

Bachelor
of Science
in Nursing

Student Guidelines

School of Nursing
California State University, Chico

2017 - 2018

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CALIFORNIA STATE UNIVERSITY, CHICO SCHOOL OF NURSING

STUDENT GUIDELINES - 2017/2018

Introduction

The faculty of the School of Nursing at California State University, Chico would like to welcome you to the Nursing Program. We hope you will find the study of nursing interesting and rewarding. The course of study is demanding though, and we want to be sure that you have the information you need to be successful in achieving your goals.

The guidelines in this booklet are a supplement to the "University Catalog" and have 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.

Successful completion of the BSN program leads to the Bachelor of Science in Nursing. This program combines both general and professional education to prepare well-educated citizens who are also professional practitioners. Our program is accredited by the State of California Board of Registered Nursing. The baccalaureate degree in nursing at California State University, Chico is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791. Graduates are eligible to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and 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 northern California.

The School of Nursing office is located in Trinity Hall, which is located in the center of campus. The Nursing Office is in Trinity Hall room 121. The media lab (Holt 357) and skills lab (Holt 363) are on the third floor of Holt Hall. The Nursing 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 Coordinator and the Administrative Support Assistant are available to assist students.

The names of faculty, the location of their offices, phone numbers and office hours are posted in the Nursing Office. Each full time faculty member holds approximately four hours of office hours per week. Part time faculty have pro-rated office hours. In addition, each faculty member has a mailbox located in the Nursing Office where students may leave messages/assignments for the instructor.

Bulletin boards on the third floor of Holt Hall are utilized for communication between students and faculty. There are bulletin boards for each semester located near Holt 363 and Holt 357. Check your semester's board frequently for important messages. The California Nursing Student's Association (CNSA) and the Men in Nursing Club have bulletin boards on the opposite wall.

Mission of the School of Nursing

“To prepare professional nurses who are leaders, excellent clinicians and lifelong scholars.”

As such, the school provides high quality, student-centered learning environments that incorporate evidence-based care and clinical reasoning. 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.

University Goals and Strategic Priorities

The University, College of Natural Sciences, and School of Nursing have identified six goals known as strategic priorities, which are as follows. These priorities form a foundation for your nursing education at California State University, Chico.

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.

Organizing Framework of the School of Nursing

A visual depiction of the mission, vision, values, strategies, program structural elements, curricular foundations, and student learning outcomes for the undergraduate nursing program at CSU, Chico are noted on the following page. These elements provide the foundation for the development of the undergraduate curriculum and are consistent with the mission and goals of the College of Natural Sciences and the university.

**CSU Chico
School of Nursing
Organizing
Framework**

Vision

Empower and transform graduates to meet global health care challenges in the 21st century

Mission

To prepare professional nurses who are leaders, excellent clinicians and lifelong scholars.

Values

Integrity Accountability Caring Diversity Innovation Respect

Students

Faculty

Strategies

Creative teaching methods

Student centered learning

Community engagement

Integration of clinical and theoretical learning

Interdisciplinary collaboration

Program Structural Elements

Clearly defined student selection criteria

Maintain a well-qualified faculty

A positive supportive culture

Active solicitation of student input

Continuous program assessment and improvement

Acquire resources needed to achieve program vision and mission

Curricular Foundations

psychomotor skill development	clinical reasoning	quality and safety	patient centered care	evidence based practice	nursing therapeutics	population health
leadership	advocacy	legal issues	ethical issues	global health	clinical prevention	lifelong learning
health promotion	economics	policy	communication	collaboration	information management	professional role development

Integrate liberal education to inform baccalaureate generalist nursing practice.

Demonstrate the knowledge and skills in leadership, quality improvement, and patient safety necessary to provide high quality healthcare.

Demonstrate professional practice grounded in current evidence and best practices.

Illustrate cultural awareness when caring for diverse patient populations.

Student Learning Outcomes

Use knowledge and skills in information management and technology to the delivery of quality patient care.

Describe how financial and regulatory healthcare policies influence the nature and functioning of the healthcare system.

Demonstrate communication and collaboration among healthcare professionals to achieve quality and safe patient care.

Utilize clinical prevention at the individual and population level to improve health.

Demonstrate professional behavior as fundamental to the discipline of nursing.

Provide nursing care to patients, families, groups, communities, and populations across the lifespan.

Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.

Student Learning Outcomes for BSN Graduates

Baccalaureate Graduates of the CSUC School of Nursing will:

1. Integrate liberal education to inform baccalaureate generalist nursing practice.
2. Demonstrate the knowledge and skills in leadership, quality improvement, and patient safety necessary to provide high quality healthcare.
3. Demonstrate professional practice grounded in current evidence and best practices.
4. Use knowledge and skills in information management and technology to the delivery of quality patient care.
5. Describe how financial and regulatory healthcare policies influence the nature and functioning of the healthcare system.
6. Demonstrate communication and collaboration among healthcare professionals to achieve quality and safe patient care.
7. Utilize clinical prevention at the individual and population level to improve health.
8. Demonstrate professional behavior as fundamental to the discipline of nursing.
9. Provide nursing care to patients, families, groups, communities, and populations across the lifespan.
10. Illustrate cultural awareness when caring for diverse patient populations.
11. Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.

The Nursing Curriculum

Beginning in Semester I and through each of the four succeeding semesters, each of the theory and clinical courses provides content, clinical practice, feedback and evaluation that enable students to integrate their nursing knowledge into their science, art and humanity foundation. The result is the progression of the student from simple to clearly more complex application of critical thinking, communication and nursing therapeutics to individuals, groups and communities that culminates in the meeting of the baccalaureate student learning outcomes previously noted.

Program Progression

Semester I introduces the student to the fundamental competencies essential to the beginning professional nursing role. These include knowledge and application of interpersonal communication, critical thinking, nursing assessment, basic skills and the nursing process. Students are also introduced to evidence-based

practice through the use of scientific data, outcomes and application in practice. (Courses N255, N283, N284, N285)

Semester II builds on the essential competencies of Semester I and provides the biophysical foundation for the application of decision making, communication and nursing therapeutics in the acute care of the adult and geriatric patient. The focus of the semester is on pathophysiology, pharmacology and laboratory data, nursing informatics and nursing research as tools for assessing, planning, implementing, documenting, and evaluating high quality nursing care (Courses N303, N304, N311, N312)

Semester III focuses on the application of theories of maternal/child nursing and family health maintenance as well as critical thinking, communication and nursing therapeutics in the care of child bearing and childrearing families in acute and community settings. Students also continue to build upon their knowledge base in pharmacology and medical/surgical nursing with theory coursework and clinical application (Courses N313, N314, N343, N344)

Semester IV: Students are provided the theory and clinical opportunities to apply their decision-making, communication and nursing therapeutics to the nursing care of individuals and groups with maladaptive behaviors in both the acute care and community settings. Students in the medical-surgical courses advance their knowledge of complex/high risk situations with clients across the life span in acute care settings. This knowledge and the associated clinical reasoning is further challenged through a capstone simulation course. An additional theoretical component in healthcare policy is provided. (Courses N400, N403, N404, N412, N413, N414)

Semester V: The coursework is built upon the foundation of the preceding four semesters. Students are introduced to the organizational management and leadership roles of professional nursing. They apply their decision-making, communication and nursing therapeutic skills to planning, implementing and evaluating the nursing care of groups of acutely ill patients. In addition, students complete theoretical and clinical courses in community health nursing with the focus on nursing care delivery to diverse cultural family systems. (Courses N422, N424, N474, N475).

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.

Nursing Standards and Professional Behavior Expectations

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

ANA Standards of Nursing Practice

Standard 1. Assessment

The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

Competencies

The registered nurse:

- Collects pertinent data, including but not limited to demographics, social determinants of health, health disparities, and physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic, ongoing process with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- Recognizes the importance of the assessment parameters identified by WHO (World Health Organization), *Healthy People 2020*, or other organizations that influence nursing practice.
- Integrates knowledge from global and environmental factors into the assessment process.
- Elicits the healthcare consumer's values, preferences, expressed and unexpressed needs, and knowledge of the healthcare situation.
- Recognizes the impact of one's own personal attitudes, values, and beliefs on the assessment process.
- Identifies barriers to effective communication based on psychosocial, literacy, financial, and cultural considerations.
- Assesses the impact of family dynamics on healthcare consumer health and wellness.
- Engages the healthcare consumer and other interprofessional team members in holistic, culturally sensitive data collection.
- Prioritizes data collection based on the healthcare consumer's immediate condition or the anticipated needs of the healthcare consumer or situation.
- Uses evidence-based assessment techniques, instruments, tools, available data, information, and knowledge relevant to the situation to identify patterns and variances.
- Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information.
- Recognizes the healthcare consumer as the authority on their own health by honoring their care preferences.
- Documents relevant data accurately and in a manner accessible to the interprofessional team.

Standard 2. Diagnosis

The registered nurse analyzes assessment data to determine actual or potential diagnoses, problems, and issues.

Competencies

The registered nurse:

- Identifies actual or potential risks to the healthcare consumer's health and safety or barriers to health, which may include but are not limited to interpersonal, systematic, cultural, or environmental circumstances.
- Uses assessment data, standardized classification systems, technology, and clinical decision support tools to articulate actual or potential diagnoses, problems, and issues.
- Verifies the diagnoses, problems, and issues with the individual, family, group, community, population, and interprofessional colleagues.
- Prioritizes diagnoses, problems, and issues based on mutually established
- goals to meet the needs of the healthcare consumer across the health-illness continuum.
- Documents diagnoses, problems, and issues in a manner that facilitates the determination of the expected outcomes and plan.

Standard 3. Outcomes Identification

The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Competencies

The registered nurse:

- Engages the healthcare consumer, interprofessional team, and others in partnership to identify expected outcomes.
- Formulates culturally sensitive expected outcomes derived from assessments and diagnoses.
- Uses clinical expertise and current evidence-based practice to identify health risks, benefits, costs, and/or expected trajectory of the condition.
- Collaborates with the healthcare consumer to define expected outcomes integrating the healthcare consumer's culture, values, and ethical considerations.
- Generates a time frame for the attainment of expected outcomes.
- Develops expected outcomes that facilitate coordination of care.
- Modifies expected outcomes based on the evaluation of the status of the healthcare consumer and situation.
- Documents expected outcomes as measurable goals.
- Evaluates the actual outcomes in relation to expected outcomes, safety, and quality standards.

Standard 4. Planning

The registered nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.

Competencies

The registered nurse:

- Develops an individualized, holistic, evidence-based plan in partnership with the healthcare consumer and interprofessional team.
- Establishes the plan priorities with the healthcare consumer and interprofessional team.
- Advocates for responsible and appropriate use of interventions to minimize unwarranted or unwanted treatment and/or healthcare consumer suffering.
- Prioritizes elements of the plan based on the assessment of the healthcare consumer's level of risk and safety needs.
- Includes evidence-based strategies in the plan to address each of the identified diagnoses, problems, or issues. These strategies may include but are not limited to:
 - Promotion and restoration of health,
 - Prevention of illness, injury, and disease,
 - Facilitation of healing,
 - Alleviation of suffering, and
 - Supportive care
- Incorporates an implementation pathway that describes steps and milestones.
- Identifies cost and economic implications of the plan.
- Develops a plan that reflects compliance with current statutes, rules and regulations, and standards.
- Modifies the plan according to the ongoing assessment of the healthcare consumer's response and other outcome indicators.
- Documents the plan using standardized language or recognized terminology.

Standard 5. Implementation

The registered nurse implements the identified plan.

Competencies

The registered nurse:

- Partners with the healthcare consumer to implement the plan in a safe, effective, efficient, timely, patient-centered, and equitable manner (IOM, 2010).
- Integrates interprofessional team partners in implementation of the plan through collaboration and communication across the continuum of care.
- Demonstrates caring behaviors to develop therapeutic relationships.
- Provides culturally congruent, holistic care that focuses on the healthcare consumer and addresses and advocates for the needs of diverse populations across the lifespan.
- Uses evidence-based interventions and strategies to achieve the mutually identified goals and outcomes specific to the problem or needs.
- Integrates critical thinking and technology solutions to implement the nursing process to collect, measure, record, retrieve, trend, and analyze data and information to enhance nursing practice and healthcare consumer outcomes.
- Delegates according to the health, safety, and welfare of the healthcare consumer and considering the circumstance, person, task, direction or communication, supervision, evaluation, as well as the state nurse practice act regulations, institution, and regulatory entities while maintaining accountability for the care.
- Documents implementation and any modifications, including changes or omissions, of the identified plan.

Standard 5A. Coordination of Care

The registered nurse coordinates care delivery.

Competencies

The registered nurse:

- Organizes the components of the plan.
- Collaborates with the consumer to help manage health care based on mutually agreed upon outcomes.
- Manages a healthcare consumer's care in order to reach mutually agreed upon outcomes.
- Engages healthcare consumers in self-care to achieve preferred goals for quality of life.
- Assists the healthcare consumer to identify options for care.
- Communicates with the healthcare consumer, interprofessional team, and community-based resources to effect safe transitions in continuity of care.
- Advocates for the delivery of dignified and holistic care by the interprofessional team.
- Documents the coordination of care.

Standard 5B. Health Teaching and Health Promotion

The registered nurse employs strategies to promote health and a safe environment.

Competencies

The registered nurse:

- Provides opportunities for the healthcare consumer to identify needed healthcare promotion disease prevention, and self-management topics.
- Uses health promotion and health teaching methods in collaboration with the healthcare consumer's values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.
- Uses feedback and evaluations from the healthcare consumer to determine the effectiveness of the employed strategies.
- Uses technologies to communicate health promotion and disease prevention information to the healthcare consumer.
- Provides healthcare consumers with information about intended effects and potential adverse

effects of the plan of care.

- Engages consumer alliance and advocacy groups in health teaching and health promotion activities for healthcare consumers.
- Provides anticipatory guidance to healthcare consumers to promote health and prevent or reduce the risk of negative health outcomes.

Standard 6. Evaluation

The registered nurse evaluates progress toward attainment of outcomes.

Competencies

The registered nurse:

- Conducts a holistic, systematic, ongoing, and criterion-based evaluation of the goals and outcomes in relation to the structure, processes, and timeline prescribed in the plan.
- Collaborates with the healthcare consumer and others involved in the care or situation in the evaluation process.
- Determines, in partnership with the healthcare consumer and other stakeholders, the patient-centeredness, effectiveness, efficiency, safety, timeliness, and equitability (IOM, 2001) of the strategies in relation to the responses to the plan and attainment of outcomes.
- Other defined criteria (e.g., Quality and Safety Education for Nurses) may be used as well.
- Uses ongoing assessment data to revise the diagnoses, outcomes, plan, and implementation strategies.
- Shares evaluation data and conclusions with the healthcare consumer and other stakeholders in accordance with federal and state regulations.
- Documents the results of the evaluation.

Standard 7. Ethics

The registered nurse practices ethically.

Competencies

The registered nurse:

- Integrates the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) to guide nursing practice and articulate the moral foundation of nursing.
- Practices with compassion and respect for the inherent dignity, worth, and unique attributes of all people.
- Advocates for healthcare consumers' rights to informed decision-making and self-determination.
- Seeks guidance in situations where the rights of the individual conflict with public health guidelines.
- Endorses the understanding that the primary commitment is to the healthcare consumer regardless of setting or situation.
- Maintains therapeutic relationships and professional boundaries.
- Advocates for the rights, health, and safety of the healthcare consumer and others.
- Safeguards the privacy and confidentiality of healthcare consumers, others, and their data and information within ethical, legal, and regulatory parameters.
- Demonstrates professional accountability and responsibility for nursing practice.
- Maintains competence through continued personal and professional development.
- Demonstrates commitment to self-reflection and self-care.
- Contributes to the establishment and maintenance of an ethical environment that is conducive to safe, quality health care.
- Advances the profession through scholarly inquiry, professional standards development, and the generation of policy.
- Collaborates with other health professionals and the public to protect human rights, promote health

- diplomacy, enhance cultural sensitivity and congruence, and reduce health disparities.
- Articulates nursing values to maintain personal integrity and the integrity of the profession.
- Integrates principles of social justice into nursing and policy.

Standard 8. Culturally Congruent Practice

The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

Competencies

The registered nurse:

- Demonstrates respect, equity, and empathy in actions and interactions with all healthcare consumers.
- Participates in life-long learning to understand cultural preferences, worldview, choices, and decision-making processes of diverse consumers.
- Creates an inventory of one's own values, beliefs, and cultural heritage.
- Applies knowledge of variations in health beliefs, practices, and communication patterns in all nursing practice activities.
- Identifies the stage of the consumer's acculturation and accompanying patterns of needs and engagement.
- Considers the effects and impact of discrimination and oppression on practice within and among vulnerable cultural groups.
- Uses skills and tools that are appropriately vetted for the culture, literacy, and language of the population served.
- Communicates with appropriate language and behaviors, including the use of medical interpreters and translators in accordance with consumer preferences.
- Identifies the cultural-specific meaning of interactions, terms, and content.
- Respects consumer decisions based on age, tradition, belief and family influence, and stage of acculturation.
- Advocates for policies that promote health and prevent harm among culturally diverse, underserved, or under-represented consumers.
- Promotes equal access to services, tests, interventions, health promotion programs, enrollment in research, education, and other opportunities.
- Educates nurse colleagues and other professionals about cultural similarities and differences of healthcare consumers, families, groups, communities, and populations.

Standard 9. Communication

The registered nurse communicates effectively in all areas of practice.

Competencies

The registered nurse:

- Assesses one's own communication skills and effectiveness.
- Demonstrates cultural empathy when communicating.
- Assesses communication ability, health literacy, resources, and preferences of healthcare consumers to inform the interprofessional team and others.
- Uses language translation resources to ensure effective communication.
- Incorporates appropriate alternative strategies to communicate effectively with healthcare consumers who have visual, speech, language, or communication difficulties.
- Uses communication styles and methods that demonstrate caring, respect, deep listening, authenticity, and trust.
- Conveys accurate information.
- Maintains communication with interprofessional team and others to facilitate safe transitions and continuity in care delivery.

- Contributes the nursing perspective in interactions with others and discussions with the interprofessional team.
- Exposes care processes and decisions when they do not appear to be in the best interest of the healthcare consumer.
- Discloses concerns related to potential or actual hazards and errors in care or the practice environment to the appropriate level.
- Demonstrates continuous improvement of communication skills.

Standard 10. Collaboration

The registered nurse collaborates with the healthcare consumer and other key stakeholders in the conduct of nursing practice.

Competencies

The registered nurse:

- Identifies the areas of expertise and contribution of other professionals and key stakeholders.
- Clearly articulates the nurse's role and responsibilities within the team.
- Uses the unique and complementary abilities of all members of the team to optimize attainment of desired outcomes.
- Partners with the healthcare consumer and key stakeholders to advocate for and effect change, leading to positive outcomes and quality care.
- Uses appropriate tools and techniques, including information systems and technologies, to facilitate discussion and team functions, in a manner that protects dignity, respect, privacy, and confidentiality.
- Promotes engagement through consensus building and conflict management.
- Uses effective group dynamics and strategies to enhance team performance.
- Exhibits dignity and respect when interacting with others and giving and receiving feedback.
- Partners with all stakeholders to create, implement, and evaluate a comprehensive plan.

Standard 11. Leadership

The registered nurse leads within the professional practice setting and the profession.

Competencies

The registered nurse:

- Contributes to the establishment of an environment that supports and maintains respect, trust, and dignity.
- Encourages innovation in practice and role performance to attain personal and professional plans, goals, and vision.
- Communicates to manage change and address conflict.
- Mentors colleagues for the advancement of nursing practice and the profession to enhance safe, quality health care.
- Retains accountability for delegated nursing care.
- Contributes to the evolution of the profession through participation in professional organizations.
- Influences policy to promote health.

Standard 12. Education

The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Competencies

The registered nurse:

- Identifies learning needs based on nursing knowledge and the various roles the nurse may assume.
- Participates in ongoing educational activities related to nursing and interprofessional knowledge bases and professional topics.
- Mentors nurses new to their roles for the purpose of ensuring successful enculturation, orientation, and emotional support.
- Demonstrates a commitment to lifelong learning through self-reflection and inquiry for learning and personal growth.
- Seeks experiences that reflect current practice to maintain and advance knowledge, skills, abilities, attitudes, and judgment in clinical practice or role performance.
- Acquires knowledge and skills relative to the role, population, specialty, setting, and global or local health situation.
- Participates in formal consultations or informal discussions to address issues in nursing practice as an application of education and knowledge.
- Identifies modifications or accommodations needed in the delivery of education based on healthcare consumer and family members' needs.
- Shares educational findings, experiences, and ideas with peers.
- Supports acculturation of nurses new to their roles by role modeling, encouraging, and sharing pertinent information relative to optimal care delivery.
- Facilitates a work environment supportive of ongoing education of healthcare professionals.
- Maintains a professional portfolio that provides evidence of individual competence and lifelong learning.

Standard 13. Evidence-based Practice and Research

The registered nurse integrates evidence and research findings into practice.

Competencies

The registered nurse:

- Articulates the values of research and its application relative to the healthcare setting and practice.
- Identifies questions in the healthcare setting and practice that can be answered by nursing research.
- Uses current evidence-based knowledge, including research findings, to guide practice.
- Incorporates evidence when initiating changes in nursing practice.
- Participates in the formulation of evidence-based practice through research.
- Promotes ethical principles of research in practice and the healthcare setting.
- Appraises nursing research for optimal application in practice and the healthcare setting.
- Shares peer reviewed research findings with colleagues to integrate knowledge into nursing practice.

Standard 14. Quality of Practice

The registered nurse contributes to quality nursing practice.

Competencies

The registered nurse:

- Ensures that nursing practice is safe, effective, efficient, equitable, timely, and patient-centered (IOM, 1999; IOM, 2001).
- Identifies barriers and opportunities to improve healthcare safety, effectiveness, efficiency, equitability, timeliness, and patient-centeredness.
- Recommends strategies to improve nursing quality.
- Uses creativity and innovation to enhance nursing care.
- Participates in quality improvement initiatives.
- Collects data to monitor the quality of nursing practice.

- Contributes in efforts to improve healthcare efficiency.
- Provides critical review and/or evaluation of policies, procedures, and guidelines to improve the quality of health care.
- Engages in formal and informal peer review processes.
- Collaborates with the interprofessional team to implement quality improvement plans and interventions.
- Documents nursing practice in a manner that supports quality and performance improvement initiatives.
- Achieves professional certification, when available.

Standard 15. Professional Practice Evaluation

The registered nurse evaluates one's own and others' nursing practice.

Competencies

The registered nurse:

- Engages in self-reflection and self-evaluation of nursing practice on a regular basis, identifying areas of strength as well as areas in which professional growth would be beneficial.
- Adheres to the guidance about professional practice as specified in the Nursing: Scope and Standards of Practice and the Code of Ethics for Nurses with Interpretive Statements.
- Ensures that nursing practice is consistent with regulatory requirements pertaining to licensure, relevant statutes, rules, and regulations.
- Uses organizational policies and procedures to guide professional practice.
- Influences organizational policies and procedures to promote interprofessional evidence-based practice.
- Provides evidence for practice decisions and actions as part of the formal and informal evaluation processes.
- Seeks formal and informal feedback regarding one's own practice from healthcare consumers, peers, colleagues, supervisors, and others.
- Provides peers and others with formal and informal constructive feedback regarding their practice or role performance.
- Takes action to achieve goals identified during the evaluation process.

Standard 16. Resource Utilization

The registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

Competencies

The registered nurse:

- Assesses healthcare consumer care needs and resources available to achieve desired outcomes.
- Assists the healthcare consumer in factoring costs, risks, and benefits in decisions about care.
- Assists the healthcare consumer in identifying and securing appropriate services to address needs across the healthcare continuum.
- Delegates in accordance with applicable legal and policy parameters.
- Identifies impact of resource allocation on the potential for harm, complexity of the task, and desired outcomes.
- Advocates for resources that support and enhance nursing practice.
- Integrates telehealth and mobile health technologies into practice to promote positive interactions between healthcare consumers and care providers.
- Uses organizational and community resources to implement interprofessional plans.
- Addresses discriminatory healthcare practices and the impact on resource allocation.

Standard 17. Environmental Health

The registered nurse practices in an environmentally safe and healthy manner.

Competencies

The registered nurse:

- Promotes a safe and healthy workplace and professional practice environment.
- Uses environmental health concepts in practice.
- Assesses the environment to identify risk factors.
- Reduces environmental health risks to self, colleagues, and healthcare consumers.
- Communicates information about environmental health risks and exposure reduction strategies.
- Advocates for the safe, judicious, and appropriate use and disposal of products in health care.
- Incorporates technologies to promote safe practice environments.
- Uses products or treatments consistent with evidence-based practice to reduce environmental threats.
- Participates in developing strategies to promote healthy communities and practice environments.

American Nurses Association (ANA) Code of Ethics for Nurses

The ANA Code of Ethics for Nurses as revised in 2015 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. Students are expected at all times to act in accordance with the ANA Code of Ethics for Nurses.

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

Professional Nursing Practice

Professional Behavior and Safe Nursing Care Expectations

Throughout this program the student will be required to demonstrate professional behavior and safe nursing care. 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, staff, or peer. Unsafe behavior includes, but is not limited to, being under the influence of drugs or alcohol, failing to use Standard Precautions at all times, failing to apply basic safety rules, (e.g., leaving side rails down on beds and cribs), failing to report an abnormal finding, and not submitting required clinical immunization, background check, and drug testing data in a timely manner.

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

Students who exhibit behavior and/or performance that is potentially or actually unsafe or unprofessional will be immediately removed from clinical and classroom settings. Unsafe practice or unprofessional behavior can result in a failing grade for the course regardless of the course grade earned academically.

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, truthfulness in all statements or documentation, and adherence to academic integrity expectations.

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 unprofessional behavior is exhibited, the Director of the School of Nursing, in consultation with the Executive Committee of the School of Nursing, will determine if, and under what conditions the student can continue in the nursing program. If, in the best professional judgment of the Executive Committee, a student appears to be unsafe or potentially dangerous to patients and colleagues, or if a student fails to meet professional behavior expectations, the School will refuse to allow the student in the practice setting, thus preventing him/her from completing the program.

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 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 without prior instructor approval.

1. It is the instructor's prerogative to require students to leave the classroom for rude, disrespectful, and disruptive behavior. Disciplinary action may 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. Grade penalties may apply for late tests.
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. All students will be required to sign an *Absence or Missed Deadline Report* form in order to take a test at a time other than when regularly scheduled, or to 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.

4. Students must comply with the School of Nursing's test policies.
5. At the instructor's discretion, participation and attendance may be a component of the grading process. This will be delineated in the course supplement.
6. 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 permanent file in the Nursing Office.
3. Referral to School of Nursing Executive Committee for disciplinary action.
4. Referral to Student Judicial Affairs for disciplinary action. See campus policy at <http://www.csuchico.edu/sjd/>

Patient Confidentiality

Patient names, initials, or pseudonyms should never be used in nursing care plans or case studies. 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. You also cannot take any photos of patients or other objects in the clinical setting as patients could potentially be identified. No clinical or patient information should ever be shared on social networking sites.

All students will be required to review information on the Federal Health Insurance Portability and Accountability Act (HIPAA) each year to comply with patient confidentiality requirements.

Nursing Licensure

Admission into programs leading to licensure and credentialing does not guarantee that students will obtain a license or credential. Licensure and credentialing requirements are set by agencies that are not controlled by or affiliated with the CSU and requirements can change at any time. For example, licensure or credentialing requirements can include evidence of the right to work in the United States (e.g., social security number or tax payer identification number) or successfully passing a criminal background check. Students are responsible for determining whether they can meet licensure or credentialing requirements. The CSU will not refund tuition, fees, or any associated costs, to students who determine subsequent to admission that they cannot meet licensure or credentialing requirements. Information concerning licensure and credentialing requirements are available from California State University, Chico, School of Nursing, 400 West 1st St Chico, CA 95929, 530-898-5891.

Completion of the nursing program does not guarantee licensure as a nurse. Licensure is a privilege and not a right, and as such, is controlled by the Board of Registered Nursing (BRN). This board evaluates applications for licensure, and administers the licensing examination (NCLEX). You will apply for licensure upon completing your final semester of nursing. Instructions and forms are available on the BRN website. The Director of the School of Nursing will meet with fifth semester students halfway through the final semester of the program to review these forms and assist students in their completion.

Licensure as a Graduate versus Non-Graduate

If your University degree has posted prior to receiving your NCLEX results, you will be licensed as a "graduate." You will be classified as a "non-graduate" if you ask to receive your NCLEX results before your degree has posted. You can get an authorization to test for the NCLEX examination once all courses are completed, grades have been posted, Livescan results have been submitted to the BRN, and the BRN has received the candidate roster form from the School of Nursing. Typically, this is no later than two weeks after finals are completed. Make sure, however, to note that NCLEX results should not be provided until your degree has posted if you do not want to be licensed as a non-graduate. This may take up to 4-8 weeks after graduation. If you are licensed as a non-graduate, your license may be limited as to reciprocity in some states. That is, some states would not consider you eligible for licensure without retaking the NCLEX examination in their state. If you have already received a bachelor's degree of any kind, you can still be considered a graduate for purposes of licensure.

The NCLEX is administered by Pearson VUE (a computer-based testing provider), throughout the year. The BRN schedules each applicant once they have verified completion of the courses required for licensure. As of summer 2016, the BRN NCLEX application cost was \$150. The cost for the actual NCLEX exam is an additional \$200.

Interim Permit

An applicant who has met the educational requirements for licensure in nursing will be eligible for an Interim Permit (IP). (As of summer 2016, the cost to apply for an IP with the BRN was \$50). The IP is not renewable and is in effect to the expiration date (no more than six months) or until the results of the NCLEX examination are made available. Permit holders must function under the supervision of a Registered Nurse who must be present and available in the institution during the time the permit holder is rendering professional services (Business and Professions Code, Section 1414.0). The permit holder is NOT allowed to function as a charge nurse. Note that if your application for licensure is under review by the Enforcement Program for past disciplinary or legal infractions, you will not be allowed to receive an IP until the review has been completed and a final decision has been made about your application.

Public Health Nursing Certificate

Upon successful completion of all BSN degree requirements and the NCLEX, graduates are eligible to apply for the State of California Public Health Nursing Certificate. Applications are available at the BRN web site <http://www.rn.ca.gov>. Download the "Application for California Public Health Nurse Certificate." You'll need to complete the form, include your \$75 fee (as of August 2016), and mail to the BRN. There is no need for basic students to send transcripts as the BRN already has these from your NCLEX approval process. For the section requesting verification of child abuse prevention training, you simply need to write "The content of the CSUC nursing curriculum includes the child abuse/neglect prevention training." The BRN already has on record where that content is located and they have always accepted this language. You should not submit the application before checking with the CSU, Chico Admissions Office that your degree has been posted. All courses required for the PHN certificate must be completed with grades of "C" or better.

Reporting Prior Conviction or Discipline Against Licenses

The reporting of all PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES is required by law except for minor traffic violations (less than \$1000 fine). Misdemeanor and felony convictions must be reported, including all charges of "driving under the influence" or "wet and reckless". Convictions must be reported even if they have been expunged under Penal Code Section 1203.4, or even if a court-ordered diversion program has been completed under the Penal or Vehicle Code. Again, all prior or current

disciplinary action against a healthcare related license must be reported, whether it occurred in California or another state or territory. Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

When reporting prior convictions or disciplinary action, the applicant is required to provide to the Director of the School of Nursing a full explanation of the underlying circumstances, date of incident, date of conviction/disciplinary action, specific violation (cite section of law if conviction), court location or jurisdiction, sanctions or penalties imposed and completion dates. Court documents or State Board determinations should also be included. To make a determination in the cases, the Board considers the nature and severity of offense, additional subsequent acts, the recency of acts or crimes, compliance with sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate sufficient competent evidence of rehabilitation. Examples of rehabilitation evidence would include, but not limited to:

1. Recent, dated letter from applicant describing rehabilitation efforts.
2. Letters from professional counselors, instructors, employers, probation or parole officers on official letterhead.
3. Letters from recognized recovery programs or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
4. Proof of community work, schooling or self-improvement efforts.
5. Court-issued certification of rehabilitation or evidence of expungement.
6. Current mental status examination by clinical psychologist or psychiatrist, if applicable.

Nurse Assistant Certification

On completion of Semester I, you will have all the theory and practice needed to become certified by the State as a nurse's aide. Both a hands-on test of skills and a written test are required. On-line application forms are available at <http://www.dhs.ca.gov>

Licensing Cautions for Students Providing Nursing Services for Pay

Nursing services may be rendered by a student enrolled in a BRN-approved precicensure program when these services are incidental to the course of study (Business and Professions Code, Section 2729). ***Nursing students working for pay are practicing illegally*** if they perform any nursing function that a nurse aide is not legally permitted to do. This warning has come from the BRN due to recent activities in some health-care agencies that propose to have nursing students working for pay to "do any nursing function that has been taught in their educational program." (Students who are enrolled in a work study course, and who have an identified faculty supervisor and a nursing preceptor in the agency, may perform approved nursing functions beyond the nurse aide level with specific approval of the faculty for skills already mastered in the program.)

Clinical Requirements, 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 of Nursing and the agencies in which students are placed for clinical practica.

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 are 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, which 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 IVs; 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 to be evaluated by their obstetrical health care provider to determine what if any immunizations are contraindicated during the pregnancy as well as any other limitations which should be put in place for the student to participate in the nursing program during the pregnancy. 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.

Agency Contracts

Students achieve many of the course requirements through practical experience in many different 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, background checks, drug testing, 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. Students cannot make their own clinical agency arrangements as University and agency legal contracts are required.

Dress Code

In all clinical, skills lab, and simulations experiences and professional contact with the public, students must follow the dress code. Faculty will inform students whether a uniform or professional attire is required. 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, students will be sent home. In addition, clinical grades may be lowered and preclinical access to patient records may be restricted. See Student Guidelines for School of Nursing Standards on Safe and Professional Nursing Practice.

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.
- Hair may be dyed naturally occurring colors only.
- 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.

Uniform

The dress code for CSUC School of Nursing clinical agencies that require student uniforms is: Burgundy tunic and matching slacks, with the CSU Chico logo embroidered on the tunic. To ensure standard colors, all uniforms should be purchased through the source approved by the School of Nursing, and handled through CNSA.

- Under-garments must not be visible through the uniform; no thong underwear outlines should be observable
- Solid white or black shoes (in accordance with agency policy), with an enclosed toe and back. These shoes must be kept clean.
- CSU, Chico photo ID (in good condition) identifying you as a student nurse; ordered through the nursing office.
- Lab coats will be white.

You will also need to purchase and have with you in the hospital setting the following items:

- Watch with a second hand
- Stethoscope with bell and diaphragm
- Penlight
- Kelly clamp
- Bandage scissors
- Personal digital assistant (PDA) - Your semester I faculty will discuss this with you.

Professional Attire

When a uniform (scrubs) is not required, **students must dress in a professional manner**. 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.

A laboratory coat **may** be required for your clinical. (Do not purchase unless your instructor tells you it is needed.) When a lab coat is worn, professional attire is always required. If required, the lab coat 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.

Clinical Agency Requirements

The following requirements must be completed and documentation submitted to Castle Branch no less than three weeks before every semester begins. (See Appendix B – *Using Castlebranch.com for Background Check, Drug Screen, and Tracking Immunizations* - at end of this document). Students not submitting these requirements before the published deadline may be dis-enrolled from their courses. **No student may attend any part of a clinical course unless all clinical agency requirements are met and cleared by Certified Profile.** All clinical requirements must be current for the academic semester, through the last day of finals.

Health Insurance

The University does not provide health insurance coverage for students. The Student Health Center provides limited treatment for illnesses or injuries while you are a registered student but no hospitalization, prescription medications, or special care. Some diseases or injuries you may risk could require long-term hospitalization and care. Therefore, supplemental major medical insurance coverage is required for students. You may purchase such a policy through the Student Health Center. Note that hospitals and other clinical agencies used for practica typically do **not** provide free services to you for emergency treatment if you are injured in that agency. If such care is given you will be billed by the hospital.

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 or other immediate care in the event of a needle stick 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 needle stick and other blood borne 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 \$1000 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 needle sticks 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/>

Automobile Access and Insurance

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. Students cannot plan on always sharing rides with other students due to scheduling and the number of independent assignments requiring transportation. 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 in the state of California is for bodily injury of \$15,000/\$30,000 and for damage to the property of a third person of \$5,000. 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 all semesters of the nursing program prior to enrolling in clinical courses.

Cardio-Pulmonary Resuscitation (CPR)

You must hold a current class "C" or professional CPR card that includes certification in two-man, infant and child CPR. The class must also include obstructed airway rescue and the use of automatic external defibrillators (AEDs). This certification must be renewed every two years.

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. Immunizations may be obtained at the Student Health Center on campus, the Butte County Public Health Department (phone 891-2732 for appointment), or by a healthcare provider of your choice.

Also note that 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, rubella, varicella (chicken pox), and polio. If a student has not had these immunizations, or is unsure, it is highly recommended the student discuss their past immunization history with their personal healthcare provider and obtain the appropriate immunizations or have titers drawn to verify immunity.

Requirements

1. Tetanus, Diphtheria, and Pertussis vaccine (TDaP). To be compliant, the TDaP must have been administered within the last 5 years. A "Td" is not acceptable as it does not contain Pertussis. Additionally, the TDaP must have been received at age 19 or older. **Please seek the advice of your medical healthcare provider about the advisability of having this vaccine if you are pregnant.**
2. Tuberculosis: A two-step tuberculosis skin test is required for all incoming students. This means you must have two negative tests occurring less than a year apart. The second PPD can be administered as soon as 1-3 weeks after the first dose. If you have a positive reaction to a PPD test, or have had one in the past, you must have documentation of a recent chest x-ray and submit a note from your health care provider stating the results of the x-ray, and of

any therapy instituted. This must be uploaded along with a TB symptom checklist. The QuantiFeron Gold blood test can be done instead of the PPD skin test or chest x-ray.

Results are good for one year. For renewable, students will only need to submit a 1-step test as long as a year as not passed between tests. A QuantiFeron Gold blood test can be submitted in lieu of a skin test. Students who have previously submitted a chest x-ray will need to submit a new symptom checklist.

Information on QuantiFeron Gold blood tests: An individual is considered positive for M. tuberculosis infection if the IFN-gamma response to TB antigens is above the test cut-off (after subtracting the background IFN-gamma response in the negative control). While not meant to be used as a screening tool for low risk people--- a percentage tuberculin response of ≥ 30 will be considered a positive QFT result. In high risk populations, a percentage tuberculin response of ≥ 15 will be considered a positive QFT result.

3. Measles, Mumps, Rubella (MMR). Immunity may be confirmed by evidence of two MMR immunizations or a positive titer. **(Females: If you are pregnant or plan to be within the next three months, consult your physician before receiving any vaccinations.)**
4. Completion of Hepatitis B immunization series is required of all students entering the nursing program. If you fail to complete the series by the end of your second semester in the nursing program, you will be ineligible to participate in the clinical courses until immunity has been confirmed.

Please note that your hepatitis immunization series requirements can be completed in three ways: Documentation of traditional 3 shot series administered in 1 year timeframe OR documentation of 2 shot Recombivax shot series administered between the ages of 11 and 15 OR documentation of positive antibody titer (lab report required.) If titer is negative or equivocal, 3 additional vaccinations are required. Repeat series must be administered in a 1 year period.

NOTE- If you are allergic to yeast, consult your healthcare provider before receiving the hepatitis vaccine. Pregnancy and lactation are not considered contraindications to the vaccine. However, data are not available on safety of the vaccine for the developing fetus, and you should consult your obstetrician or nurse midwife before obtaining it. If the healthcare provider feels the vaccine is contraindicated, submit a note to that effect from the healthcare provider, and the requirement will be postponed.

5. Annual influenza vaccination: You must provide proof of an annual influenza vaccination. The flu shot must be completed by the time the campus flu clinics are finished. If you are declining the flu shot or nasal spray (available for ages 2-49), you must provide a note from your physician stating the reason for declining this vaccination. Please note that refusal to have an annual flu vaccination may disqualify you from placement in some clinical agencies. Without the flu vaccination, agencies will also require you to wear a mask when involved in all patient care activities. **If you are pregnant, please seek the advice of your medical healthcare provider about the advisability of having this vaccine.**
6. Chicken pox (varicella). One of the following is required: 2 vaccinations, OR Positive antibody titer (lab report required). Please Note: Varicella vaccine is not available at the Student Health Center. Only positive titers will be accepted. This vaccine is not available at the CSUC Student Health Center. If you need it, you will need go to your regular healthcare

provider or to a public health department near you.

7. Vaccination against meningitis is strongly recommended for college students. The Student Health Center offers Menactra to vaccinate against meningitis.

Professional Liability Insurance Coverage

There is also the risk that you could be sued for malpractice as a result of your participation in nursing practica. We strongly recommend (not required) that you purchase professional liability insurance prior to beginning practicum courses although the University currently maintains a blanket policy which provides some coverage for students enrolled in clinical courses. The cost for such policies is low. For example, the cost for professional liability insurance for a student nurse through the Nurses Service Organization (NSO) <http://www.nso.com/professional-liability-insurance/student-coverage.jsp> as of summer 2016 was \$23.00 annually. To better protect yourself, never accept responsibility for procedures for which you feel you lack the education, training, or skill set required. Follow clinical policies regarding faculty and staff supervision.

Background Checks, Drug Testing and Verification of Immunizations

To participate in clinical courses, all students in the program must have a background check and 10-panel drug screen completed through Certified Profile (See Appendix B – *Using Catlebranch.com for Background Check, Drug Screen, and Tracking Immunizations*). No other background clearances or drug tests you may have received can be used to meet this requirement. **By virtue of your enrollment in the CSU, Chico School of Nursing, you are authorizing the School to release any and all information contained in your background check and drug screening to any clinical facility that may require that information to approve your participation in clinical courses there.**

The package set-up also includes document storage. At the end of the order process, you will be prompted to upload specific documents required by the School for immunization, medical or certification records.

The background check searches multiple databases including the following listed below. The package price includes a search of all counties of residence, within the last seven years. Additional county criminal searches will be performed at no additional cost.

- County Criminal Records
- Nationwide Database
- Nationwide Sexual Offender Index
- Nationwide Healthcare Fraud & Abuse Scan
- Social Security Verifications
- Residency History

Any prior convictions (particularly those related to child abuse, sexual abuse, violent crimes, etc.) will likely result in students being barred from access to clinical settings which involve vulnerable populations. In addition, several of the clinical agencies (as part of our contracts) in which we place students, require us to report any misdemeanors, especially those that are less than three years old. It is possible that a clinical agency may refuse to allow a student to complete a clinical rotation in their agency as a result of an infraction. In such a case, the School of Nursing would do what it could to place this student with another agency to complete clinical requirements, but this alternate placement would be contingent upon the agency's review of those background check results and their willingness to take that student into their clinical agency.

Students with a flagged background check should begin communicating with the CA Board of Registered Nursing (BRN) while in the nursing program, about whether an infraction may jeopardize their ability to take the NCLEX licensing examination or to be licensed within the state of California in the future. The

CA BRN website discusses this extensively at <http://www.rn.ca.gov/enforcement/convictions.shtml>. The web site does suggest that any convictions and pleas of no contest for infractions, misdemeanors, and felonies must be reported to the Board, especially when alcohol or controlled substances are involved. Failure to disclose all or part of these convictions may be grounds for disciplinary action by the BRN. There is also information on this website regarding the process a student would use to show satisfactory rehabilitation of legal infractions.

If you have concerns about your background check, please see the Director of the School of Nursing. The complete *Student Nurse Background Check and Drug Testing Policy* can be found in **Appendix A at the end of this document**.

Student Expectations in Clinical Courses

- * Submit all required clinical immunization, background checks, drug testing, insurance and CPR documentation to your Certified Profile at least three weeks before the start of each semester. This documentation should meet all requirements for the whole semester.
- * Post your assignments
- * Communicate with licensed nurses responsible for patients.
 - Speak to assigned staff & indicate plan for the shift.
 - Give periodic updates.
 - Report changes in patient status.
 - Let primary caregiver know when you are leaving the floor.
- * Do not perform procedures without instructor's direct supervision or permission to perform under the supervision of another licensed individual
- * Maintain patient care within your scope of practice (i.e. semester level).
- * Adhere to policy and procedure statements of institution/agency in which clinical is held.
- * Carry out plan of care as it exists - consult primary nurse if you want to make changes in plan of care or initiate additional interventions.
- * Before leaving:
 - Double-check that all meds are given and signed on the correct record.
 - Make certain you have charted all your patient care.
 - Report off to primary caregiver.
- * Take advantage of all opportunities to learn.
- * Be professional in dress and behavior.

Clinical Absence Policy

Clinical practicum experiences are required for students to successfully complete this program. Students are required to report in to all clinical experiences and 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.

Clinical absence 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 may result in students failing the clinical course. 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 or late arrival to clinical. See the course syllabus for specifics related to that clinical experience.

Reporting an 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. (Instructors should be notified ahead of time except in the most emergent situations). 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 psychological counseling, as appropriate, in order to continue in the course.
3. In case of illness, students are financially responsible for providing 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, who will then immediately notify the School of Nursing. If the injuries are more substantial than can be treated by the Student Health Center, the student should seek treatment in a hospital emergency department or emergency care center. Treatment costs are typically borne by the student. An accident form and work-related injury and illness incident report (OHSA 301 form) must be filled out by the instructor within 24 hours of the accident and submitted to the Director of the School of Nursing.
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 generally are held accountable for all costs incurred for needed medical treatment. Non-emergency accidents should be followed up at the Student Health Center.
6. For needlesticks and/or potential infectious exposures, the Blood borne Pathogen Policy will be followed.

Potential Risks Involved with Nursing Practica, Related Policies, and Procedures

You have chosen a profession with many rewards, but one that is not without some risks. As you enter the nursing program you should be aware of these risks, and of ways in which you and the nursing faculty will work to minimize those risks. Please read carefully. Ask questions if you want more information. You will sign one copy and keep one copy for your reference.

- I. **Exposure to Communicable Diseases.** There are many. The most serious of these are HIV (Human Immune deficiency Virus, which can lead to AIDS); Infectious Hepatitis (which can cause liver damage and may cause liver cancer); tuberculosis (which has some strains resistant to treatment).

Precautions:

- a. Standard precautions (formerly referred to as universal precautions) for handling body fluids and contaminated items. You will be instructed about these precautions early in Semester I. It is your responsibility to follow these throughout the program.
- b. Yearly PPD skin tests (or more frequent depending upon clinical placement) while you are in the program.

- c. Immunizations are required prior to entering the program. It is your responsibility to follow through with the three part Hepatitis B vaccine to ensure your protection. An antibody titer after you complete the series is recommended.
- d. Isolation protocols for patients with highly communicable infections. You will be taught these protocols in Semester I.
- e. Methods for handling contaminated instruments, such as needles, will be taught in Semester I.
- f. Be aware of open cuts and abrasions on your own body, and protect them from exposure to patient body fluids.
- g. Report any exposure (sticking yourself with a needle, splashing of body fluids, caring for patients who later are determined to have a contagious disease, etc.) to your clinical instructor immediately.
- h. If you are particularly vulnerable to infection, i.e. have recently had radiation therapy or any type of immunosuppressive therapy, or have any chronic condition that limits your immune response, you must make your clinical instructor aware of the problem. You will be asked to submit verification from your healthcare provider as to your ability to participate in the clinical courses.

II. Musculoskeletal injuries due to moving/lifting patients. Back injuries are common problems for nurses.

Precautions:

- a. You will be taught proper body mechanics and proper techniques for assisting patients in Semester I. It is your responsibility to use these throughout the program. Use common sense, and ask for help in assisting large patients.
- b. Report any injury, even if minor, to your instructor immediately.

III. Exposures to medications and chemical products. It is possible to react to drugs you work with if you have an allergy to them. For example, some drugs are toxic and require special handling; some general anesthesia gases may be linked with high rates of miscarriage; latex is a component in gloves that nurses use daily and is a common cause of allergic reactions.

Precautions:

- a. Discuss allergies with your clinical instructor to determine any necessary modifications needed when you work with these products.
- b. Look up all drugs you give or that are being given to your patients. If special handling is indicated, look up the hospital protocol.
- c. Be aware of the ingredients of solutions you are using or administering to patients.

IV. Exposure to X-rays and other forms of radiation.

Precautions:

- a. Do not stay in your patients' rooms when X-rays are being done. If a patient needs to be attended during an X-ray, get proper shielding (unless you are pregnant, in which case, get someone else to attend the patient).
- b. If your patient has radioactive implants, look up the protocol and discuss with your instructor before you give any patient care.

V. Exposures for Pregnant Students. The School of Nursing and its faculty cannot eliminate all risk factors faced by pregnant students in the clinical setting and pregnant students are not covered by the University for any accidental exposures or health problems related to clinical

experiences. Exposures to some infectious diseases may be of great consequence to the developing fetus. As a result, a primary health care provider's consent to fully participate in the clinical setting is required of all pregnant nursing students.

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 prenatal healthcare provider in making her decision on whether to participate in clinical courses.

Pregnant students may choose to take a leave from the nursing program for medical reasons, or to postpone the clinical portion. Ability to return to clinical courses following a leave will be dependent on space availability. Pregnant students who continue in the program with healthcare provider'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 standard precautions (see clinical policies). Be certain to consult with your clinical instructor if you have any indication that a client has an infectious disease.

Precautions:

- a. Complete all required immunizations before entering the program. If you are pregnant on entering the program, consult with your healthcare provider before completing the immunizations.
- b. Inform your clinical instructor and the director of the program as early as you are aware of being pregnant.
- c. Check with your prenatal caregiver as soon as you learn you are pregnant, to discuss these risks. Your caregiver must verify that you are physically able to continue in the program while pregnant.
- c. Discuss any restrictions in your clinical activity with your instructor, such as no heavy lifting, no assignment to known cytomegalovirus (CMV) infected patients; not administering certain anti-cancer drugs, avoiding X-ray or radiation exposure, and not being present during administration of gas anesthesia.
- d. Let your instructor know of any complications you experience prenatally. Let your instructor and caregiver know immediately if you have any exposures.

VI. Travel to and from clinical settings. You may be traveling early or late hours, for distances requiring up to 90 minutes of driving each way.

Precautions:

- a. Wear your seat belts and obey speed laws.
- b. Car pool when possible, so you have stimulation and a second set of eyes.
- c. Keep your car in good repair.
- d. Never travel under the influence of drugs or alcohol. Do not carpool with another student who is under the influence of drugs or alcohol.
- e. When walking to your car, walk in groups with your peers or ask for an agency escort, particularly when leaving evening clinicals.
- f. Keep your car doors locked.

VII. Dealing with an unpredictable public. Clients who are ill may have unpredictable behavior. Likewise, distraught families may act unpredictably. Always be alert for and protect yourself against potentially violent situations. Precautions: Review agency policies regarding security so you know how to get help immediately.

VIII. **Home visits.** You may be in unfamiliar neighborhoods, visiting clients who may be from abusive families, violent backgrounds, etc.

Precautions:

- a. Never visit a patient in the home setting unless your instructor or agency preceptor has reviewed the need for the visit and the parameters of the visit.
- b. Follow protocol for home visits, including detailed safety guidelines in your syllabus (Semester V).
- c. If you are unsure of your safety, arrange to meet the client at a neutral, public place.

Standard Precautions

In order to protect nursing students against a broad range of bloodborne 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 may include, but not limited to, Hepatitis B, Hepatitis C, Human Immunodeficiency virus (AIDS), Syphilis and other sexually transmitted infections, Malaria, Leptospirosis, Creutzfeld-Jakob diseases, and the arthropod-borne viral fevers such as dengue fever, 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 for 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 (2014) Centers 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 when 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 hand washing 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 strongly 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 may be required.
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 blood-borne pathogens in the clinical setting. Keep this document handy when in clinical or refer to the School of Nursing website. Keep information on your health insurance handy as well. All costs involved in your testing and treatment are your responsibility. Your name badge for clinical should have an abbreviated list of steps to take in a Bloodborne pathogen exposure.

In the event that you experience a needle stick, cut, mucous membrane exposure or non-intact 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 healthcare provider will be contacted and the patient will be asked for informed consent to have blood work 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 healthcare provider 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 healthcare provider. 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 that 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 on Cohasset or Bruce Road are recommended.
 - The Student Health Center cannot do the initial lab screen and does not carry the PEP drugs.
 - You may also contact your own healthcare provider, but don't delay getting treatment if you can't see your own healthcare provider 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.

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 'non-responder', 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 healthcare provider 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 healthcare provider.

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. This must be completed and received by the School of Nursing no more than 24 hours after the injury.
 7. Other information is available at:
 - www.cdc.gov/ncidod/diseases/hepatitis/index.htm (hepatitis)
 - www.cdcnpin.org (National Prevention Information Network)
 - www.cdc.gov/niosh (National Institute for Occupational Safety & Health)
 - www.cdc.gov/hiv (HIV/AIDS)

The following label (provided to you in semester I) should be adhered to student name tags, so that it is available 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
- Complete accident report at School of Nursing within 24 hours.

Substance Abuse and Patient Safety: The Risks and the Consequences

Chemical/Substance Abuse in Nursing

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.

It is important that nursing students be aware of the magnitude of the problem of substance abuse in nursing. It is also important that the problem be identified early, and that appropriate help is sought

before someone's career is affected. There are many support programs on campus and in the community to help 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 your assigned nursing advisor or someone on the faculty to whom you feel close. The Campus Alcohol & Drug Education Center (CADEC) can also provide education, assessment and support. It is located in the Student Services Center, 190, at 898-6450. Hours are M-F, 8 a.m.-5 p.m. If you feel one of your colleagues has such a problem, you may wish to discuss with your faculty advisor, 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.

Marijuana Use Following Proposition 64

On November 8, 2016 California voters passed Proposition 64 legalizing growth, possession and use of marijuana in the state. However, please be advised that the Federal Drug-Free School and Communities Act and Drug Free Workplace Act require Chico State and all CSUs to certify that we are taking reasonable measures to prevent the illegal use of drugs on our campuses. If we were unable to do so, we would lose eligibility for Federal financial aid for students as well as Federal grants and contracts. (As you may know, drugs as defined under the Federal Controlled Substances Act include marijuana.)

As a result, students should be aware that they may be subject to disciplinary action by the University for the use/possession/manufacture/distribution of marijuana products, regardless of their age, on University premises or at University-sponsored activities; storage of marijuana products or drug-related paraphernalia at on-campus residences or vehicles; and driving while under the influence of marijuana.

In addition, the passage of Proposition 64 does not change restrictions applicable to Chico State and the CSU concerning marijuana research. Although legal in California, cannabis remains a controlled, Schedule I substance under Federal law. Because of this, the Federal Drug Enforcement Agency continues to regulate the cultivation of marijuana for research purposes through licensing requirements. At this time the CSU does not anticipate a change in policy and will remain in compliance with federal law.

If you have any questions about this topic, please consult the offices listed below or contact Drew Calandrella at 898-6131.

Faculty Affairs – 898-5029
Human Resources – 898-6771

Student Judicial Affairs – 898-6897
University Housing – 898-6325
University Police Department – 898-5555

Policy for Students Suspected of Drug or Alcohol Use/Abuse/Dependency

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 or the Director of the Nursing Program (or his/her designee) will immediately confront the student and remove the student from the classroom or clinical setting for drug testing. 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 the 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)

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 substance use/abuse is demonstrated, a student can be dismissed from the nursing program.

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

Students may not possess, or be under the influence of alcohol or any drug while in clinical or nursing classroom settings.

1. 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.
2. Even though California has legalized marijuana, students must have a clear drug test to participate in clinical activities. Note: According to the National Institute on Drug Abuse, “Marijuana has negative effects on attention, motivation, memory, and learning that can persist after the drug’s immediate effects wear off—especially in regular users” and further, even though some states have approved the use of marijuana for prescription, “the FDA, which assesses the safety and effectiveness of medications, has not approved marijuana as a medicine” (US Department on Health and Human Services, March 2014). Website: http://www.drugabuse.gov/sites/default/files/parents_marijuana_brochure_0.pdf Consequently, the use of medical marijuana while in the nursing program is strictly prohibited.
 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.

Indications for Suspicion of Drug/Alcohol Impairment, 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.

Procedures:

1. Faculty or peers who suspect a student of alcohol or drug use/dependency (based on behaviors consistent with impairment or reported by individuals who directly observed such behaviors) will document specific behaviors or evidence of such impairment. These concerns will be reported to the Director who will determine the action to be taken. If the Director and involved faculty feel further investigation or action are warranted, any of the following may occur (actions are not limited to this list):
 - 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 immediate dismissal from the nursing program.
 - 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 provider recommendations 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 remediation that must be signed and adhered to for continued participation in any portion of the nursing program.
 - e. Referral to Student Judicial Affairs for disciplinary action as appropriate.

The student's transcript could 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 his/her absence) will be informed and will determine what actions need to be taken. Screening for drugs or alcohol will be required. The student must 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 a testing site or the university police and will be required to submit to a breath test. 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, through

Castlebranch.com 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. Remediation Procedure - Any student with admitted or proven drug/alcohol abuse/dependency, or who has a pattern of impaired behaviors will be subject to the terms of a remediation in order to continue in the Nursing program. The remediation may 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 remediation.
 - 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 remediation 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 remediation is in place, and the student adheres to the terms of the remediation.
 - 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 remediation. 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 remediation. All nursing faculty involved with the student will also be informed of the conditions of the remediation.
- 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.*

Academic Policies

Testing Policy

Exams must be taken as scheduled. Make up exams may or may not be allowed as specified in the course syllabus and at the discretion of the instructors

Academic Standing

A student must be in good Academic Standing in all University courses before and during the nursing program. All courses taken to fulfill nursing major course requirements must be taken for a letter grade except those courses specified by the department as Credit/No Credit grading only. All required courses must be passed with grades of "C" or higher. Progression in the professional Nursing sequence depends upon maintaining a cumulative grade point average of 2.5 in Nursing and grades of "C" or better in all courses required for the Nursing major. Students failing to maintain a 2.5 average in nursing courses will be placed on School of Nursing probation for one (1) semester. Students who do not achieve the 2.5 GPA in that semester must petition in writing to the Executive Committee to progress in the program. The Executive Committee will decide if and how the student may proceed.

As of the 2015/2016 AY, all nursing major courses use the following grade conversion scale:

94.0% and higher A
 90-93.9% A-
 87-89.9% B+
 83-86.9% B
 80-82.9% B-
 77-79.9% C+
 73-76.9% C
 70-72.9% C-
 67-69.9% D+
 63-66.9% D
 60-62.9% D
 Below 60% F

Progression in the professional Nursing sequence depends upon maintaining a cumulative grade point average of 2.5 in Nursing and grades of C or better in all course required for the Nursing major. Students failing to maintain a 2.5 average in nursing courses will be placed on School of nursing probation for one (1) semester. Students who do not achieve the 2.5 in that semester must petition in writing to the Executive Committee to progress in the program. The Executive Committee will decide if and how the student may proceed.

By policy, a student receiving a grade of C- or less in a Nursing course may not progress in the Nursing program. The student may petition the School of Nursing Executive Committee to review the application of the policy in his/her situation, if serious and compelling conditions contributed to a failing grade.

Barring exceptional circumstances, students will not be allowed to repeat more than one course in the nursing program.

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 typically be accommodated in any clinical section. Students who step out of sequence will be allowed to enroll in subsequent clinical courses only on a space available basis and with the permission of the School of Nursing.

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, and can include failure in a course, removal from the nursing program, and 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 10/18/07), 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/fs/supporting_docs_as/4-21-11/EM%2004-36%20Academic%20Integrity.pdf.

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 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. Backpacks, totes, etc. are discouraged; if brought to the exam, they are to be left at the front of the room.
3. Cell phones must be turned off and in a back pack during exams.
4. Smart watches, such as the Apple or Google Watch must be removed and placed in a back pack 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. Resources for Students are provided by the University Writing Center:

Avoiding Plagiarism
What is Plagiarism
Documentation

English as a Second
Language

Proofreading & Editing
English 130

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 take a leave 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:

1. 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.
2. 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 and preserve your admitted status at the University. Forms are available in Admissions and Records.

Re-entry to the program is contingent on space availability in the semester 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, then by academic reasons. The petition to the Executive Committee should explain the circumstances which led to withdrawal, and how those circumstances will be different on return to the program.

Writing Proficiency

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.

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

GWAR

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.

I. Policies

- a. Nursing 422, Leadership/Management and Professional Issues in Nursing, is designated both as a *Writing Intensive* (WI) course as well 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 N422 then one of the following courses is designated to meet the WP requirement: 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.

II. 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 reserve the right to require writing competency as part of their grading policies.

III. 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.

IV. 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 II).
3. Faculty readers will be selected on a rotating basis

Student Participation in Governance and Decision Making

Students should be represented at School of Nursing meetings and on most faculty committees (excludes Executive Committee and Personnel Committee). Students are elected to these roles and are expected to provide feedback from these meetings to their classmates. Schedules of all meetings will be posted on the School of Nursing bulletin board and on each semester bulletin board. The board should be checked frequently by the student representatives. Committee structure and number of student representatives are as follows:

1. Executive: No students.
2. Curriculum Committee: At least one representative from each semester of nursing.
3. Evaluation Committee: At least one representative from each semester of nursing.
4. Graduate Committee: At least one representative from each cohort represented.
5. Semester Area Meetings: Up to four students currently enrolled in that specific semester, representing each clinical cohort.
6. Personnel: No students.
7. General Faculty Meeting: At least one student representative from each semester.

The Director of the School of Nursing reserves the right to appoint students on an interim basis as emergencies arise.

Student Grievance Procedure

Students who feel they have been treated unfairly or arbitrarily are entitled to use the University-wide Student Grievance Procedures. However, most complaints (grievances) are resolved during the informal process. An informal process starts at the School level: the student should talk to the instructor(s) involved. The second step is to talk with the Semester Coordinator. If a solution satisfactory to the student is not reached, the student then discusses the matter with the Director of the School. The final step in the informal process is to talk with the Dean of the College of Natural Sciences.

Formal grievances are initiated **ONLY** after the informal process has been attempted and found unsatisfactory in reaching a solution.

Students may also be directed to contact the Coordinator for Student Judicial Affairs in the Student Services Center. The [Student Grievance Procedure](#) and other related forms are available at:

Full Time Status Requirements

Under most circumstances, the Financial Aid Office will require you to take a 12-unit load to be considered a full time student (check with the Financial Aid Office for specific requirements). For additional information regarding elective options see the section on Academic Enrichment Opportunities-Independent Study Courses in Nursing.

Rural Simulation Center

The Rural SimCenter is a fully accredited simulation center and is part of a partnership that allows students the opportunities to practice without risk or harm to themselves or patients. The simulation center is a partnership that increases the opportunity for interdisciplinary training for students and provides expanded opportunities for learning. Skills acquisition and task training alone, as in the traditional use of a skills lab differ from the simulation experience but are also important. Skills lab training is an excellent preparation for success in both the simulation center and clinical areas.

All students are expected to participate in simulated clinical experiences at the Rural SimCenter. Simulated experiences provide students with the opportunity to be involved in patient care activities they may otherwise not experience in actual clinical settings. These patient situations may be low frequency, high impact events they may otherwise be unable to experience. Simulation offers an avenue to practice clinical judgment and critical thinking without jeopardizing patient safety. A simulated experience allows students to critically analyze their own actions (or failure to act), reflect on their own skill sets and clinical reasoning, and critique the clinical decisions of others (Jefferies 2007). Simulation promotes active learning and participation, to enhance students' critical thinking skills (Billings & Halstead 2005) and is an integral part of the nursing curriculum.

Rural SimCenter experiences are designed to help the student meet clinical goals and are an integral part of the nursing curriculum. Students can expect to experience high quality simulated experiences based on simulation science which includes standards of care supported by the International Nursing Association for Clinical Simulation and Learning as well as the International Society for Simulation in Healthcare. Students can expect to participate in simulations that involve high fidelity simulators, live actors or gaming technologies (such as the use of avatars). Videotaping and debriefing are used to maximize learning opportunities and are a recognized best practice in simulation education. Students are required to sign consents for code of conduct, videotaping and confidentiality. Just as students are required to participate in clinical agencies and work with all types of patients, clients and experiences, they are also expected to participate in all aspects of the simulated clinical experience in order to meet educational objectives.

Rural Simulation Center Code of Conduct

- The Rural SimCenter (RSC) is to be treated like a REAL clinical environment.
- Products in the lab may contain **LATEX**. Please notify your faculty member **AND** RSC staff if you have an allergy to latex.
- The RSC is a safe learning environment, all simulations are for learning purposes only. Student performance during a simulation is not to be discussed outside of the course.
- By participating in a simulation you are acknowledging and agreeing to be recorded. Recorded video will be used for debriefing and educational purposes only.

- You will be required to complete an evaluation immediately following the simulation.
- All patient rooms are areas where food and drink are prohibited. However, food is allowed in the classroom.
- Ink pens may not be used in the patient rooms, only pencils are allowed unless otherwise instructed.
- You are always to dress appropriate to the clinical experience. In most cases this involves wearing scrubs. Consult with your instructor about dress requirements for the clinical area being simulated. If you arrive at the simulation center with inappropriate shoes or clothing you will not be allowed to participate.
- You must always wear close-toed shoes for your safety.
- You are to wear your nametag.
- Guidelines for working with patient simulators:
 - You are to treat the simulator like your patient.
 - You are expected to introduce yourself to your Patient and provide your credentials
 - You are to inform your patient of their plan of care, lab results, procedures, and medications as applicable
 - You are to use professional communication to manage the simulation; including using SBAR to give and receive report and update other members of the healthcare team
 - You are to document any treatments, procedures, vital signs and the patient's response in the medical record
 - You are responsible for documenting all medications given in the medication administration record (MAR).
- When performing procedures, you are to perform them as taught during skills instruction. You may not “pretend” to wash hands, use an alcohol swab etc.
- Betadine and surgical lubricant are not to be used on any simulators unless instructed by lab staff.

You will be provided with an orientation to simulation which will include your acknowledgement of video-audio taping, an understanding of confidentiality expectations and your codes of conduct while in simulation.

Student Support Services

Advising

All nursing majors are assigned a faculty advisor. Your advisor will be there for you to discuss any questions/issues you may have while completing the nursing program, including academics, signing up for courses, your graduation degree progress report, new GE requirements, scholarship opportunities, and so on. Faculty advisors are also there to help you talk about and problem solve any personal struggles you may be having while in the nursing program.

Finally, your advisor may be able to help you think about career planning, applying for jobs or nurse residencies, reviewing resumes, and writing reference letters. We also generally offer a career planning workshop at least once each year that will include speakers with tips for getting a job in a tight job market, how to write a professional resume, and interviewing tips.

To find out who your faculty advisor is, please contact the School of Nursing office. Once you find out who your advisor is, please stop by his/her office and introduce yourself. The faculty and staff want you

to know that we would like to support you in your educational endeavor in any way that we can.

Course Registration

Registration information is posted on the School of Nursing website for all nursing students 1-2 weeks before course registration opens for the following semester.

Tutoring and Other Learning Assistance

There are a variety of services available on campus to help students successfully complete their course preparation. Please refer to the Student Learning Center services website at <http://www.csuchico.edu/slc/> for assistance with writing, mathematics, reading and study skills. This assistance is available through workshops and courses, as well tutors. Please see your adviser for help in selecting services if you need assistance with any of these skills.

Students who are having difficulty in any area of the academic program should meet with his/her instructor but may also meet with the Assistant Director or the Director of the School of Nursing. . Access to these services is by faculty referral. Limited tutoring will be available for specific problems designated by the faculty.

Nursing Media Laboratory

The School of Nursing maintains a mediated learning laboratory for student use. The lab is located in Holt 363. The facility is open approximately from 0800 -1900 each day. All nursing students and faculty can access the lab by using their Wildcat card. Each student must log in individually and the door is never to be propped open as it does have an alarm which is connected to the University Police Department.

The media lab is available to assist with your learning experience. A great deal of money and faculty time has gone into making this laboratory possible. Please abide by media lab policies:

Do not sit or put your feet on desks, files or carrels.

Do not mark in books, journals, articles, modules, or equipment.

Treat the equipment with respect.

Equipment and media are to be used within the media lab.

To browse through the journals, articles, and books or to view electronic media, you must leave your valid CSU, Chico student ID card with the media lab student staff person. Media student personnel are more than willing to help you find articles or books on a specific topic. Ask them!

Please check the Media Lab door for changes in the schedule (due to changes in student rotations), illness and emergency closure.

Counseling Center

The Counseling Service offers you an opportunity to talk with someone in complete confidence about anything you would "just like to talk with someone about." This includes anything you feel the need to "deal with", such as inability to concentrate, loss of confidence or a sense of meaning or of individuality, problems with roommates, parents, your marriage partner, puzzling feelings, drugs, sexuality, divorce, your major or career. You may talk with a counselor about anything you feel a need to talk about. The counselors are men and women who are counseling psychologists, social workers or graduate psychology interns trained and selected to be of maximum assistance.

Group counseling is available for a variety of issues including couples, problem solving/personal growth, and special interest, such as veterans, divorced or separate persons, minorities, weight loss or quitting smoking. Another service available to you is self-assessment testing. Interest, personality, ability and achievement tests may be taken if you decide they might be helpful.

Textbooks and Course Supplements

Textbooks for all courses can be purchased on campus at the Associated Students' Bookstore. Course syllabi/supplements will be available via Blackboard Learn online for students to print.

Student Learning Center

The Student Learning Center offers assistance in improving your learning skills, managing your time (working out a realistic schedule), reading, listening, note taking, writing, concentration and examination skills for both objective and essay tests.

Nursing Scholarships and Loans

Numerous scholarships are available to students enrolled in the nursing program. Applications are typically available from the Financial Aid and Scholarship Office after October 1st of each fall semester. Students are advised to begin the application process during winter break since the application deadline is typically early in the spring. The amount and number of awards vary and are dependent upon earnings from university endowment funds and donations. Information about CSU, Chico scholarships and loan funds for nursing students can be found at <http://www.csuchico.edu/nurs/current/scholarships.shtml>. In addition, keep an eye on the scholarship bulletin board located next to Holt 363 for information about special scholarships that come in.

Graduation, Commencement, and the End of Program Pinning Ceremony

Nursing students should view their Degree Progress Report online via their student portal and contact Evaluations if there are any problems/questions.

In addition, students need to apply for graduation one year in advance of the term they expect to complete all their degree requirements and coursework. The graduation application is on the CSUC Evaluations site at www.csuchico.edu/evaluations/forms/grad_app.shtml. See the University Catalog for filing dates. There is a graduation application fee and late fees apply.

All students with a previous bachelor's degree must submit a graduation clearance form one year prior to graduation.

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 an 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.

Once you complete the nursing program, you are entitled to purchase the CSUC nursing pin. You will also be eligible to attend the nursing program's end of program ceremony (pinning). This ceremony is typically held late afternoon on Friday of finals week.

Course Fees

In most semesters, lab courses have required course fees, which are in addition to your regular tuition. These fees were approved by a campus committee, following strict guidelines, recognizing that the costs to educate professionals sometimes are more than the basic tuition covers. For example, it is critical that

you receive exposure, practice and feedback on what will be expected on the national licensing exam (NCLEX). We remediate with ATI to provide study guides, online practice tests, and final achievement tests for each semester cohort. The entire cost for these materials is spread over five semesters and is part of your course fees. Additionally, your course fees cover use of the Simulation Center (which is becoming a valuable component of your practice education), and supplies consumed at the Simulation Center and the skills lab. Course fees currently cost approx. \$380 each semester.

Academic Enrichment Opportunities

You may notice that, because of so many required nursing and general studies courses, only a few electives are offered 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, accompanied faculty members working as clinical nurses in local health care agencies, worked on manuscripts for publication or worked on health education projects. Several faculty are particularly interested in projects focused on nursing recruitment (such as visiting your high school to talk about nursing careers). Do note, however, that budget restrictions have resulted in limiting N399 course offerings to summer only at this time.
2. Rural California Nursing Preceptorship (RCNP) Program
This program provides placements in many different areas of Northern California. You are placed in a setting of your choice, with a clinical preceptor. The RCNP staff will arrange housing as well so that you can try out a new geographic area. You must be a senior to enroll in this experience. Placements are available during intersession or summer. Contact the Director of RCNP (530-898-5797) for more information.

Honors Program

The Nursing Honors Program, which is consistent with University Guidelines, is comprised of a six-unit culminating experience. This includes NURS 399-01 (Honors Nursing Practice) for 3 units, and NURS 399-02 (Honors in Nursing Research and Publication) for 3 units. These courses are normally taken in the fourth and fifth semesters of the nursing sequence.

To be selected for the Honors Program, students must have completed the third semester of nursing and nine upper division units in the major. The student must have a cumulative nursing GPA of 3.5 or above and be within the top five percent of their semester class in terms of cum GPA. Upon verification that selection criteria have been met, eligible students will be notified in writing regarding their eligibility to participate in the honors program.

California Nursing Students Association

The organization of student nurses on the Chico campus is part of the statewide California Nursing Students Association (CNSA). The state organization is part of the National Student Nurses' Association. The purpose of the group is to advance and maintain high educational and professional standards among student nurses.

CNSA also functions as a social organization for all student nurses and pre-nursing students. Social gatherings, as well as educational speakers and workshops, are arranged by students. All students are urged to be active members. The yearly dues are \$35.00 the first year and \$40.00 after that or \$70 for two

years to the state and national associations. There is also a small chapter dues. The dues are collected at the beginning of each year. Members receive an online student nurse newsletter as well as *Imprint*, the NSNA's official journal. Members are also eligible for reduced rates for liability insurance. All members are eligible for membership and participation in local, state and national offices.

Election of officers for CNSA is held in May for the following year. All CNSA members are eligible to run for these offices. At the beginning of Semester I of Nursing, a CNSA representative will visit the class to explain the organization. A welcome social event will also be held. Watch the CNSA bulletin board for announcements. Find out more about the organization at www.csuchico.edu/cnsa and also on Facebook, where there are updates and announcements about upcoming events and activities.

Men in Nursing Club

The local chapter of the American Assembly of Men in Nursing (MIN) promotes a collaborative equal and supportive network amongst men and women within the nursing profession. MIN is a professional organization for nurses that has improved inclusion in the nursing profession by offering an environment of belonging.

Our North State Chapter has focused primarily on promoting diversity in the nursing profession as well as health and wellness in the community. MIN is deserving of the Outstanding Student Organization Award due to the club's involvement in the Chico community, incorporation of professional speakers at meetings, dedicated MIN members/volunteers, and the member leadership roles.

Sigma Theta Tau International/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), the international honor society of nursing. 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. Under-graduate students must have completed one-half of their nursing sequence (eligible for membership in Semester IV). The top 35 percent of the class in terms of cumulative GPA are generally eligible for membership. In addition, faculty, alumni and community nurse leaders who meet specific criteria are eligible for membership.

Chapters have at least three 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.

Appendix A - Student Nurse Background Check and Drug Testing Policy

Applicability and Purpose

This policy applies to all students enrolled in the California State University Chico (CSUC) School of Nursing (SON) undergraduate and graduate programs and addresses required background checks and drug testing for students. The goal of these screening requirements is to assure compliance with clinical remediation and to promote safety of clients served in clinical agencies.

Policy

Students must submit to and satisfactorily complete a background check and urine drug screening as a condition for admission into all programs within the CSUC School of Nursing. An offer of admission will not be final until this background check and drug screening are completed and reviewed by the School of Nursing. Admission may be denied or rescinded based on these results. Additionally, students who are enrolled in the School of Nursing may be required to complete additional background checks and drug screenings during the course of their study (this may be required by a clinical agency or for reasons described in the CSUC School of Nursing Student Guidelines). Students who refuse to submit to the background check and drug screening will be dismissed from the program.

Background Check and Drug Screening Reports

- A. The CSUC School of Nursing will designate an approved company to conduct the background checks and drug screening. Students and applicants are required to self-disclose any criminal conviction or any potentially positive drug screening information when they apply to the program, or when subsequent drug screening may be required. The designated company will issue reports directly to the SON. Results from a company other than the designated company will not be accepted.

Students and applicants will contact the designated company and arrange for the background check and drug screening, complying with the requirements for obtaining the checks and drug screening, and reporting of the results. This will include authorization for obtaining the background check and drug screening and release of information to the SON.

- B. Students and applicants are responsible for payment of any fees charged by the designated company.
- C. Background checks and drug screenings must be completed prior to the start of the first semester, or prior to beginning the clinical course when subsequent drug testing is required.
- D. When reviewing results, the Director of the SON or her/his designee may consider the nature and circumstances of criminal convictions, or positive drug screen. *Criminal convictions* (such as the time frame, severity and circumstances surrounding the conviction) will be examined in terms of the student's ability to meet the requirements of the program as well as his/her eligibility to take the NCLEX exam. In reviewing background checks and drug screening, the Director or her/his designee may seek advice from University counsel, University police, or other appropriate advisors. Evaluation of a *positive drug screen* will consider disclosure of medications used and the student's ability to safely meet the requirements of the program and our clinical agencies.
- E. Results of the background check and drug screens will be made available to the student, the CSUC School of Nursing and any clinical facility that requires this information, before a student may begin a clinical rotation. Should a clinical agency refuse to place a student based on the outcome of either the background check or drug screen, the SON is not required to arrange alternate clinical placements but will attempt to make such placements, if possible, on a case-by-case basis. If alternate placement is not possible, the student cannot continue in the nursing program. All background checks and drug screenings are considered confidential and are placed in a student's file.

- F. Derogatory information of the following nature, which is obtained as the result of the background investigation, may make clinical placement impossible and will likely result in dismissal from the nursing program.
1. Any felony convictions including plea agreements to felony convictions
 2. Sexual assault, rape, indecent exposure, lewd and lascivious behavior, or any crime involving nonconsensual sexual conduct committed
 3. Child abuse, sexual exploitation of children, child abduction, child neglect, contributing to the delinquency or neglect of a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any other crime involving children as victims or participants committed at any time.
 4. Any charge related to illegal drugs, such as (but not limited to) possession of drugs or paraphernalia, or trafficking.
 5. Abuse, exploitation or neglect of a vulnerable adult (disabled or elderly) committed at any time.
 6. Offenses involving substantial misrepresentation of any material fact to the public or an employer, including embezzlement, bribery, fraud, racketeering or allowing an establishment to be used for illegal purposes.
 7. First or second degree arson
 8. Kidnapping
 9. Any offense in another state or country, the elements of which are substantially similar to the elements of the above offenses.

The procedures that are followed for students or applicants who are suspected of being under the influence of alcohol or drugs are contained in the student guidelines.

Students Rights

Students and applicants have the right to review the information reported by the designated company for accuracy and completeness and to request that the designated company verify that the information provided is correct. If any applicant or student believes the information is inaccurate, he/she has the right to appeal the decision and request a review with the SON. It is the student or applicant's burden to produce substantial evidence to prove the reports are incorrect.

Review Standards

In reviewing the background checks and drug screening results, the Director of the SON or designee in consultation with the Executive Committee will consider the following factors in making his/her determination of the student's ability to enter or progress in the program: the nature and seriousness of the offense or event and the relevant circumstances surrounding the offense or event. This determination will prioritize the safety interests of the patient and the clinical agencies where students are placed.

Deferment

A reviewing committee may extend an offer of admission for up to one year while a matter is being resolved.

Other Provisions

A background check and drug screening will be honored for the duration of the enrollment if: the student is continuously enrolled unless required more frequently by a clinical agency in which the student is placed; or there is reasonable suspicion that the student has violated the student guidelines related to drug and/or alcohol use/dependency or is convicted of one of the crimes listed above during his/her time in the program. A student who has a break in enrollment is required to complete a new background check and drug screening prior to his/her return to the clinical setting.

Falsification of information on background checks and drug screening, including omission of relevant information, may result in denial of admission or dismissal from the nursing program.

Rationale

Health care providers are entrusted with the health, safety and welfare of patients, have access to controlled substances, confidential information and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student or applicant's suitability to function in such a setting is imperative to promote the highest level of integrity in health care services.

Clinical facilities are increasingly required by accreditation agencies, such as the Joint Commission on Accreditation of Healthcare Organization (JCAHO), to conduct background checks and drug screening for security purposes on individuals who provide services within the facility and especially those who supervise care and render treatment.

The Joint Commission on Accreditation of Healthcare Organization (JCAHO) Comprehensive Accreditation Manual for Hospitals 2004 added to their Human Resources Standards (HR.1.20) a section related to criminal background checks. The JCAHO standard requires agencies to include nursing students in criminal background checks when required by state law, regulation or hospital policy.

According to the California Board of Registered Nursing document on background checks for student nurse placement, clinical agencies have the right to establish criteria that would exclude a student from placement at their facility. Those clinical agencies that have a policy that include student nurses in their requirement for criminal background checks will need to comply with their own policy to be compliant with the JCAHO Standard. HR 1.20. On the other hand agencies may use different criteria for students than are used for employees or exempt them entirely and still meet JCAHO Standards.

Clinical rotations are an essential element in nursing programs. Students who cannot participate in clinical rotations due to activities revealed in a background check or have illegal substances found in their drug screening are unable to fulfill the requirements of the program and may not be admitted to or may be removed from the program.

Appendix B - Using Castlebranch.com

Background Check, Drug Screen, and Tracking Immunizations

The CSU, Chico School of Nursing has chosen Castlebranch for conducting its background checks, drug screening and tracking of student immunizations. You will need to set up an account to order these services. See the box below for instructions on how to get started.

A background check is required for all nursing students prior to entering the program. The results of the background check will be posted to your account via the www.castlebranch.com website in a secure, tamper-proof environment. Only you and the School of Nursing administrators will be able to view the results.

Please note: If you have any issues (misdemeanors or felonies) in your past that may show up on a background check, you should talk with the School of Nursing director before you begin the nursing program, as this may impact your ability to take the national licensing exam (NCLEX) upon program completion, or to be licensed in California.

The background check will include the following:

- Criminal records from all counties of residences within the previous seven years
- Nationwide Sexual Offender Index
- Nationwide Healthcare Fraud and Abuse Scan
- Certified Drug Test - A 10-panel drug test is required prior to entering the program. *Castlebranch.com* currently contracts with Quest Diagnostics and Lab Corp laboratories to conduct drug testing and will assign you a site close to you for testing. Both are federally-approved labs. Drug test results will be posted to your document center via the *Castlebranch.com* website in a secure, tamper-proof environment. Only you and the School of Nursing administrators will be able to view the results.
- Social Security alert
- Residency History
- Medical Document Manager - Verification of a number of immunizations and insurance requirements is required prior to entering the program and attending clinical throughout the program. *Castlebranch.com* will store and track your records through your To-Do List.

Instructions for ordering Background, Drug Screen and Document Tracker

1. Go to https://www.castlebranch.com/online_submission/package_code.php
2. In the "Place Order" box, enter the following code: **CF13a**
(This is the code for ordering all three services: Background Check, Drug Test & Document Tracker (current cost, \$119.75))
3. Click "Continue."
4. Follow the prompts to complete the order.

Once your order is submitted, you will receive a password via email to view your account. The drug test and background check results will be available in approximately 48-72 hours. **If you are having difficulty with your order, please contact CertifiedBackground.com Customer Service at 888-666-7788, ext. 1.**

Appendix C- Social Media Policy

(Adopted by SON 2014)

Students must be aware that inappropriate use of social media may result in inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, students must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Students are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, students are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Students shall not share, post, or otherwise disseminate any information with anyone unless there is a patient care-related need to disclose the information, or other legal obligation to do so. This includes images, information about a patient, or information gained in the student nurse-patient relationship.
- Students shall not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Just as in face-to-face interactions, students shall not refer to patients in a disparaging manner, even if the patient is not identified.
- Students shall not take photos or videos of patients on personal devices, including cell phones.
- Students shall maintain professional boundaries in the use of electronic media. Just as in face-to-face relationships, the student nurse has the obligation to establish, communicate, and enforce professional boundaries with patients in the online environment.
- Students must promptly report any identified breach of confidentiality or privacy.

In addition, students shall not make disparaging remarks about agency employees, patients, peers or faculty. Students shall not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

Reference: Guidelines derived from NCSBN (Aug. 2011) "White Paper: A Nurse's Guide to the Use of Social Media Retrieved from https://www.ncsbn.org/Social_Media.pdf