often lead to lack of positive self-concept and positive coping skills;
2. Economic status -- too little money was a source of stress; too much money was a factor in opportunity, permitting purchase of drugs or alcohol;

3. Social environment -- lack of strong support systems, or peer pressure to use chemical substances;
4. Negative self-perceptions, which were disguised by chemical use;
5. Pleasant sensations accompanying chemical use;
6. Nursing focus -- allowed students to focus on caring for others, while ignoring their own problems; also, a lack of curriculum content on chemical dependence in the professional caregiver.

While we feel our curriculum does deal adequately with the topic of chemical dependence, students do not get much of this until the later semesters of nursing. It is important to be aware of the magnitude of the problem. It is also important to identify the problem early, and to seek appropriate help before your career is affected. There are many support programs on campus and in the community for assisting with the problem. The greatest difficulty is breaking through the denial of the person experiencing the problem. In nursing, it is sometimes difficult to accept that one or one's colleagues may actually be chemically impaired.

The following are signs/symptoms of student alcohol/substance use: unexplained drop in grades (although many impaired students are high achievers); irregular school attendance; odor of alcohol on breath in class; change in health or grooming; desire to be isolated or secretive; decreased interest in school organizations; performance shrinkage; frequent "flu" episodes, chronic cough, chest pains or "allergy" symptoms; unexplained mood changes -- irritability, hostility; sudden verbal mistreatment of peers or clients; impaired short term memory; frequent accidents; being hospitalized or arrested because of drinking or drug-related behavior.

If you feel you have a problem, please be willing to discuss it with the RN Advisor, or someone on the faculty you feel close to. CADEC on campus can also provide education, assessment and support. It is located in the Student Services Center, 190, x6450. Hours are M-F, 8am-5pm. If you feel one of your colleagues has such a problem, you may wish to discuss with your faculty, for advice on how to confront the individual and encourage him/her to seek help. If a student is impaired in the classroom or clinical setting, it is imperative that a faculty member be informed immediately, at the time of the incident. There is too much at stake for all of us to have a student who is impaired interacting with patients. You do have the right and the obligation to act on your concern about impaired peers. Students may register formal complaints if they are aware of incidents or behaviors that indicate chemical impairment. This process can be initiated by discussing your concerns with the semester coordinator or the Director. We need to direct as much concern to caring for ourselves and our peers as we do for our clients.

#### POLICY FOR STUDENTS SUSPECTED OF DRUG OR ALCOHOL ABUSE/DEPENDENCY

Alcoholism and drug dependencies are prevalent in American society, and are of major concern when they occur in nurses and nursing students. Drug and alcohol abuse and dependency are recognized as illnesses and major health problems. They are also a threat to patient safety. Recognition of these problems is a key to protecting patients, as well as for obtaining proper treatment for the nursing student. Nursing faculty, nursing staff and nursing student peers have an obligation to act on concerns regarding alcohol or drug abuse or dependency when encountered in the nursing student. The School of Nursing follows the California Board of Registered Nursing guidelines for dealing with nurses impaired by drugs or alcohol.

The School of Nursing adheres to the following clear prohibitions regarding drugs and alcohol.

1. Students may not possess, or be under the influence of alcohol while in clinical or nursing classroom settings.
2. Students may not be under the influence of drugs, i.e. controlled substances, or prescription drugs, when there is the possibility that such use may impair the student's ability to safely perform nursing care, or impair the learning in a classroom setting.
3. Students may not be involved in the illegal possession, distribution, sale, diversion or purchase of a controlled substance.

Nursing faculty are obligated to take immediate action if a student involved in School of Nursing courses is suspected, based on inappropriate conduct, physical symptoms, or other indicators, of being under the influence of drugs or alcohol. The following policy describes actions that may be taken when students are suspected of violating drug or alcohol policies. The School of Nursing Student Guidelines describes risk factors, signs and symptoms, and resources for dealing with alcohol and drug abuse and dependency.

Procedures:

1. Faculty or peers who suspect a student of alcohol or drug use/dependency (based on a pattern of behavior consistent with impairment) will document specific behaviors or confirmed evidence of such impairment. This will be submitted in writing to the Director who will determine the action to be taken. If the Director and involved faculty feel the evidence is compelling and indicates violation of drug and alcohol policies, the student will be confronted with the concerns and evidence. The Director and involved faculty will decide what type of follow-up is indicated, based on the outcome of this conference. Options include, but are not limited to:
  - a. A warning, with continued observation; confidential consultation with all other nursing faculty who have contact with the student will occur, to involve them in continued observation.
  - b. Immediate request for a body fluid screen for alcohol or drugs. All costs of testing will be borne by the student. Refusal to comply with testing will result in dismissal from the nursing program. Subsequent re-entry into the program will be contingent on approval of the School of Nursing Executive Committee.
  - c. Referral to a drug or alcohol counselor for assessment of drug or alcohol problems. Resources will be suggested to the student; choice of counselor will be made by the student. All costs will be the responsibility of the student. The student will be asked to release the results of this assessment to the School of Nursing.
  - d. Immediate administrative probation, resulting in removal of the student from all clinical courses. The student will be subject to a contract that must be signed and adhered to for continued participation in any portion of the nursing program.
  - e. The student's transcript will be marked to indicate School of Nursing Administrative Probation.

2. If reasonable suspicion of alcohol or drug use occurs in the classroom or clinical setting, the student will be immediately removed from that setting. The faculty member will discuss the concerns with the student. If reasonable suspicion still exists, the Director of the School of Nursing (or assistant director or Nursing Executive Committee member in her absence) will be informed and will determine what actions need to be taken. Screening for drugs or alcohol will be required. The student will have to give consent for such testing, and authorization for results to be made available to the School of Nursing.
  - a. If use of alcohol is suspected, the student will be transported to campus and will be required to submit to a breath test administered by campus police. If the student is in a clinical setting distant from campus, a blood alcohol may be drawn at an available health care agency.
  - b. If drugs are suspected, the student will be required to provide a witnessed urine sample or a blood sample. Such testing may occur at the Student Health Center during regular hours, or at a healthcare agency such as a hospital emergency department or a prompt care center.
  - c. All testing costs will be borne by the student.

3. Contract Procedure

Any student with admitted or proven drug/alcohol abuse/dependency, or who has a strong pattern of impaired behaviors witnessed by two or more faculty, staff or students, will be subject to the terms of a contract in order to continue in the Nursing program. The contract will include, but is not limited to:

- a. A requirement for psychological counseling and rehabilitation, with verification provided to the School of Nursing. Costs of such counseling will be the responsibility of the student. Periodic reports from the counselor to the Director of the School of Nursing will be required.
- b. Consent by the student for random body fluid screens at the request of the School of Nursing. Any costs for testing will be the responsibility of the student. Refusal to submit to testing or failure to appear when requested for testing will be considered a positive test result and will lead to immediate and permanent dismissal from the nursing program.
- c. Agreement by the student to absolutely refrain from use of involved substance(s) (e.g. alcohol, controlled substances and illicit drugs) during the period of the contract.
- d. Program requirements for licensure will not be considered met until the student is determined to be rehabilitated by the School of Nursing Executive Committee, even if all coursework has been completed (i.e., the student will not meet the presumption of meeting the professional/ethical requirements of the program until a program of rehabilitation is complete). Normally, a student will not be certified to the Board of Registered Nursing as having met all the program requirements for licensure until one full year of negative random body fluid screens have been obtained.
- e. Agreement that the concerns and conditions imposed for rehabilitation may be released to the Board of Registered Nursing at the time the student applies for Licensure (this includes all state boards where nursing licensure is applied for).

- f. Violation of the terms of the contract will result in permanent dismissal from the program.
4. General Guidelines Governing Re-entry of Impaired Students into Classroom and Clinical Settings.
- a. A student with known or suspected chemical impairment may participate in on-campus nursing courses if a contract is in place, and the student adheres to the terms of the contract.
  - b. Normally\*, a student with known chemical impairment will be restricted from participation in clinical courses until one year of negative random body fluid screens have been obtained.
  - c. A student with known chemical impairment will be restricted from access to controlled substances in the clinical setting. The student absolutely will not administer narcotics; will not work with PCAs, narcotic patches, or other drugs with abuse potential as specified in an individual contract. Students must notify the clinical instructor immediately when patients have changes in narcotic orders.
  - d. An impaired student who is readmitted to clinical courses must agree to inform immediate nursing supervisors on the day of care regarding the chemical impairment contract. All nursing faculty involved with the student will also be informed of the conditions of the contract.
  - e. Depending on the nature of the chemical impairment, the student may be restricted from participating in those clinical courses where supervision is less available, where the student might have access to prescription drugs in client homes, or might be exposed to illicit drugs in client homes.

*\*"Normally" is used to allow discretion based on type of impairment, course of rehabilitation, and recommendations of the School of Nursing Executive Committee.*

Indications for reasonable suspicion of drug/alcohol abuse or dependency:

Behaviors:

1. Observed/reported possession or use of a prohibited substance
2. Apparent drug or alcohol intoxication
3. Observed abnormal or erratic behavior
4. Deterioration of classroom or clinical performance
5. Medication diversion
6. Unusual behavior such as verbal abuse, physical abuse, extreme aggression or agitation, withdrawal, depression, mood changes, or unresponsiveness; inappropriate responses to questions or instructions; other erratic or inappropriate behavior such as hallucinations, disorientation, excessive euphoria, confusion.

Physical signs or symptoms:

1. Possessing, dispensing, or using controlled substance
2. Slurred or incoherent speech
3. Unsteady gait or other loss of physical control; poor coordination
4. Bloodshot or watery eyes
5. Dilated or constricted pupils or unusual eye movement
6. Extreme fatigue, drowsiness, sleeping

7. Excessive sweating or clamminess of the skin
8. Flushed or very pale face
9. Highly excited or nervous
10. Nausea or vomiting
11. Odor of alcohol on breath, body or clothing
12. Odor of marijuana
13. Dry mouth
14. Dizziness or fainting
15. Shaking of hands or body tremor/twitching
16. Irregular or difficult breathing
17. Runny sores or sores round nostrils
18. Inappropriate wearing of sunglasses
19. Puncture marks or "tracks"
20. Disheveled appearance

Behavioral patterns:

1. Repeated absences
2. Frequent absences from work area
3. Frequently coming in late or leaving early
4. Alternate periods of high and low productivity
5. Complaints from patients, families, staff or other students
6. Making poor decisions or using poor judgment
7. An increase in errors, forgetfulness, and difficulty following instruction
8. Accidents related to apparent lack of concentration.

## ACADEMIC POLICIES

### Advising

RN Advising is mandatory for nursing students. The RN Advisor maintains active communication with RN-BSN students, via advising memos and individual meetings. Each RN should meet with the advisor at the beginning of the program and midway, to make sure that all degree requirements are included in the student's plan for progression.

### Academic Standing

A student must be in good Academic Standing in all University courses before and during the nursing program. Students failing to maintain a 2.3 average in nursing courses will be placed on School of Nursing probation for one (1) semester. Students who do not achieve the 2.3 in that semester must petition in writing to the Executive Committee to progress. The Executive Committee will decide if and how the student may proceed.

A student receiving a "D+" or below in any Nursing course cannot continue in the nursing program. The student may petition to the Executive Committee to re-enter the nursing program, only if serious and compelling conditions contributed to the poor grade. The Executive Committee, under the "advisement" of the semester faculty involved, will determine if and how the student may proceed in the nursing

sequence. A student may repeat no more than two nursing courses for grades of "D+" or lower. Grades of "C-" or better are also required in Nursing co-requisite courses, including Nutrition, English, Speech and Sociology/Cultural Anthropology.

Students who are admitted into the Nursing sequence are expected to progress through each semester in a pre-established sequential pattern. If that pattern is interrupted for any reason, students are not guaranteed that a clinical space will be available to them at a later time when they desire it. This applies to students who fail a clinical course and must repeat a semester, who stop out for pregnancy or illness, or who take a PEL (Planned Educational Leave) for any reason. Only 10 students can be accommodated in any clinical section. Students who stop out of sequence will be allowed to enroll in subsequent clinical courses on a space available basis only.

### Academic Honesty

Academic honesty is an issue of serious concern at this University and faculty expect students to maintain a high standard of academic integrity. When violations of academic honesty are uncovered, and charges are proved, the consequences are severe, ranging from failure in a course to long-term suspension from the University.

The university has specific policies/definitions about academic integrity, including what constitutes plagiarism, cheating, and misuse of sources. Academic integrity is defined by the university as "a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. From these values flow principles of behavior that enable academic communities to translate ideals to action."

(Center for Academic Integrity. "Fundamental Values Project" 23 March 2004)

Student and faculty responsibilities about academic integrity are clearly defined by the university. Please visit the site outlining EM 04-36 (revised 10/07), to read about these important topics and how they apply to you when completing and submitting work for all courses in the nursing program <http://www.csuchico.edu/prs/EMs/2004/04-036.shtml> . It is the expectation of this program that students uphold the ideals of academic integrity. This means to be knowledgeable about how to paraphrase and cite the ideas of other people correctly, to do your own work, to contribute equally when submitting group work, and to seek help through peer review, the instructor, or the literature if assistance in these areas is needed.

You should obtain a copy of the university memorandum and become familiar with the several categories of dishonest behavior that are the causes of most charges. Of particular importance are plagiarism, cheating on examinations, and misrepresentation. The office of Student Judicial Affairs maintains a website with links to documents about: avoiding plagiarism, unauthorized collaboration, and cheating <http://www.csuchico.edu/sjd/integrity.shtml> (cut and paste the link). All students should read these documents so as to avoid unintentional plagiarism or misuse of sources.

The School of Nursing expects rigid adherence to academic honesty, as part of the professional code of ethics for Nursing. Any student who violates these policies is placing future patients at risk as well as jeopardizing their own career potential. If such students are not caught early, they may become unsafe practitioners. As a Nursing professional you share in the responsibility for reporting peers who may be jeopardizing their clients by cheating.

The School of Nursing adheres to strict testing policies that include the following requirements:

1. Bring extra pencils, sharpened, or a silent pencil sharpener.
2. Sit every other seat.
3. Backpacks, totes, etc. are discouraged; if brought to the exam, they are to be left at the front of the room.
4. No cellular phones are permitted during exams.
5. You may not leave the room until have completed the test unless you have a written medical release from your doctor.

Academic honesty also applies to clinical situations, i.e., accurate reporting of clinical incidents to your instructor and integrity in all clinical interactions. Integrity includes respect for patient confidentiality.

### WRITING STANDARDS

The School of Nursing encourages writing assignments in all courses. Writing is used as a means of learning and communicating within the discipline. There are a variety of writing assignments within the School. Formal, scholarly papers have clearly specified evaluation criteria for the students to follow. There are also a variety of written assignments that are less formal and have other standards by which they are evaluated. There are impromptu in-class writing assignments that may not be evaluated at all. Writing that occurs in clinical settings must meet stringent criteria for clinical accuracy as well as meet legal charting requirements.

The purposes of written assignments vary. A formal paper may be written to demonstrate understanding or mastery of subject, or to communicate. More informal writing may be done to generate ideas, speculate, discover, or to think on paper. A sampling of the types of writings expected throughout the curriculum will be listed. Listed under the type of written assignment will be the general criteria used to evaluate the writing. All instructors give specific guidelines for all written work. (Samples of the specific standards used for evaluating some papers are on file in the School of Nursing.)

In-class individual or group writing exercises

-- may or may not be evaluated for content or format

Charting on patient care given

-- evaluated for content and format; may or may not be graded

Exams, brief or long essay

-- evaluated for content and format; graded

Clinical worksheets or logs

-- evaluated for content; individual instructors suggest format; may or may not be graded

Specific formal papers

-- evaluated for content; graded

Comprehensive formal papers

-- detailed guidelines given; graded for content and format

## Writing Competency

### Certification of Writing Proficiency Policies and Procedures

Policies and procedures relating to the graduation writing assessment requirement (GWAR) are in accordance with AAO 85-10 guidelines for scheduling, staffing, prerequisite and certification.

#### 1. Policies

- a. Nursing 422W, Leadership/Management and Professional Issues in Nursing, is designated as the writing proficiency (WP) course. Successful completion of the course (grade of "C-" or better) is dependent upon certification of writing proficiency.
- b. In the event a student has transfer credit equivalent to N422W then one of the following courses is designated to meet the WP requirement: N342W or N474, or a clinical course to be determined by the Director. After successful completion of the alternative course, the Director will then submit a graduation writing assessment requirement form (GWAR) certificate to Admissions and Records.

#### 2. General Criteria for Competent Writing

- a. Identification and development of an issue with supporting data using correct language.
- b. Explore, expand and analyze complex concepts.
- c. Neatness, and the style and format required by the School of Nursing (Publication Manual of the American Psychological Association, most recent edition).
- d. Writing relevant to the topic.
- e. Grammar and/or punctuation.
- f. Sentence and paragraph structure.
- g. Spelling and/or typographical errors.
- h. Each course will define format and expectations for required writing.

NOTE: Faculty reserves the right to require writing competency as part of their grading policies.

#### 3. Procedure for Implementing Writing Proficiency Policy

Upon identification of a student needing remediation, the faculty member will implement the following procedure:

1. Conference with the student to discuss specific problems and recommendations for remediation.
2. Complete "Remediation for Writing Proficiency" form in duplicate. The original will be placed in the student's file and a copy will be given to the student.
3. The faculty member will notify the semester coordinator of the action. This will be reported at the Nursing Executive Committee.

#### 4. Determination of WP

1. Students not considered to be proficient in writing in the major by faculty of the designated writing proficiency course will have their written work re-evaluated by two other faculty members from another semester. Anonymity of the student will be guaranteed.
2. Two out of the three faculty must agree that the student has not met the criteria (See 2).
3. Faculty readers will be selected on a rotating basis.

### Textbooks and Course Supplements

Textbooks for all courses can be purchased on campus at the Associated Students' Bookstore. Supplemental books are also available in the Bookstore. Course Supplements are sold at the first class meeting.

### Leaving the Program

Students sometimes decide to leave the nursing program, temporarily or permanently. Because readmission to the major is not guaranteed and remains highly competitive, students should consider decisions to drop out or stop out very seriously. It is very common for students to regret decisions and request readmission at a later time. Reinstatement is more likely if you follow the procedures below:

1. Consult with the RN Advisor.
2. Submit a letter to the Director, explaining your reasons for leaving the program, and your plans, if any, for re-entering at a later date.
3. Dropping a course – if you drop a course after census (Week 4 of the semester) you will **NOT** receive a refund of your fees for that class (per RCE policy regarding refunds of course fees).
4. If you are leaving the University, but plan to return at a later date, you should apply for a **Planned Educational Leave (PEL)**. This type of leave will avoid the costs of reapplying to the University if you return within a specific time frame. Forms are available in Admissions and Records or online. Re-entry to the program is contingent on space availability in the cohort you wish to re-enter. You should petition to re-enter the semester before you wish to return. The Executive Committee of the School of Nursing evaluates all petitions and ranks them in the event that space is limited.

Priority for re-entry is usually given to those who left for medical reasons, followed by financial, followed by academic reasons. The petition to the Executive Committee should explain the circumstances that led to withdrawal, and how those circumstances will be different on return to the program.

### Retention

The BSN is a degree that signifies readiness for beginning professional nursing practice. The faculty recognizes a responsibility to both the student and potential patients to produce graduates whose attitudes and behavior indicate suitability for carrying out their professional functions. If, in the best professional judgment of the Executive Committee of the School of Nursing, a student appears to be potentially unsafe or dangerous to patients and colleagues, the School will refuse to allow the student in the practice setting, thus preventing him/her from completing the program.

### Committee Participation

RN students may elect representatives to participate in nursing faculty meetings and committee meetings. Procedures for participation will be forthcoming.

## STUDENT RIGHTS AND RESPONSIBILITIES

### Guidelines for Student Behavior

It is expected that nursing students conduct themselves in a mature, professional manner. Students are to be respectful of their peers and instructors by being quiet during lectures and presentations. Leaving a class early or arriving late is disruptive and is not acceptable except under rare circumstances. Children and infants can be disruptive and, therefore, are not allowed in class or class-related activities.

1. It is the instructor's prerogative to require students to leave the classroom for rude, disrespectful, and disruptive behavior. Student disciplinary action can be taken.
2. Tests must be taken at their regularly scheduled times. In the event of an emergency or illness, you must notify the instructor or the School of Nursing Office (898-5891) prior to the scheduled test time. Failure to comply with these requirements may result in a zero grade for that test. If a make-up exam is permitted, it must be taken within two weeks of the original exam date.
3. Though we understand that unexpected issues can present themselves during a semester, students are expected to complete semester requirements as scheduled, unless there is a serious and compelling reason.
4. All students are required to complete an Absence or Missed Deadline Report form, in order to take a test at some time other than when regularly scheduled, hand in a paper after an established deadline, or to complete any missed clinical time. Additional information may be requested at the discretion of the faculty member. Completed forms will be kept in student files in the School of Nursing office. Note that failure to comply with these requirements may result in a failing grade for the portion of the course missed, with no make-up permitted. Use this information to plan your social, family and work lives around your course obligations. (Forms may be obtained from the School of Nursing office or from faculty members.)
5. Students must comply with the School of Nursing's test policies.
6. At the instructor's discretion, participation and attendance may be a component of the grading process. This will be delineated in the course supplement.
7. It is not acceptable for students to go to hospitals or other health care agencies and make their own contacts; this is the responsibility of faculty.

### Consequences of Student Violations

1. Request by instructor to stop disruptive behavior.
2. Letter to student with copy to go in student's file in Nursing Office.
3. University disciplinary action will be taken. See campus policy at <http://www.csuchico.edu/sjd/>

### Student Grievance Procedure

Students who feel they have been treated unfairly or arbitrarily are entitled to use the University-wide Student Grievance Procedures. Formal grievances are initiated ONLY after the informal process was attempted and found unsatisfactory in reaching a solution. The informal process starts at the School level:

the student should talk to the instructor involved. The second step is to talk with the RN/BSN Advisor. If a solution satisfactory to the student is not reached, the student then discusses the matter with the Director of the School of Nursing. The final step in the informal process would be to talk with the Dean of the College of Natural Sciences.

Most complaints (grievances) are resolved during the informal process. If not, the student should talk to the Coordinator for Student Judicial Affairs in Kendall Hall (room 112). Student Grievance Procedure and other related forms are available at: [http://www.csuchico.edu/sjd/stud\\_griev.shtml](http://www.csuchico.edu/sjd/stud_griev.shtml)

## FACILITIES

### School of Nursing Office

The School of Nursing at California State University, Chico, is located in Holt Hall, which is situated behind Bidwell Mansion next to Chico Creek. The Nursing Office is located in Holt Hall 369 and the media lab and skills labs are also on the third floor.

The School Office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m., during the school year. Summer hours vary. The phone number is (530) 898-5891. The Administrative Assistant in charge of the office and her assistant are available to assist students.

The names of faculty, the location of their offices, phone numbers, and office hours are posted in the School Office. Each faculty member keeps approximately five hours of office hours per week. Each faculty member has a mailbox located in the School Office where students may leave messages for the instructor. The California Nursing Students Association (CNSA) and Kappa Omicron (Chapter of Sigma Theta Tau) have mailboxes in the School Office where students may leave messages. CNSA and Kappa Omicron have bulletin boards opposite the skills laboratory.

### Tutoring and Other Learning Assistance

There are a variety of services available to help students successfully complete their course preparation on this campus. Please refer to the following website for student learning center services: <http://www.csuchico.edu/slc/> or assistance with writing, mathematics, reading, and study skills. This assistance is available online, in workshops, by tutors, and through courses. Please contact the RN Advisor for help in selecting services if you need assistance with any of these skills.

The School of Nursing has a retention coordinator to assist students who are having difficulty. Access to these services is by faculty referral. Limited tutoring will be available for specific problems designated by the faculty.

### Lost or Missing Property

Selected University and/or School property may be signed out for authorized educational purposes. If this property is lost or stolen while in the possession of the student, it is the student's responsibility to replace it. Failure to replace the property may result in the withholding of grades. Please see your instructor for information about replacement.

## HONORS PROGRAM

The Nursing Honors Program, which is consistent with University Guidelines, is comprised of a six-unit culminating experience: NURS 399H, Honors in Nursing, 3 units each. These courses are normally taken in the last two semesters of the nursing sequence.

Students are eligible for consideration into the Nursing Honors Program at the time they enroll in 422W. Two to three students are selected, based on the highest cumulative nursing GPA, which must be at least a cumulative nursing GPA of 3.5 or above and be within the top five percent of their semester class. Upon verification that selection criteria have been met, eligible students will be notified in writing.

## ACADEMIC ENRICHMENT OPPORTUNITIES

You may notice that, because of so many required nursing and general studies courses, we don't have electives in nursing. However, there are some opportunities that will allow you to develop your own special interests in nursing, with support and guidance from our faculty. These include:

### 1. Independent Study Courses in Nursing (N399)

These are courses supervised by a (willing) faculty member of your choice, focused on a topic or activity of your choice. Students in the past have worked on AIDS projects, studied specific diseases in-depth, and accompanied faculty members working as clinical nurses in local health care agencies, worked on manuscripts for publication, or worked on health education projects. Members of Sigma Theta Tau can earn 399 credit if they participate as leadership interns, working with Kappa Omicron officers or project chairs, such as the Newsletter or Research Day.

We also have opportunities for tutoring in nursing. In some cases, you may be able to earn money as well as credit for tutoring. If you are interested in these options, please see your adviser or the Director of the program.

### Sigma Theta Tau/Kappa Omicron

The Chico Honor Society of Nursing, established in Spring, 1984 was chartered on April 30, 1988, as Kappa Omicron Chapter of Sigma Theta Tau International (STTI). STTI was organized in 1922 at Indiana University to encourage and recognize superior scholarship and leadership achievement at the undergraduate and graduate levels in nursing. RN to BSN students must have completed one-half of their nursing sequence (usually when you are enrolled in N422W) to be considered. Only the top 35 percent of the class are eligible. In addition, faculty, alumnae and community nurse leaders who meet specific criteria are eligible for membership.

Chapters have at least two educational programs each year as well as a semi-formal induction ceremony in the Spring. In addition, scholarships, recognition and awards are available from both the local chapter and national parent organization. STTI encourages eligible students to join in recognizing professional and scholastic achievement and to participate actively in the nursing profession.

## SCHOLARSHIPS AND FINANCIAL AID

### Nursing Scholarships

Numerous scholarships are available to students enrolled in the nursing program. Applications are secured from the Financial Aids Office after October 1<sup>st</sup> of each Fall semester. Students are advised to begin the application process over the Christmas break since February 1<sup>st</sup> is the application deadline. The amount and number of awards vary and are dependent upon earnings of three permanent funds. Information about CSU, Chico scholarships or loan funds for nursing students can be found at <http://www.csuchico.edu/nurs/current/scholarships.shtml> . Keep an eye on the Scholarship Board, which is located next to Holt 363 for special scholarships that come in.

## GRADUATION

### Filing for Graduation

You need to have a grad check done, to be sure that you really will be able to graduate when you think you're going to. You should do this a full year before your planned graduation program. See the University Catalog for graduation filing dates.

Contact the School of Nursing when it is time for you to file for graduation. Graduate clearance forms can be obtained online at <http://www.csuchico.edu/nurs/current/majorClearance.shtml> Send your completed graduate clearance form to the School of Nursing. The SON will forward the completed and signed forms to Evaluations. Starting with students graduating in Spring 2012, the Degree Progress Report will be used as the official major clearance form and the basis for final graduation evaluation.

### Commencement

Commencement exercises are held at the end of each Spring semester on the weekend following final examination week. Students graduating with honors (cum laude, magna cum laude, and summa cum laude) are given special recognition. You may also wear your honor cord if you are a member of Kappa Omicron. In accordance with the broad academic preparation of the nursing program the concluding ceremony is the University Commencement.

### Nursing Pin – Pinning Ceremony

RNs are eligible to purchase a CSU, Chico Nursing pin and to participate in the December or May pinning ceremony, conducted by the graduating basic students. To arrange for participation or pin purchase, contact the School of Nursing office, 898-5891, early in the semester you plan to graduate.

### Public Health Nursing Certificate

Upon successful completion of all BSN degree requirements, graduates are eligible to apply for the State of California Public Health Nursing Certificate. Applications are available in the School of Nursing Office. To receive your California Public Health Nursing Certificate you must submit the application and an official transcript to the Department of Health Services. A Public Health Nursing Certificate Program is available for graduates of baccalaureate programs that did not include a public health nursing component.