We are what we repeatedly do. Excellence, therefore, is not an act but a habit.
<table>
<thead>
<tr>
<th>Policy</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY #28:</td>
<td>CLINICAL PERFORMANCE EVALUATION</td>
</tr>
<tr>
<td>POLICY #27:</td>
<td>SIMULATION ORIENTATION</td>
</tr>
<tr>
<td>POLICY #26:</td>
<td>HEADPHONE/EARPIECE</td>
</tr>
<tr>
<td>POLICY #25:</td>
<td>NON-MEDICAL IMMUNIZATION EXEMPTION POLICY</td>
</tr>
<tr>
<td>POLICY #24:</td>
<td>MEDICAL IMMUNIZATION EXEMPTION</td>
</tr>
<tr>
<td>POLICY #23:</td>
<td>INFECTIOUS/CONTAGIOUS DISEASES</td>
</tr>
<tr>
<td>POLICY #22:</td>
<td>UNIFORM AND PERSONAL APPEARANCE</td>
</tr>
<tr>
<td>POLICY #21:</td>
<td>SIMULATION ORIENTATION</td>
</tr>
<tr>
<td>POLICY #20:</td>
<td>CLINICAL PERFORMANCE EVALUATION</td>
</tr>
<tr>
<td>POLICY #19:</td>
<td>CLINICAL HOUR CALCULATION</td>
</tr>
<tr>
<td>POLICY #18:</td>
<td>LOCKER USE AGREEMENT</td>
</tr>
<tr>
<td>POLICY #17:</td>
<td>STUDENT SUGGESTION BOX</td>
</tr>
<tr>
<td>POLICY #16:</td>
<td>STUDENT PARTICIPATION IN FACULTY MEETINGS</td>
</tr>
<tr>
<td>POLICY #15:</td>
<td>EXTENUATING CIRCUMSTANCES</td>
</tr>
<tr>
<td>POLICY #14:</td>
<td>ACCESS TO STUDENT FILES</td>
</tr>
<tr>
<td>POLICY #13:</td>
<td>USE OF SOCIAL MEDIA</td>
</tr>
<tr>
<td>POLICY #12:</td>
<td>SERVICE LEARNING PROJECT</td>
</tr>
<tr>
<td>POLICY #11:</td>
<td>SEXUAL HARRASSMENT</td>
</tr>
<tr>
<td>POLICY #10:</td>
<td>IMMUNIZATION EXEMPTION-MEDICAL</td>
</tr>
<tr>
<td>POLICY #9:</td>
<td>IMMUNIZATION EXEMPTION NON-MEDICAL</td>
</tr>
<tr>
<td>POLICY #8:</td>
<td>INFECTIOUS/CONTAGIOUS DISEASES</td>
</tr>
<tr>
<td>POLICY #7:</td>
<td>UNIFORM AND PERSONAL APPEARANCE</td>
</tr>
<tr>
<td>POLICY #6:</td>
<td>SIMULATION ORIENTATION</td>
</tr>
<tr>
<td>POLICY #5:</td>
<td>CLINICAL PERFORMANCE EVALUATION</td>
</tr>
<tr>
<td>POLICY #4:</td>
<td>SIMULATION ORIENTATION</td>
</tr>
<tr>
<td>POLICY #3:</td>
<td>CLINICAL PERFORMANCE EVALUATION</td>
</tr>
<tr>
<td>POLICY #2:</td>
<td>CLINICAL PERFORMANCE EVALUATION</td>
</tr>
<tr>
<td>POLICY #1:</td>
<td>INTRODUCTION</td>
</tr>
</tbody>
</table>

**APPENDIX**

- "A" FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
- "B" BLOOM'S TAXONOMY
- "C" OREGON STATE BOARD OF NURSING
- "D" AMERICAN NURSES ASSOCIATION: CODE OF ETHICS FOR NURSES
- "E" PLAN FOR IMPROVEMENT
- "F" AGREEMENT TO MAINTAIN CONFIDENTIALITY
- "G" CONSENT TO PARTICIPATE IN SKILLS LABORATORY
- "H" STUDENTS PRACTICING NURSING SKILLS ON OTHER STUDENTS
- "I" TVCC NURSING DEPARTMENT SIMULATION
- "J" TVCC POLICY SIGNATURE PAGE
- "K" OREGON CONSORTIUM FOR NURSING EDUCATION
- "L" IMMUNIZATION EXEMPTION NON-MEDICAL
- "M" IMMUNIZATION EXEMPTION-MEDICAL
- "N" STUDENT IMMUNIZATION EXEMPTION-MEDICAL
- "O" STUDENT PRINTING
INTRODUCTION
WELCOME TO YOUR NURSING EDUCATION

The faculty of the Treasure Valley Community College Nursing Program welcomes you to the challenge of a nursing education. The basic tools for the program will be:

* Y O U - the motivated adult learner
* The Faculty - the Resource people and Facilitators
* The Curriculum/Learning Objectives and Outcomes Practical Experience - in hospitals, Long Term Care, and other community health agencies

With our combined efforts, you will be eligible to take the examinations to become a Registered Nurse.

We have compiled this handbook to provide an overview of the program and to introduce you to forms, records, policies, procedures, and learning materials. Please retain this document for future reference.

We wish you well in the learning process.

FACULTY & STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mendy Stanford</td>
<td>MSN/Ed, BSN CNE, Executive Director of Nursing and Allied Health Council</td>
<td>(541)881-5944</td>
<td><a href="mailto:mstanfor@tvcc.cc">mstanfor@tvcc.cc</a></td>
</tr>
<tr>
<td>Dora Galan</td>
<td>Administrative Assistant</td>
<td>(541)881-5940</td>
<td><a href="mailto:dgalan@tvcc.cc">dgalan@tvcc.cc</a></td>
</tr>
<tr>
<td>Tamie Verbance RN, BSN, MSN/Ed, Clinical Instructor</td>
<td>New Plymouth, Idaho</td>
<td>(541)881-5942</td>
<td><a href="mailto:tverbance@tvcc.cc">tverbance@tvcc.cc</a></td>
</tr>
<tr>
<td>Sue Iwasa RN, CDE, MSN</td>
<td>Instructor</td>
<td>(541)881-5947</td>
<td><a href="mailto:siwasa@tvcc.cc">siwasa@tvcc.cc</a></td>
</tr>
<tr>
<td>Carol Proctor MSN, BSN, RN</td>
<td>Instructor</td>
<td>(541) 881-5943</td>
<td><a href="mailto:cproctor@tvcc.cc">cproctor@tvcc.cc</a></td>
</tr>
<tr>
<td>Eve Foster-Spenner RN, BSN</td>
<td>Clinical Instructor/Skills Lab Coordinator</td>
<td>Boise, ID 83716</td>
<td>(541) 881-4946</td>
</tr>
<tr>
<td>Hilary Heller RN, BSN, MSN</td>
<td>Instructor</td>
<td>(541) 881-5945</td>
<td><a href="mailto:Hheller@tvcc.cc">Hheller@tvcc.cc</a></td>
</tr>
</tbody>
</table>
HISTORY

Treasure Valley Community College was organized, and the first students accepted, Fall Quarter, 1962. The Practical Nursing Program began this same year as the first Vocational Educational Program. When these twelve students completed their studies in August 1963, they were the first Treasure Valley Community College graduates. The program was expanded from the original twelve. A satellite LPN program was established in Baker, Oregon in 1974 with a maximum enrollment of twelve, which was discontinued in 1981.

In 1978, a major curriculum revision was made and the Associate of Science Degree in Nursing began. In the Fall of 1978, ten Licensed Practical Nurses were accepted as the first class of the Associate Degree in Nursing which was a 3-quarter career ladder by which LPN's could achieve licensure as a Registered Nurse.

The ladder program provided for the student completing the first four quarters of curriculum to be eligible to write the NCLEX-PN for Practical Nursing. Upon successful completion of four more quarters, they graduate with an Associate of Applied Science in Nursing and eligible to write the NCLEX-RN examination. Students articulating from first year as well as LPN's entering with Advanced Placement composed the second year class.

In 2014, another major curriculum revision was made and the nursing program joined the Oregon Consortium Nursing Education (OCNE) curriculum. By joining OCNE the LPN program was discontinued. The first admission into the OCNE program was in fall 2014. TVCC nursing students have the option of completing a Bachelor’s degree in Nursing at Oregon Health Science University after successfully completing two years in the TVCC Nursing Program. Acceptance to the program, allows for co-admission to TVCC and OHSU School of Nursing. The OCNE Curriculum is designed as a four-year course of study. The first year is devoted to completing pre-admissions requisites and/or preprogram courses (48 credits total with a minimum of 37 credits) required for admission to the restricted (limited) nursing program at TVCC. The second and third year of study is comprised of six terms, allowing student to complete the Associate of Applied Science Degree (AAS) and be eligible to take the NCLEX-RN licensing examination. Licensure is granted through the Oregon State Board of Nursing. After licensure, students can continue in the OHSU RN-BS program. Students may also elect to forgo licensure, continuing their fourth year of study in OHSU’s School of Nursing, leading to a Bachelor’s of Science Degree (BSN) from OHSU, and at that point be eligible to take the NCLEX-RN licensing examination.

The AAS Nursing Program is accredited by the Oregon State Board of Nursing, Oregon State Department of Education, and the Northwest Regional Accreditation Association for Higher Education, and by the Accreditation Commission for Education in Nursing (ACEN).

It is the policy of the Treasure Valley Community College Board of Education and the College that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, religion, national origin, age or disability in any educational program, activity or employment. Persons having questions about equal opportunity and non-discrimination should contact the Human Resources Director located in the Student Services Center on the south side of the Four Rivers Cultural Center building. Telephone (541) 881-5835 or TDD (541)881-5839.

Revised: 7/14, 7/16, 9/17
Reviewed: 6/13, 6/15
Treasure Valley Community College

NURSING MISSION

“The nursing department, as an integral part of Treasure Valley Community College, holds a mission consistent with the mission of the college. The nursing department is dedicated to providing accessible, high quality nursing education opportunities in a financially responsible manner to a diverse student population throughout our service area and beyond. The nursing faculty are committed to fostering an environment that promotes respect, positive communication, and collaboration among all members of the patient/family/healthcare team. We are committed to excellence in nursing and preparing each student as a life-long learner and as someone who will use knowledge in service to individuals, families, groups, and communities with diverse health needs.”

Developed: 2012
Reviewed: 6/13, 7/14, 6/15, 7/16, 9/17

NURSING PHILOSOPHY

The Nursing Department’s philosophy is consistent with the philosophy of Treasure Valley Community College (TVCC), which is described in the College Catalog. The nursing faculty has expanded upon the TVCC’s philosophy with statements of belief that are more specific to principles relating to nursing education. The philosophy consists of basic assumptions and beliefs that guide the framework of the nursing curriculum. The philosophy addresses two central areas of commonality: the nature of human beings and the focus of nursing. Two fundamental assumptions provide the foundation of our nursing philosophy; (a) respect for all individuals, and (b) the consideration for individual dignity that guides all nursing care. There are five elements of the nursing philosophy: nursing education, patient, health, nursing, and environment.

Nursing Education:

Faculty believe that education is acquired throughout the life span, and includes both formal and informal instruction. We believe that nursing education should be available to qualified adult learners. Nursing education is a continuing process applying scientific principles and concepts of the art of nursing, moving from simple to complex, and building on prior learning which follows the learning theories of behaviorism to constructivism. The learner assumes an active and responsible role in learning, developing capabilities for self-direction, and professional behavior. The learner participates in the formulation of individual goals and outcomes. We believe that nurses are lifelong learners. The faculty role is that of a facilitator, motivator, resource person, and organizer/manager in the learning experience.
Patient:
The patient is an individual, a family, or group of individuals. The patient is a complex and dynamic individual, composed of physical, psychological, social and spiritual components that are interdependent but make a unified whole. Although people have common basic needs and shared characteristics, each individual is unique, with intrinsic value and worth. Heredity, environment, and culture will individualize and personalize the common needs, and influence the person’s value system and expectations of quality of life.

Health:
Health is considered a harmonious balance of various dimensions of the human experience which include physical, emotional, mental, and spiritual components. Throughout the lifespan the patient experiences different levels of wellness, disease, and impairment. The patient is continually engaged in the process of adaptation of internal and external factors that challenge the physiological and psychological integrity in an attempt to maintain equilibrium along the health-illness continuum. The perception of health may be determined by the patient’s perception, clinical indicators, physical, and psychological functioning. The role of nursing is to work cooperatively with the patient as a member of the health care team in an effort to promote, maintain, or restore the highest potential of health.

Nursing:
Faculty members believe that nursing is an art and a science, which provides holistic assistance in aiding the individual in health education and in the promotion, maintenance, and restoration of health, adaptation to long-term illness, and provision for support when returning to health is no longer possible. The nursing process provides a system for problem solving and decision-making, which formulates individualized care for unmet needs of patients. Through this process, utilizing scientific principles, the nurse/patient/family applies techniques and strategies to assist in adapting to health changes. Patients have the right of access to health care, the nurse, as part of the health care team, assists the patient to their optimum level of health by establishing, maintaining, and being accountable for standards of practice and adhering to the Code for Nurses. The Nurse demonstrates professional behaviors and is characterized by critical thinking, accountability and a commitment to the value of caring. Nursing is a dynamic part of health care delivery that is influenced by changing systems, including government, economics, and values.

Environment:
The environment is defined as the sum of internal and external influence that surrounds the person. The patient’s environment is a major determinant of his or her health/illness status. It can include spiritual, political, legal, ethical, physical, economic, spatial and temporal aspects in which the family, community, or healthcare exists. The changing environment stimulates the patient to make adaptive or maladaptive responses. The nurse facilitates an environment which brings optimal health to the individual, family, and community.

Developed/Adopted: 3/11
Revised: 7/16, 9/17
Reviewed: 7/12, 6/13, 7/14, 6/15
Treasure Valley Community College Nursing Program

CONCEPTUAL FRAMEWORK

Student Success

OCNE Competencies

Course Outcomes

Content Objectives

Clinicals Assignments
Quizzes, Tests

Developed/Adopted: 5/11
Revised: 7/12, 7/14, 6/15, 7/16
Reviewed 6/13, 9/17
PROGRAM OF STUDY PER TERM
PRE NURSING REQUIREMENTS FOR
TVCC NURSING PROGRAM

**THE 2ND THURSDAY OF EVERY MONTH AT NOON IS AN INFORMATION SESSION IN THE NURSING DEPARTMENT***

Program admission occurs once a year in fall term. The application deadline is February 15 or the first business day thereafter. Students are eligible to be considered for admission to the nursing program after completing 30 credit hours of courses from the Required Prerequisite courses listed below. The 30 credits must include BIOL 231 Anatomy and Physiology I and MATH 095 (or higher) by the application deadline. All required prerequisite courses must be completed with a C or better. Before in enrolling in nursing courses, students must complete the following classes: WR 121, WR 122, PSYC 237, PSYC 201, FNUT 225, MATH 095 or higher, BIOL 231, BIOL 232, BIOL 233 by the end of 2nd session of the summer term of the year they will be entering into the nursing program. The Nursing Faculty strongly suggest completing BIOL 234 prior to beginning fall quarter of the nursing program.

<table>
<thead>
<tr>
<th>CHECK</th>
<th>COURSE</th>
<th>COURSE TITLE</th>
<th>CREDITS FOR COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MATH 095 OR HIGHER</td>
<td>INTERMEDIATE ALGEBRA¹</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>BIOL 231</td>
<td>ANATOMY AND PHYSIOLOGY¹</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>CHEM 104</td>
<td>SURVEY OF CHEMISTRY (HEALTH)²</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>BIOL 232</td>
<td>ANATOMY AND PHYSIOLOGY²</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>BIOL 233</td>
<td>ANATOMY AND PHYSIOLOGY²</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>BIOL 101</td>
<td>BIOLOGY³</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>PSYC 237</td>
<td>SEASONS OF LIFE²</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>PSYC 201</td>
<td>GENERAL PSYCHOLOGY²</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>FNUT 225</td>
<td>FOOD AND NUTRITION²</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>BIOL 234</td>
<td>MICROBIOLOGY</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>WR 121</td>
<td>ENGLISH COMPOSITION²</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>WR 122</td>
<td>ENGLISH COMPOSITION²</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>WR 123</td>
<td>ENGLISH COMPOSITION³</td>
<td>3</td>
</tr>
</tbody>
</table>

¹Courses that must be completed by application deadline to be eligible.
²Courses that must be completed before student can enroll into a nursing course.
³Required before entering into the 2nd yr. of the nursing program.
⁴Science department requires CHEM 104 be completed before BIOL 231 if not completed within past 5 years. However, if you have already completed BIOL 231 or equivalent you do not need to take CHEM 104.

Class Sequence for the Nursing Program:

**1st year of the program:**
**Fall:**
NRS 110 – 6 credits

**Winter:**
NRS 111 – 6 credits
NRS 230 – 3 credits
NRS 232 – 3 credits

**Spring:**
NRS 112 – 6 credits
NRS 231 – 3 credits
NRS 233 – 3 credits

**2nd year of the program:**
**Fall:**
NRS 222 – 9 credits

**Winter:**
NRS 221 – 9 credits

**Spring:**
NRS 224 – 9 credits

Developed: 7/14
Revised: 6/15, 7/16
Reviewed: 9/17
TREASURE VALLEY COMMUNITY COLLEGE NURSING PROGRAM

OCNE COMPETENCIES

#1. A competent nurse bases personal and professional actions on a set of shared core nursing values.


#3. A competent nurse engages in intentional learning.

#4. A competent nurse demonstrates leadership in nursing and healthcare.

#5. A competent nurse collaborates as part of a health care team.

#6. A competent nurse practice within, utilizes and contributes to the broader health care system.

#7. A competent nurse practices relationship-centered care.

#8. A competent nurse communicates effectively.

#9. A competent nurse makes sound clinical judgments

#10. A Competent nurse uses the best available evidence.

Developed: 7/14
Revised: 6/15, 7/16, 9/17
GENERAL EXPECTATIONS OF STUDENTS:

The Treasure Valley Community College Nursing Program has the responsibility to society to educate competent health care providers to safely care for their patients/clients using clinical thinking and critical judgment, broadly based knowledge and competent technical skills at the entry level. The program has academic as well as technical standards (non-academic criteria) students must meet in order to successfully progress in and graduate from the program. The purpose of this document is to assure that the students who enter the program know and understand the requirements, and can make informed decisions regarding the pursuit of this profession.

PROFESSIONALISM
Professionalism implies a respect and courtesy for others in our educational setting and chosen profession. We expect students to maintain the highest standards of professionalism in the classroom, in clinical settings, in the community college, and in related public settings. All that you do and say, and the way you present yourself visually either elevates or diminishes your professional image in the eyes of others. In addition, what each of us does affect the way all of us are viewed?

Revised: 8/05, 7/07, 9/08, 9/09, 9/10, 6/13, 7/16, 9/17
Reviewed: 9/03, 9/04, 7/06, 9/11, 7/12, 7/14, 6/15

CAMPUSSKILL/SIMULATION LABORATORIES
The student is responsible for practicing nursing skills in the campus labs during scheduled skills labs and independently as needed to become proficient in nursing skills. The Skills Labs are not general study areas or eating areas. Each student is responsible for replacing items and restoring order after any use. All students are responsible for maintaining order in the labs. If a student wishes to check out equipment from the lab, he/she must make arrangements with the Skills Lab Coordinator, Clinical Coordinator or the Executive Director of Nursing and Allied Health. Some equipment cannot be checked out.

*Students will bring Skills supplies to designated lab experiences.

No food, drink, or dirty dishes in the Skills Labs. No children or visitors in skills labs.

This lab will be used exclusively for the practice of skills. Students not participating will be asked to leave.

Revised: 8/05, 7/07, 9/08, 9/09, 9/10, 6/13, 7/16
Reviewed: 9/03, 9/04, 7/06, 9/11, 7/12, 7/14, 6/15, 9/17
STUDENT LOUNGE/BREAKROOM

Students are responsible for maintaining order and cleanliness on a daily basis. Any soiled dishes left in the center will be discarded. This center is used by all nursing students. Please remember to be courteous and supportive of one another. Be aware of noise level. It is the students’ obligation to clean microwaves and refrigerator, and coffee pots.

No children or visitors in student lounge/break room.

Revised: 8/05, 7/07, 9/08, 9/10, 6/13, 7/14
Reviewed: 9/03, 9/04, 7/06, 9/11, 7/12, 6/15, 7/16, 9/17

CLASSROOM EXPECTATIONS
Student Responsibilities:
1. Students are expected to be courteous and professional to one another as well as to the instructor/presenter.
2. Students are expected to assist in maintaining a classroom environment that is conducive to learning for all students. The following are examples of what is considered to be distracting and uncivil behavior:
   A. Cellular phones/pagers going off in the classroom
   B. Texting/instant messaging while in class.
   C. Excessive tardiness.
   D. “Surfing” internet sites that are not related to the lecture during class time.
   E. Viewing personal items on electronic devices during class time.
   F. Making offensive remarks.
   G. Prolonged chattering.
   H. Demonstrating argumentative behavior not conducive to the learning environment.

*After the first warning for any of the above behaviors, the instructor may take disciplinary action.
3. Students will respect the limited space in the classroom. Book bags, etc. can be placed in student lockers.
4. Students will receive regularly scheduled breaks and are expected to remain in the classroom until the scheduled break in order to decrease disruption.
5. If a student arrives after class begins, the student will quietly get the attention of the instructor and wait for permission to enter. The student may or may not be allowed to enter at that time. If a guest lecturer is presenting and the student is late, the student will not be allowed to enter the classroom until the first break.
6. On test days, when a student has completed the test, the student will exit the classroom quietly and not re-enter until all students have completed the test.
7. According to TVCC policy, only service animals will be allowed in the building.
8. Some expectations for creating a positive, civil, learning environment are:
   A. Remember to turn off your cell phone as you enter the classroom. Do not put it on vibrate...turn it off. Do not make or receive phone calls while in class.
   B. Most nursing classes are challenging. Side conversations while faculty members are teaching distract those around you and infringe on their learning. Help each other by ensuring that
private conversations are held only outside of class.

C. Respect those who are teaching, whether your professors or classmates giving presentations. Give them your full attention. Keep newspapers and other non-related reading materials out of class. Learning is as much what you put into it as what someone else teaches you.

D. The moment you have a problem with class material (poor test grade, don't understand some of the material, etc.), IMMEDIATELY ask for help. Your fellow students and professors are excellent resources for help.

E. **No children or visitors in classroom.**

---

**INTERPERSONAL EXPECTATIONS**

At times you may disagree with your instructors and with other students. Disagreement and discussion are a productive part of higher education and are to be expected. There are appropriate and productive ways to handle disagreements and concerns. Remember: question or complain in private; praise in public.

- When you have a question or disagreement, it is appropriate and important to talk with your professor or classmate in a positive, professional way. State what your concern is and how you feel about it. As adults, you can discuss the issue and hear each other’s side of it.
- In the rare instance in which you are not able to resolve a disagreement or concern with your instructor, you must take your concerns to the department chair.
- A positive attitude and optimistic outlook will go a long way in all situations.

Remember: you are no longer competing with other students. Now that you are in the nursing program your only competition is with yourself. Nursing school can be very stressful—tremendous amounts of reading, multiple assignments, regular math tests, high standards, and so on. Ask for help!

In order to be successful as a student, you must take care of yourself. There are campus, school, and community resources available to you. The student services staff and nursing faculty care about your success and want to help you. They can put you in touch with various resources.

Permission for use granted: Indiana University, School of Nursing, 2012

---

Adopted: 7/12
Revised: 7/14, 6/15, 7/16, 9/17
Reviewed: 6/13
CLINICAL EXPECTATIONS

Professionalism is of the utmost importance in your clinical courses. In clinical, you are working in hospitals and other health care settings alongside the health care team, representing TVCC School of Nursing and every other nursing student. You never know who may be listening to your elevator and hallway conversations or observing your interactions with faculty, clinical staff, patients, and the public. Discretion and confidentiality are critical. Professionalism is not something you turn off and on. Rather, it is a way of life, a personal standard of excellence, and an individual choice to be the best you can be. Timeliness is critically important in clinical and in classroom expectations. Being on time means being present and having everything ready for class or clinical—NOT just coming in by the deadline—and remaining for the entire class.

Permission for use granted: Indiana University, School of Nursing, 2012

Adopted: 7/12
Revised: 7/14, 6/15, 7/16, 9/17
Reviewed: 6/13

COMPUTER LABORATORY

The WTC 103 computer lab is a campus resource open to TVCC Nursing students. Open 8am to 5pm, scheduling of the lab is under the purview of the nursing department. As with all computer labs, students are expected to be courteous and professional. This lab will be used exclusively for computer work (not group work or socializing). Printing is available to faculty, staff and students. Paper is available in the Nursing Administrative Assistance Office. You must show a TVCC ID to get a ream of paper for the printer.

No children or visitors in computer laboratory. No food or drink in Computer Lab.

Revised: 8/05, 7/07, 9/08, 9/09, 9/10, 6/13, 7/14, 7/16
Reviewed: 9/03, 9/04, 7/06, 9/11, 7/12, 6/15, 9/17

CLASS/CLINICAL TRAVEL

Each student will arrange his or her own transportation to class and clinical. Scheduling of class, campus lab or clinical is not altered for students’ personal convenience, work convenience or place of residence. The faculty will use their professional judgment when determining students' clinical placements.

Revised: 8/05, 7/07, 9/08, 9/09, 9/10, 7/14
Reviewed: 9/03, 9/04, 7/06, 9/11, 7/12, 6/13, 6/15, 7/16, 9/17
**LICENSURE AND INSURANCE**

1. It is the responsibility of the student to prepare his or her own application for NCLEX testing and for RN licensure.

2. Insurance: Every student is required to have the following insurances:
   A. Malpractice - Required and purchased through the college each year. Fees are paid at fall registration.
   B. Health - Student is responsible for own health/accident insurance. The student will have their own health insurance while in the nursing program. This can be purchased through the college each quarter.
   C. It is the student's responsibility to inform the Nursing Department Administrative Assistant and the Student Services personnel in writing any name, address, or telephone number changes.

3. Students will maintain honesty, integrity, confidentiality, civility and professional behavior at all times.
   A. Breaches in these areas may lead to disciplinary action. With any evidence of cheating during testing, students involved will be dismissed from the classroom. Evidence of lying, cheating, concealment of error, misrepresentation, bullying, or forgery will lead to dismissal. Plagiarism or violations of HIPAA may lead to dismissal from the program. The program follows TVEA bargaining agreement on student grievance procedure. [http://www.tvcc.cc/catalog/current/academic-policies-requirements/grevance-procedure.cfm](http://www.tvcc.cc/catalog/current/academic-policies-requirements/grevance-procedure.cfm)
   B. Students will meet legal requirements as stated in the ORS Chapter 6,7, 8 - Nurse Practice Act 678:111 and Oregon Administration Rules (see Appendix C)
   C. Violations of the Nurse Practice Act may result in dismissal from the program.

**LEARNING**

It is not possible nor is it in the best interest of the student for the instructors to include all necessary nursing knowledge within the classroom/lab settings. Learning is a shared responsibility with the instructor's role as a resource person, guide, and facilitator. The student is responsible for independent research necessary to adequately complete the course requirements.

If an assignment is not designated as a group activity, the student is required to accomplish his/her work independently.
<table>
<thead>
<tr>
<th><strong>Resource</strong></th>
<th><strong>Location</strong></th>
<th><strong>Phone/Hours</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Intervention &amp; Disability Services</td>
<td>Barber Hall</td>
<td>541-881-5812 \ Regular Business hours</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>Student Services Center</td>
<td>541-881-5833 \ Regular Business hours</td>
</tr>
<tr>
<td>General Advising/Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grievances</td>
<td>Student Services Center</td>
<td>541-881-5815 \ Regular Business hours</td>
</tr>
<tr>
<td>Discrimination Complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Tutoring Writing, Language</td>
<td>Barber Hall \ <strong>Barber Hall 105</strong></td>
<td>No Phone \ As posted in writing lab</td>
</tr>
<tr>
<td>Math Tutoring</td>
<td>Individual referral by Nursing faculty to full time Masters prepared Math instructor</td>
<td>Scheduled on appointment basis</td>
</tr>
<tr>
<td>Technology-Computer</td>
<td>Albertson Center Building.</td>
<td>541-881-5777 \ Regular business hours</td>
</tr>
<tr>
<td>Library</td>
<td>Weese Building</td>
<td>541-881-5929 \ As posted on Library website</td>
</tr>
<tr>
<td>Campus Security</td>
<td></td>
<td>On Duty Officer: 541-212-9598 or 541-881-5729 \ Security Manager: 541-212-9594 \ Michelle Potter: 541-212-9576 or 541-881-5706</td>
</tr>
<tr>
<td>Snake River Transit (SRT)/Malheur Express</td>
<td>842 SE 1st Ave, Ontario, OR 97914</td>
<td>541-881-0000 \ or \ <a href="http://www.treasurevalleytransit.com/snake_river.php">http://www.treasurevalleytransit.com/snake_river.php</a> for schedules</td>
</tr>
</tbody>
</table>
LIBRARY:

Located on the 2\textsuperscript{nd} floor of the Weese Building. The library strives to maintain a current collection of books, periodicals, newspapers, records, microfilms, maps, and art prints. The main goal of the library is to support curriculum.

Requests for materials not owned by the library will be circulated through inter-library loan system of the state. Students have access to computerized databases.

The Librarians are always eager to help those who need assistance. Students will have assignments that require use of the library; so get acquainted as soon as possible.

Current AJN, nursing 2017 and other nursing and health related journals are also available.

The librarian also offers regular scheduled workshops to assist students with on-line resources. Students are encouraged to attend at least one session.

STUDENT ACTIVITIES:

The Associated Student Body is the student government for Treasure Valley Community College. As such, it has the responsibility for planning all student activities such as dances, picnics, art festivals and student publications. Student fee finances these wonderful activities. Take advantage of them.

Each class is required to start its own Nursing Club. This club will help monetarily to pay for each class’s pinning ceremony. In addition, each nursing class takes part in health education, nursing program promotion, and social activities within the department. There are numerous clubs and organizations on campus to which students can belong.

Developed: 7/12
Revised: 6/15, 7/16, 9/17
Reviewed: 6/13, 7/14

FACULTY ASSESSMENT, INTERVENTION AND SUPPORT:

Any student demonstrating behaviors that call to attention an indication of the student not meeting the technical standards will be excused from the practicum/clinical/laboratory/simulation or the classroom setting. These behaviors include but are not limited to

Physical symptoms
Impaired judgment
Mental or emotional symptoms
Disruptive, inappropriate, or inconsistent behavior patterns.

Developed/Adopted: 9/10
Revised: 7/16
Reviewed: 7/12, 7/13, 7/14, 6/15, 9/17
Oregon Council of Associate Degree and Practical Nursing Programs Technical Standards *

The Treasure Valley Community College Nursing Program has the responsibility to society to educate competent health care providers to care for their patients/clients with clinical judgment, broadly based knowledge and competent technical skills at the entry level.

The program has academic as well as technical standards (non-academic criteria) students must meet in order to successfully progress in and graduate from the program.

The Technical Standards document is provided in order to assure that the students who enter the program know and understand the requirements, and can make informed decisions regarding the pursuit of this profession.

TECHNICAL STANDARDS

Treasure Valley Community College provides the following technical standards with examples of learning activities to inform prospective and enrolled students of the skills required in completing their chosen profession’s curriculum and in the provision of health care services. These technical standards reflect the performance abilities and characteristics that are necessary for successful completion of the requirements of clinical based health care programs. These standards are not a requirement of admission into the program. Individuals interested in applying for admission to the program should review these standards to develop a better understanding of the skills, abilities and behavioral characteristics required for successful completion of the program.

Students admitted to the Nursing Program are expected to be able to complete curriculum requirements which include physical, cognitive, and behavioral core competencies that are essential to the functions of the entry level professional nurse. These core competencies are considered to be the minimum and essential skills necessary to protect the public. These abilities are encountered in unique combinations in the provision of safe and effective nursing care.

Progression in the program may be denied if a student is unable to demonstrate the technical standards with or without reasonable accommodations.

Treasure Valley Community College is obliged to provide reasonable accommodations to qualified students with disabilities, which may include academic adjustments, auxiliary aids and or program modifications. Accommodations that fundamentally alter the nature of the academic program, could jeopardize the health and safety of others, or cause an undue burden to the program are not considered reasonable accommodations. Regular consistent attendance and participation is essential to learning, especially for all scheduled clinical experiences.
Cognitive:
1. Recall, collect, analyze, synthesize, and integrate information from a variety of sources.
2. Measure, calculate, reason, analyze and synthesize data.
3. Problem-solve and think critically in order to apply knowledge and skill.
4. Communicate verbally, and through reading and writing, with individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
5. Relay information in oral and written form effectively, accurately, reliably, and intelligibly, including thorough and accurate use of computers and other tools, to individuals and groups, using the English language.

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Process information thoroughly and quickly to prioritize and implement nursing care.
- Sequence or cluster data to determine client needs.
- Develop and implement a nursing plan of care for clients in acute, long term and community settings.
- Discriminate fine/subtle differences in medical word endings.
- Report verbally and in writing client data to members of the healthcare team.
- Read and comprehend medical orders and client information found in the medical record.
- Perform math computations for medication dosage calculations both with and without a calculator.
- Apply knowledge/skills gained through completion of program prerequisites, including requirement for computer proficiency.

Physical:

Motor:
1. Coordinate fine and gross motor movements.
2. Coordinate hand/eye movements.
3. Maintain balance from any position.
4. Negotiate level surfaces, ramps and stairs.
5. Function with both hands free for performing psychomotor tasks.
6. Maneuver in small areas.
7. Attend to cognitive and psychomotor tasks for up to 7-12 hours.

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Transfer patients/clients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering client to the floor.
- Perform cardiopulmonary resuscitation (CPR)
- Lift or move (turn, position) clients or objects, pull or push objects, weighing up to 35 pounds and maintain a “medium activity level” as defined by the State of Oregon Department of Insurance Index of occupational characteristics.
- Reach to shoulder or higher level to place or access equipment such as intravenous fluid bags, bend or squat to access equipment below bed level.
• Carry equipment and supplies to the client bedside.
• Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications.
• Dispose of needles in sharps container.
• Complete assigned periods of clinical practice (7-12 hour shifts, days, evenings, or nights, holidays, weekdays and weekends).
• Complete skills test within assigned time limit.

Sensory:
1. Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lecture, small group activities, demonstrations, and application experiences.
2. Collect information through observation, listening, touching, and smelling.
3. Use and interpret information from diagnostic maneuvers.

Examples of learning activities found in the nursing curriculum and related to industry standards:

• Detect changes in skin color or condition. (pale, ashen, grey, or bluish)
• Detect a fire in the client care environment.
• Draw up a prescribed quantity of medication into a syringe.
• Observe clients in a room from a distance of 20 feet away.
• Detect sounds related to bodily functions using a stethoscope.
• Detect audible alarms generated by mechanical systems such as those that monitor bodily functions, fire alarms, call bells.
• Observe and collect data from recording equipment and measurement devices used in client care.
• Communicate with client and members of the healthcare team in person and over the phone in a variety of settings, including isolation and the operating room where health team members are wearing masks and there is background noise.
• Detect foul odors of bodily fluids or spoiled foods.
• Detect smoke from burning materials.
• Detect changes in skin temperature.
• Detect unsafe temperature levels in heat-producing devices used in client care.
• Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluids.
• Feel vibrations such as an arterial pulse.

Behavioral:
1. Demonstrate emotional stability to function effectively under stress and adapt to changing environments.
2. Maintain effective, mature, and sensitive relationships with others.
3. Examine and modify one’s own behavior when it interferes with others or the learning environment.
4. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility and tolerance.
5. Accept responsibility for own actions and communicate in a courteous, assertive, non-aggressive, non-defensive manner with instructors, peers, staff and healthcare team members.
6. Integrate feedback into own performance.

**Examples of learning activities found in the nursing curriculum and related to industry standards:**

- Exercise judgment, meet acceptable timeframes for client care delivery (acceptable timeframes are reflected by ability to carry out the usual client care assignment for a particular point in the program within the allotted clinical time), work effectively under stress, and adapt to rapidly changing client care environments.
- Accept accountability for actions that resulted in client care errors.
- Deal effectively with interpersonal conflict if it arises; maintain effective and harmonious relationships with members of the healthcare team.

(*revisions approved by Oregon Council of Associate Degree and Practical Nursing Programs 4-24-15)
NURSING PROGRAM POLICIES

POLICY #1: QUARTERLY SCHEDULES

1. The first week’s objectives and class schedule for NRS 110 and NRS 122 will be available on Blackboard one week prior to the first day of class. The remainder of the quarter’s objectives will be available on Blackboard on the first day of each quarter.
2. The quarter calendar will be available on Blackboard to students on the first day of class each quarter. Be aware that the calendar may change during the quarter, therefore students need to check the calendar daily.
3. The quarter clinical schedule will be on Blackboard prior to the first clinical day of the quarter.

Revised: 9/04, 8/05, 7/06, 7/07, 9/08, 9/09, 9/10, 9/11, 9/12, 7/12, 6/13, 7/14, 9/17
Reviewed: 9/03, 6/15, 7/16

POLICY #2: ATTENDANCE

Attendance at class is very important.
If frequent absenteeism or tardiness is noted by the instructor(s) and/or the instructor believes that is a contributing factor in problem with academic or clinical performance, the student’s advisor/mentor will be notified and a Plan for Improvement may be implemented.

Revised: 9/04, 8/05, 7/07, 9/09, 9/10, 9/12, 7/12
Reviewed: 9/03, 7/06, 9/08, 9/11, 6/13, 7/14, 6/15, 7/16, 9/17

POLICY #3: GRADING

In order to progress to the next quarter, the student must maintain a “C” (2.00) grade or better, in each nursing course, including pathophysiology and pharmacology. In addition, all tests for each class must average a 75% or better to progress to the next quarter. Grades will be given upon the completion of assignments, clinical, quizzes and tests within the nursing program curriculum. The incomplete (I) grade will be issued in an emergency at the end of a quarter when the material has not yet been completed for the nursing course in which the student is registered and passing. The (I) must be removed by the end of the third week of the following quarter, unless otherwise contracted with the faculty. Students must earn a 2.25 or better in the clinical component and a 75% or better in the theory component of each nursing course, and the test average for each course is a 75% or better in order to progress to the following quarter. Both nursing and required general education courses must be completed by graduation and in the sequence required. (See TVCC/OCNE Program of Study Per Term).

In order to progress to the next quarter, students must have successfully completed and passed all course requirements including skills check-offs. Each student will have the original skills check-off and 2
scheduled recheck attempts to pass each skill.

Theory grades will be computed as follow:

94-100% = A  
90-93%  = A- 
87-89%  = B+ 
83-86%  = B  
80-82%  = B- 
78-79%  = C+ 
75-77%  = C 

Any theory grade below a “C” is unacceptable.

Clinical grades are Pass/Fail.

The letter grade on the college transcript is the theory grade, provided the clinical component is passed at 2.25 or above in each of the ten competencies and on the daily critical elements evaluation. In addition, not missing more than 2 clinical days in one quarter and not exceeding 4 missed days of clinical within the year. If any of these 3 clinical requirements have not been met, the student will have failed the nursing course.

**Failure of either the clinical or theory components results in dismissal from the nursing program.**

**A. Testing:**

1. Tests will be administered on the scheduled date/time (see quarter calendar). Extenuating circumstances may be considered by the majority of the faculty.
2. No student will be allowed to enter the classroom or computer lab once the test has begun.
3. **It is expected that the student has organized her/his study time and is prepared for the test as scheduled.** However, if a student is unable to take a test, because of illness or other emergent situations, she/he must notify the nursing administrative assistant or the Lead Instructor for the course, prior to the beginning of class (leave a message if necessary). **Please use the instructor’s and the administrative assistant’s phone number for the college not their personal cell phone.**
4. If, prior to the test, a student has not notified the nursing administrative assistant or the Lead Instructor for the course that she/he will be absent or late for the test, the student will receive no points/credit for the test.
5. **Only one test may be rescheduled per quarter. That includes tests rescheduled because of absenteeism and tardiness.** Faculty reserves the right to determine when the rescheduled test will be given. Because of computer lab limitations, if there is more than one student who needs to reschedule the test, a retake exam date will be scheduled. Only one retake date will be available, all students needing to retake the test will do it at that day and time. The date of the retake exam will be at the discretion of the faculty. Extenuating circumstances may be considered by the majority of the faculty.
6. No test, including the final, will be administered early; this is in accordance to TVCC Instructional Policy.
7. Test questions will cover content from theory, guest lectures, skills, and clinical
prep.

(8) Test grades will be posted on “Blackboard™” after review by all instructors.

(9) If an instructor eliminates a test question, the total number of points on the test will be recalculated.

(10) Non-programmable calculators are permitted for all exams. Students must provide their own non-programmable calculators. No phones or smart devices (for example google glasses and fitbit) will be allowed.

(11) Backpacks, bags and all electronic devices are prohibited during a test. No food or drink during the test.

(12) Take home Test have to summited by the scheduled date and time; if not received, student will not receive credit.

B. Review of Tests:
   (1) If a student wishes to review a test, the student will utilize their scheduled advising time to review the test independently with their advisor present.

C. Testing Procedures:
   (1) Tests may be administered online or by traditional paper test methods.
   (2) Methods of testing are at the discretion of the instructor and/or faculty.
   (3) Kaplan testing will be required throughout the quarter and results will be applied to Kaplan scores, quiz grades or other assignments as determined by the instructor. Scheduled Kaplan test, for credit, Kaplan exam must be taken at scheduled time on campus with cohort.

D. Drug Calculation Test:
   1st year: There will be separate Drug Calculation tests given during the first year of the program. Students must pass these tests with an 85% or above. If the student fails the initial test, he/she will have ONE more scheduled opportunity to pass the test during the quarter. If the student is unable to pass the test on the 2nd attempt, he/she will not pass the quarter and will be dismissed from the program. The score received on the first test will be used when calculating the quarter grade.
   2nd year: There will be separate Drug Calculation tests given during the second year of the program. Students must pass these tests with a 90% or above. If the student fails the initial test, he/she will have ONE more opportunity throughout the quarter to pass the test. If the student is unable to pass the test on the 2nd attempt, he/she will not pass the quarter and will be dismissed from the program. The score received on the first test will be used when calculating the quarter grade.

E. Grading Papers, Pop Quizzes, Group Presentation
   Grading Papers:
   (1) Students are expected to submit college level work. Therefore, faculty will grade both the content and the grammar of papers submitted.
   (2) Papers will be graded according to grading criteria for each assignment.
   (3) Students must complete all course assignments/requirements in order to pass the
course:
(a) All assignments must be submitted on the date scheduled unless prior arrangements have been made prior to 9pm the day before. No credit will be given for late assignments, but all assignments must be completed and submitted in order to meet the course requirements. All assignments are due on the assigned date and time. In regards to computer generated papers: computer access, disc incompatibility and other computer-related problems will not excuse late assignments/presentations/clinical papers. If students are submitting assignments electronically they will submit using his/her Student e-mail as an attachment in MS Word format. Assignment criteria will determine whether a paper must be computer generated or hand written in ink. Handwritten assignments must be legible.
(b) Place all assignments in the appropriate “class” box in nursing administrative assistance office or per instructor’s preference.
(c) If a student is ill on the day a paper is due, and he/she has notified the instructor, the student will still be required to submit the paper via e-mail on that day.

F. Quizzes/Passport to Class/Class Presentations:
   a) The faculty believe that classroom learning should focus on the application of concepts. This can only be done if the student comes to class prepared.
   b) Purpose of quizzes: To encourage the student to come to class prepared.
   c) Quizzes or passports will constitute a portion of the student’s grade each quarter.
   d) Quizzes are scored in percentages. At the end of the quarter the percentages from all the quizzes are averaged to determine the overall quiz grade.
   e) Quizzes may be unannounced.
   f) If the student is absent from class for any reason, or arrives late and has missed the quiz, he/she will receive a “Zero” for the quiz.
   g) If a student is absent on the day that a take home quiz is assigned, the student will receive no credit (a “Zero”) for the quiz.
   h) Quizzes may be given in theory or clinical prep.
   i) Passport to Class is under the discretion of the faculty member.
   j) Graded Group Presentations:
   k) In order to receive full credit for a group presentation, the student must be present. If a student is absent, the maximum the student will receive is 50% of the group grade.
POLICY #4: Academic Plagiarism & Dishonesty Policy

Students will maintain honesty, integrity, confidentiality and professional behavior at all times. Breaches in the following areas may lead to disciplinary action.

Plagiarism

1) Plagiarism is defined as:
   a. Intentionally submitting work or material to a college official or instructor for evaluation that contains a significant portion of another person’s work without giving credit to that individual.
   b. Representing someone else’s publication, idea, or data as the student’s own; including copying another student work without appropriate referencing.

Violations of HIPAA, may lead to dismissal from the program.

Cheating, lying, dishonesty, concealment of error, misrepresentation, or forgery may lead to dismissal of all students involved in the incident(s).

1) Cheating is defined as
   a. Unauthorized copying or collaboration on exams, assignments, or attempted use of unauthorized materials.
   b. Copying another person’s work and submitting it as one’s own or cheating on examinations.

2) Lying, dishonesty, concealment of error, misrepresentation or forgery includes the following
   a. Knowingly furnishing false information to the institution in order to deceive the college, person, college affiliated agency, government agency, or impersonating another individual.
   b. Intentional actions involving forging, changing, altering, inappropriately copying, or misuse of College documents, college identification, software, examinations, records of identification, or tampering and interfering with evaluation instruments or documentation.
   c. Aiding or abetting a student(s) in acts of academic dishonesty as prescribed above.
   d. Stealing course material, examinations, student books, and supplies.

Developed: 5/17
Revised:
Reviewed:
POLICY #5: CALCULATIONS:

1. Weight calculations:
   a. Students will “drop and not round” for weight (kg).
   b. For Kilograms in adults and children: Drop the thousandth place and keep the calculation: do not round
   c. Example: Calculate to the hundredth place.
   d. = 9.32 kg 12.967 kg = 12.96 kg.

2. Medication calculations:
   a. For rounding purposes, students will round for 0.5 and higher.
   b. Example: 1.5 = 2; 2.25 = 2.3.

3. Adult medication dosages:
   a. Milliliters: Calculate to the hundredth place and round to the nearest tenth.
   b. Example: 1.34ml = 1.3ml; 1.38ml = 1.4ml Milligrams: Calculate to the nearest tenth and round to the nearest whole number.
   c. Example: 12.5mg = 13mg; 12.2mg = 12mg.

4. Children medication Dosages: Calculate milliliters and milligrams for children to the hundredth place and round to the nearest tenth.
   Example (milliliters): 2.54 ml = 2.5ml; 2.58ml = 2.6ml
   Example (milligrams): 341.24 = 341.2mg; 682.47mg = 682.5mg.

5. IV drops per minute: Calculate to the tenth place and round to the nearest whole number.
   i. Example: 20.3gtts = 20gtts; 20.8gtts = 21gtts.
   ii. IV to set IV pumps at ml/hr:
   Calculate to the nearest hundredth and round to the nearest tenth. Most IV pumps can be set to a tenth of a ml.
   Example: 125.85ml = 125.9ml; 126.72ml = 126.7ml.

♦ Do not round high alert medications (insulin, heparin, cardiac medications)
♦ Drop patient weight to hundredths spot prior to calculate medication dosages
♦ Only round at the end of your calculations

Developed: 7/14
Revised: 6/15, 7/16, 9/17
POLICY #6: KAPLAN TESTING

An orientation to Kaplan Testing will occur fall quarter in year one of the nursing program. The orientation will either occur face to face from a Kaplan representative or as a Webinar. The orientation will include but not limited on how to access the Kaplan Testing website and program overview of Kaplan Testing. Students will be provided a username and password to access the Kaplan Testing website. It is at the discretion of the faculty as to how each test will be integrated throughout each lecture/quarter.

Spring quarter of year two, the students will participate in a 4-day intensive Kaplan NCLEX-RN prep with a Kaplan Facilitator. This course will be scheduled after all clinical rotations have been completed. In preparation for the prep class, the students will take the Kaplan Diagnostic Test. During the last day of the prep class the students will take the Kaplan Readiness Test. The Kaplan facilitator will review test results with the students. This test will be scored as the student’s final examination for NRS 224. **No Kaplan Integrated Tests may be rescheduled. If the student is absent he/she will receive no credit.**

**Developed: 7/12**
**Revised: 6/13, 7/14, 9/17**
**Reviewed: 6/15, 7/16**

POLICY #7: KAPLAN INTEGRATED TEST REMEDIATION

Remediating a Kaplan Integrated Test is a very important aspect to student learning. Remediation assists in student learning and helps prepare the student for taking the NCLEX after graduation. The student will earn 1 point for every question or concept the student missed on the Kaplan Integrated Test that the student remediates.

**Example:**
Susie Q. scored a 50% on the Med/Surge Kaplan Integrated Test – Susie would then write/type a couple of sentences reflecting on as many questions or concepts missed on the Integrated Test, she then turns the reflections into the appropriate class box in the Nursing Administrative Assistant Office. If Susie Q. remediated 10 questions/concepts she then would raise her quiz grade for the Med/Surge Kaplan Integrated Test to a 60%.

**Remediation is due into the appropriate box in the Nursing Administrative Assistant office:**
- 1 week from the date and time of taking a Kaplan Integrated Test
- If the Kaplan integrated test is on a Monday or Tuesday and you have clinical the following Monday and Tuesday, the remediation is due Wednesday instead.

**Developed: 9/2014**
**Revised: 9/15**
**Reviewed: 7/16, 9/17**
POLICY #8: MARIJUANA

Do you currently hold a Medical Marijuana Card?

☐ No

Student Sign Here: ____________________________ Date: ____________

Executive Director of Nursing and Allied Health Signature: ________________ Date: _________

OR

☐ Yes, please fill out the below portion of the form.

If a nursing student is on medical marijuana the student must give a copy of his or her medical marijuana card to the Nursing Administrative Assistant along with a copy of the doctor’s note stating the reasons why the student is taking medical marijuana.

The student is not to have any form of marijuana in the clinical setting. If the Nursing Instructor or a member of the clinical site sees marijuana the student will be dismissed for the nursing program immediately.

Student Signature: ____________________________ Date: ____________________________

Executive Director of Nursing and Allied Health Signature: ________________ Date: _________

Developed: 12/16
Reviewed:
Revised: 9/17
POLICY #9: SUBSTANCE ABUSE

Student Suspected of Substance Use
To maintain the integrity of the nursing program and ensure safe client care, and in accordance with TVCC policy, students must abstain from the use of alcohol or drugs/medications which affect safe and appropriate functioning in the following situations:
1. Before and during nursing class and lab/clinical.
2. While in student uniform.
3. Before and during assigned time in the clinical facility, including the time of client selection.

Students have a responsibility to notify their Nursing Advisor and Clinical Coordinator, if they are taking any medications that may have an adverse effect upon their clinical performance. The Advisor and Clinical Coordinator will then determine if the student’s clinical performance is safe. Students have a legal and ethical responsibility to report peers who they suspect are substance users.

As stated in the college catalog, “Anyone under the influence of alcohol or controlled substances may be removed, dismissed, or suspended from college premises, functions, classes, activities, or responsibilities. Treasure Valley Community College will impose disciplinary sanctions on students up to and including expulsion”. Referrals to alcohol and drug treatment agencies are available through the nursing department.

While other medical conditions may cause some of the following, behaviors and signs suggestive of substance use include:
- slowed thinking processes or very impulsive thinking;
- immobilization or panic with resulting inability to think or act;
- wildly unpredictable behavior deviant from usual, acceptable behavior; inappropriate or bizarre response/laughter;
- irritable, restless manner;
- complaints of blurred vision; dilated or constricted pupils; bloodshot eyes;
- slurred speech;
- emaciated or unusual weight loss;
- tremors, especially in the hands and early in the morning;
- complaints of morning headache; abdominal or muscle cramps; diarrhea;
- diaphoresis; odor of alcohol;
- poor coordination or unstable gait;
- threats to kill or harm oneself or another person;
- possession of a weapon or hazardous object;
- severe psychological distress;
- poor judgment regarding safety issues for self, patients, and coworkers;
- severe physical distress e.g. seizures, chest pain, respiratory distress;
- Possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with licensed health care provider’s order.

Any nursing instructor or immediate supervisor who believes that a student is in a clinical setting while under the influence of alcohol or drugs or is for any reason a threat to client safety, will remove the student immediately from the client care responsibilities.

In the event of suspected use in the clinical setting, the instructor has the right to confiscate, in the presence of a witness, the substance(s) for identification.
The behaviors and signs observed by the instructor will be documented by the instructor and validated by another nurse (another TVCC nursing instructor, nursing supervisor on duty, or nurse manager). The instructor will require the student to; submit to body fluid collection and testing performed by a laboratory collecting agency designated by the nursing program. The collection and testing will be performed in a manner which preserves the integrity of the specimen. The student will be escorted to the laboratory collecting agency representative by a nursing instructor or other Nursing Department representative soon after the student has been removed from client care responsibilities.

The student will bear the expense of the program mandated testing unless otherwise specified. Following completion of the specimen collection, the nursing instructor/Nursing Department representative will make arrangements for the student’s safe transportation home.

Failure to give written consent, without qualification, to such alcohol or drug testing and/or release of test results to the director of the Nursing Program, or failure to provide bona fide samples for such testing will be considered implied admission of illegal substance use and grounds for appropriate disciplinary action, including the possibility of immediate dismissal from the Nursing Program.

The student involved in the alleged infraction will be temporarily excluded from the Nursing Program until the test results have been received and reviewed by the Executive Director of Nursing and Allied Health of the ADN Program.

Immediately or as soon as reasonably possible after the test has been performed, the director of the ADN Program, or in her absence, the Lead Instructor will be informed of the drug test results.

A. If the results are negative, the student may return to the program activities.
   Opportunity for make-up will be provided, and the student will be expected to make up missed time and assignments.

B. If the test results are positive, the Executive Director of Nursing and Allied Health of the program will implement appropriate disciplinary action including the possibility of dismissal from the Nursing Program on the grounds of substance use. The student who disagrees with the program’s decision can utilize the TVCC student grievance procedure outlined in the college catalog. The student should also note the TVCC’s Statement of “Rights and Freedoms of Students” found in the catalog. Positive findings may be reported to the Oregon and Idaho State Board of Nursing

Drug Testing Agency:
Minert & Associates
Drug/Alcohol Testing Consultants (208) 884-4100

Developed: 7/12
Revised: 7/16
Reviewed: 6/13, 7/14, 6/15, 9/17
CERTIFICATE OF AGREEMENT

I hereby authorize_____________________________ to perform urine and blood tests to determine the use of alcohol and/or controlled substances on specimens provided by me. I authorize Treasure Valley Community College Nursing Program to receive these results and utilize the results of these tests to determine suitability for continued enrollment in the nursing program.

Name (please print)  Social Security Number

Signature Date

Witness Date

I hereby refuse to agree to the above testing and realize that my refusal will result in immediate dismissal from the program.

Name (please print)  Social Security Number

Signature Date

Witness Date

Revised: 9/04
Reviewed: 9/03, 8/05, 7/06, 7/07, 9/08, 9/09, 9/10, 9/11, 7/12, 6/13, 7/14, 6/15, 7/16, 9/17
POLICY #10: USE OF SOCIAL MEDIA

The nursing program supports the use of media to reach audiences important to the community college such as students, prospective students, faculty, and staff. Presence or participation on social media sites is guided by the department’s policy. This policy applies to nursing students who engage in internet conversations for school-related purposes or school-related activities such as interaction in or about clinical and didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

General Information:

Social media are defined as mechanisms for communication designed to be disseminated through social interaction, created using highly accessible and scalable publishing techniques. Social media is commonly thought of as a group of Internet-based applications that are built on the ideological and technological foundations of the web that allows the creation and exchange of user-generated content. Examples include but are not limited to LinkedIn, Wikipedia, Second Life, Flickr, blogs, podcasts, RSS feeds, Allnurses.com, Twitter, Facebook, YouTube, and Myspace.

While this policy may need to be modified as new technologies and social networking tools emerge, the spirit of the policy will remain the protection of sensitive and confidential information. Social Media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and college reputations. As students you will want to represent the college and the school of nursing in a fair, accurate and legal manner while protecting the brand and reputation of the institution. When publishing information on social media sites remain cognizant that information may be public for anyone to see and can be traced back to you as an individual. Since social media typically enables two-way communication with your audience, you have less control about how materials you post will be used by others. As one person remarked, “If you wouldn’t put it on a flier, carve it into cement in the quad or want it published on the front of the Wall Street Journal, don’t broadcast it via social media channels”.

Policy:

- Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information about the college, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a TVCC nursing student.
- Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and the college. For guidance, visit the college’s library site.
• Do not use TVCC’s marks, such as logos and graphics, on personal social media sites. Do not use TVCC’s name to promote a product, cause, or political party or candidate.
• Use of TVCC’s marks (logos and graphics) for school sanctioned events must be approved by administration.
• It is expected that during clinical use of electronic devices will not be employed for social media access.
• Use of electronic devises (Notebooks, etc.) during class shall be restricted to note taking and classroom activities. Use otherwise is distracting for not only the student involved in the activity but those in the immediate area/vicinity.
• No personal phone conversations or texting are allowed at any time while in client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom and respond as deemed necessary.
• **No student shall videotape, photograph or record professors or fellow students for social media use without the expressed written permission of the faculty or fellow student. At NO time shall clients be videotaped or photographed without written permission of the client and of the facility.**
• Be aware of your association with TVCC in online social networks. If you identify yourself as a student, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. When posting your point of view, you should neither claim nor imply you are speaking on the college’s or the nursing department’s behalf, unless you are authorized to do so in writing.
• HIPPA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
• Ultimately, you have sole responsibility for what you post. Be smart about protecting yourself, your and others privacy, and confidential information.

Procedure/Considerations:
• There is no such thing as a “private” social media site. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. If you feel angry or passionate about a subject, it’s wise to delay posting until you are calm and clear-headed. Think twice before posting. If you are unsure about posting something or responding to a comment, ask your faculty. If you are about to publish something that makes you even the slightest bit uncertain, review the suggestions in this policy and seek guidance.
• Future employers hold you to a high standard of behavior. By identifying yourself as a TVCC student through postings and personal web pages, you are connected to your colleagues, clinical agencies, and even clients. Ensure that content associated with you is consistent with your professional goals.
• Nursing students are preparing for a profession which provides services to a public that also expects high standards of behavior.
• Respect your audience.
• Adhere to all applicable college privacy and confidentiality policies.
• You are legally liable for what you post on your own site and on the sites of others. Individual bloggers have been held liable for commentary deemed to be proprietary, copyrighted, defamatory, libelous, or obscene (as defined by the courts).
• Employers are increasingly conducting Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you.
• Monitor comments. You can set your site so that you can review and approve comments before they appear. This allows you to respond in a timely what to comments. It also allows you to delete spam comments and to block any individuals who repeatedly post offensive or frivolous comments.
• Don’t use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace.
• You are responsible for regularly reviewing the terms of this policy.
• Students will not post profane or disparaging remarks related to faculty, peers, or clinical partners and community

Consequences:
• Violations of client privacy with an electronic device will be subject to HIPAA procedures/guidelines and consequences.
• Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.
• Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information (music, videos, text, etc.)

Permission for use granted: Purdue University, School of Nursing, 2012.
Revised: 9/17

POLICY #11: SEXUAL HARRASSMENT

TVCC Nursing program follows the TVCC sexual harassment policy. http://www.tvcc.cc/about/student_right_to_know/non-discrimination.cfm

Revised: 7/16
Reviewed: 9/10, 9/11, 9/12, 7/12, 6/13, 7/14, 6/15, 9/17

POLICY #12: SERVICE LEARNING PROJECT:

Purpose:
1. To enhance learning objectives,
2. To develop cultural awareness and sensitivity,
3. To promote professional development in local and community based settings,
4. To develop skill in recognizing the needs of the community or a given population, and
5. To develop collaborative skills among students, faculty and community partners.
Policy:

- Each student is required to engage in at least five service learning projects in two years. The level of expertise required for projects is expected to increase as the student progresses in the program.
  - for example, the first quarter-first year student may consider teaching hand hygiene to young children; the second quarter-first year student may consider volunteering to admit and perform vital signs on clients at a free clinic; the third quarter-second year student may volunteer to teach foot care in a free diabetes clinic.

- Each student is required to discuss plans for his/her Service Learning Project with her/his assigned advisor/mentor and obtain the advisor/mentor’s approval for the Service Learning project. Each student is responsible for completing the Service Learning Project Participation Form and to submit the form to the advisor/mentor after completion of the project.

- During the project, the student will wear appropriate professional street clothes or nursing uniform and a clean/pressed TVCC Nursing Student lab coat with student identification badge attached.

- The student will not schedule Service Learning Community Project on the evening prior to a clinical day, during class time, or during scheduled laboratory time.

Examples of Service Learning Community Projects:
(Not an all-inclusive list. The student may consider projects other than those listed.)

Teaching hygiene, proper nutrition, infection control, etc., across the lifespan
Blood pressure clinics for the American Heart Association
Blood pressures at Veteran’s Advocates for Ore-Ida
Volunteer at a food bank or local free meal site.
St. Alphonsus Medical Center-Ontario Asthma Clinic
Teaching self-breast exam to a small women’s group
Assisting with sports physicals
(Second year only) Car Seat Clinic

*All students must have their proposed community service activity pre-approved by a faculty member. Students may not schedule a community service during class/clinical prep or clinical time.

Developed/Adopted: 7/12
Revised: 7/14, 7/16, 9/17
Reviewed: 6/13, 6/15

POLICY #13: INDIVIDUAL STUDENT/INSTRUCTOR ADVISING SESSIONS

Each quarter the student will have an identified nursing advisor/mentor. Sessions (face-to-face, email, or video conferencing) will be scheduled for each student throughout the program. Students are required to attend their advising sessions. No children or visitors in advising sessions.

Revised: 8/05, 9/08, 9/10, 7/12, 7/14, 6/15, 7/16
Reviewed: 9/03, 9/04, 7/06, 7/07, 9/09, 9/11, 6/13, 9/17
POLICY #14: ACCESS TO STUDENT FILES

Students will be allowed to view their files only during advising sessions.

Contents of files may not be replicated in any manner. Test questions/answers may not be copied.

Revised: 9/17
Reviewed: 9/03, 9/04, 8/05, 7/06, 7/07, 9/08, 9/09, 9/10, 9/11, 7/12, 6/13, 7/14, 6/15, 7/16

POLICY #15: EXTENUATING CIRCUMSTANCES

The faculty and Executive Director of Nursing and Allied Health may consider extenuating circumstances for any student issues on an individual basis.

Revised: 9/04, 8/05, 7/12, 7/14, 7/16
Reviewed: 9/03, 7/06, 7/07, 9/08, 9/09, 9/10, 9/11, 6/13, 6/15, 9/17

POLICY #16: STUDENT PARTICIPATION IN FACULTY MEETINGS

Students are participants in the educational process. Each class will select student representatives to attend and participate in faculty meetings. Other students may request permission to address the faculty.

Student performance and conduct in class and/or clinical may be discussed by nursing faculty during meetings. Student representatives will be asked to leave when individual student performance/conduct is being discussed.

Revised: 9/04, 9/08, 9/09
Reviewed: 9/03, 8/05, 7/06, 7/07, 9/10, 9/11, 7/12, 6/13, 7/14, 6/15, 7/16, 7/19
POLICY #17: STUDENT SUGGESTION BOX

1. A suggestion box has been provided for nursing student feedback to the nursing department.
   A. The box will be kept in the nursing students’ lounge and will be locked to avoid breach of confidentiality.
   B. Students are encouraged to anonymously use the comment box to provide the faculty and the department with suggestions of improvement and praises.
   C. The comments will be reviewed twice per quarter during the regularly scheduled faculty meetings. Comments will be tabulated into a theme and addressed by faculty.
   D. This method of communication provides the student a voice for constructive communication. Faculty will not review comments that are derogatory.

POLICY #18: LOCKER USE AGREEMENT

1. Treasure Valley Community College is not responsible for lost, stolen, or damaged property in the lockers.
2. Treasure Valley Community College Nursing Department reserves the right to enter the locker if faculty or the Executive Director of Nursing and Allied Health suspect misuse, cleanliness issues, or for safety purposes.
3. Students must vacate the lockers by the last day of spring quarter. ALL ITEMS including the lock will be discarded immediately after the end of the agreed date above.
4. Failure to comply may forfeit future locker privileges.

______________________________  ____________________________
Student Signature                               Date

Developed: 7/14
Revised: 6/15, 7/16
Reviewed: 9/17
POLICY #19: CLINICALS

1. Student must complete an annual background check and urine test (American Databank) prior to initial clinical rotation. Clinical may be any day of the week and scheduled any time within the 24-hour day. For example, currently, first year students meet for clinical on Monday and Tuesday from 0645 until the end of the post clinical meeting at 1530. However, the clinical instructor has the authority and discretion to extend the post clinical period if he or she feels it necessary based on any serious events or issues that need to be addressed. Because scheduling of the clinical days is determined by multiple factors, including staffing and student load concerns of clinical facility partners, students must be prepared to be flexible as clinical days and times may change over the course of the academic year.

2. Student Clinical Placement: The Clinical Coordinator determines the students’ clinical placement based on knowledge of facilities, student needs, and faculty evaluation of performance. If a student is placed on a unit where they are also employed, the student must demonstrate the ability to differentiate between the student and the employee role and the student and the employee scope of practice. If placed during the final term on a unit where they are also employed, the student will not be assigned to a CTA who is a spouse, relative or friend. Students must clearly communicate to staff their role as students during clinical hours, and must access only materials available to all students during the clinical experience.

3. Students will show consistent demonstration of safe practice behaviors including:
   A Being able to safely and accurately calculate and administer medications and perform treatments.
   B Being able to maintain asepsis in all appropriate procedures at each level to protect others and themselves.
   C Refraining from negligence in nursing practice.
   D Recognizing limitations and accountability for practice.

4. Inconsistency in any of the above areas may result in dismissal from the nursing program. Students are expected to perform safely in all areas of client care. If, in the judgment of the nursing instructor, a student is not adequately prepared for the assignment or if his/her conduct or health potentially harms the client's well-being, the student will be sent home and will receive zeros in all areas for the clinical experience.

5. Students are responsible for program competencies and for the achievement of certain critical elements which will be identified prior to the beginning of clinical experience and evaluated on an ongoing basis by instructor and/or resource nurse. Regardless of previous passing grades on any given clinical daily evaluation of the critical elements or on the midterm(final), if a student is later observed practicing in an unsatisfactory manner, a plan for improvement (PFI) will be implemented. The PFI may be formal or informal; this is at the discretion of the clinical coordinator and advisor. Frequent occurrences of this kind may result in clinical failure and dismissal from the program. In addition:
   A The student is expected to attend all clinical experiences.
   B In order to pass clinical, the student must:
      1) Receive a score of 2.25 or above in each of the 10 competencies areas for their midterm(final), and
      2) Receive a score of 2.25 or above in each of the daily evaluation critical elements, and
      3) Missing more than two clinical days in one quarter and not exceeding 4 missed days of clinical within the year.
      4) Extenuating circumstances may be considered by full faculty and director.
C The student will notify the clinical coordinator and the agency at least one hour before expected arrival time if they are going to be late or if they are unable to attend clinical.

1) Do not call or text the clinical coordinator between the hours of 2200 and 0600

D If a student arrives after the beginning of the shift, the student will be sent home and it will

(a) be considered a clinical absence and will result in a row of zeros for the clinical day.

E If a student becomes ill during clinical or has an emergency, the student must have completed 5 or more hours in order for it to be considered a clinical day. Students must notify the clinical instructor before leaving.

F Students will not schedule personal and family obligations/appointments on clinical days.

G The student will obtain physician's approval before returning to class/clinical assignment following illness or injury, if so requested by the faculty.

H Adhere to Standard Precautions/principles and other measures to protect the safety of patients and the student.

I Provide own transportation to agency and pay for any personal costs incurred.

J Introduce self upon arrival on the floor to the nurses and the aides.

K Wear appropriate uniform or dress for agency.

L Review policies, procedures and specific objectives for experiences prior to assignment.

M Prepare in writing current challenges/and/or learning activities desired, prior to each clinical day for staff/instructor review.

N Practice within established TVCC nursing standards and policies of agency.

O Maintain HIPAA compliance.

P Provide staff with evaluation forms, if appropriate, and explain scoring criteria and rationale.

Q Notify the clinical instructor and primary nurse prior to leaving the unit or facility.

R Remain at the facility during clinical hours.

6. Students may access their phones during breaks only. Students must follow agency policy regarding cell phone use in the facility. If the student is using an electronic device that has “communication” (phone, text, email, etc.) capabilities, the student will only use the device for educational purposes while on the patient care unit. No personal laptops or tablets are allowed on any clinical unit.

7. Students will not work a shift immediately preceding any clinical rotation because of the potential impact on safe patient care. There needs to be a minimum of 8 hours between end of shift and the beginning of clinical.

8. Students are expected to behave in a professional/civil manner in the clinical setting. If the instructor observes a student exhibiting inappropriate/threatening behavior, the student may be instructed to leave the facility which could result in disciplinary action including dismissal.

9. According to the Oregon State Board of Nursing, clinical prep is counted toward the students’ required clinical hours; therefore, clinical prep is mandatory.

10. Students are expected to know the policies, procedures, bylaws, regulations, and rules for his or her clinical placement. Clinical placement will vary in the quarter.

11. A clinical partner may terminate a clinical placement based on the following: student’s incompetency, negligence or carelessness, violation of applicable laws of the clinical placement, continuous breach of policies and procedures, and breach of confidentiality.

Revised: 9/04, 8/05, 7/06, 7/07, 9/08, 9/09, 9/11, 7/12, 6/13, 7/14, 6/15, 7/16
Reviewed: 9/03, 9/10, 9/17
POLICY #20: CLINICAL PERFORMANCE EVALUATION

1. PLANNING FOR PROGRESS: Planning for your progress is an important factor in your professional development. During your nursing education program your instructors will make observations of your performance. These observations will be recorded on an evaluation form to be used to help you in planning for progress. Evaluation based on facts can be very helpful to nursing students.

2. HOW THE RECORD IS KEPT:
   A. At the beginning of a clinical term the Daily Evaluation Critical Elements and the Midterm/Final evaluations will be distributed. You will review the daily evaluation criteria of the clinical experience so that you will know what is expected in terms of your performance.
   B. The clinical experience throughout the two years of the nursing program is designed to help you progress from simple nursing tasks to management of complex patient situations. The evaluation forms are designed to reflect this progress and can be used as a guide to clinical performance expectations. The student is responsible for concepts taught in prior courses.
   C. The majority of clinical days will be “evaluated”. At the end of each evaluated clinical day the student performs a self-evaluation on the daily clinical evaluation tool. After the student completes the self-evaluation the student turns the evaluation into the clinical instructor. The clinical instructor then reviews the student’s daily critical elements clinical self-evaluation; at this time the instructor can adjust the student’s grade based upon working knowledge of the student’s performance in clinical. Clinical instructors have a legal, ethical, and professional responsibility to evaluate students’ clinical performance to ensure safe practice.
   D. As you carry out your daily assignments, your instructor will make notes of the work you do that is especially effective and that which is ineffective and which needs improvement. When performance is less than satisfactory (1) a written comment will be made by the instructor and/or the student in the margin. This will provide a detailed record of the facts concerning your performance.
   E. The student should consider areas needing improvement prior to planning for the next clinical experience.
   F. You will have regular academic advising sessions with your advisor/mentor. During these sessions your advisor/mentor will discuss your daily evaluation critical elements and the midterm/final form pointing out areas in which your nursing care has been effective and areas which need improvement.

POLICY #21: CLINICAL HOUR CALCULATION

The number of required clinical hours in a quarter is based on the number of academic/lab credit hours required by the Oregon State Board of Nursing for a specific nursing course.

• For example:
  (# Credits) (3) = number of required hours per week
  Required weekly hours X # of weeks in a quarter = number of clinical hours per quarter required.
  NRS 110 – 5 hours of clinical
5 hours X 3 = 15 hours a week  
15 X 11 = 165 hours of clinical required for NRS 110

- Clinical hours are calculated to include the following:  
  - Clinical (simulation, home health, hospice, etc.)  
    - Clinical prep  
    - Mandatory labs  
    - Individual skills check offs (1st attempt only)  
    - Hours per week of preparatory time will be allotted when the student is in a clinical setting providing total patient care.  
    - When a student is in another clinical experience other than total patient care i.e. specialty days, leadership, observational experiences these days will not have prep time included for clinical hours.

STUDENT CLINICAL SELF EVALUATION TOOL

An evaluation will be completed for each clinical experience. Students will write clinical objectives on each evaluation form each day prior to clinical. This will then be given to the clinical instructor at pre-conference.

Key to evaluation the daily evaluation critical elements: NOTE: There are three areas of evaluation directly related to the competencies.

3 = SATISFACTORY:  
Consistently performs learning opportunities reflecting safe and ethical practice. Bases actions on appropriate nursing rationales. Requires some guidance and structure. Does meet the learning outcomes.

2 = NEEDS IMPROVEMENT  
Performance improving with additional learning opportunities. Continues to require prompting, guidance, and structure. Increased ability to base actions on appropriate nursing rationales. Noticeable improvement in following safety precautions and ethical practices. *Include an explanation of all 2’s.

1 = UNSATISFACTORY:  
Inconsistent performance, not improving with additional learning opportunities, actions are based on inappropriate nursing rationales. Does not follow safety precautions and ethical practices.  
Does not meet learning outcomes. *Include an explanation of all 1’s

A. All areas evaluated not satisfactory (1) must be identified by circling the item on the next evaluation form as a clinical objective(s) for the student on the next clinical day assigned. This is the individual student’s responsibility. Consistent performance evaluated as a “1” may require development of a specific written plan for improvement.

B. NA indicates the experience was not available or should not be considered in calculating
the student's grade. In the column on the evaluation form the behavior will be noted NA. The advisor/mentor reviewing the evaluation forms with the student should note if there is a consistent pattern of NAs. If there is a consistent pattern, the student should identify that behavior as a clinical focus on the next clinical experience, circle that item on the next clinical evaluation form and ask the Clinical Instructor to observe his/her performance.

3. Key to evaluation the midterm/final: NOTE: There are 10 competencies.

3 = SATISFACTORILY MEET EXPECTATIONS:
Satisfactorily performs learning opportunities reflecting safe and ethical practice. Bases actions on appropriate nursing rationales. Requires some guidance and structure. Does meet the learning outcomes.

2 = SHOWING IMPROVEMENT:
Performance improving with additional learning opportunities. Continues to require prompting, guidance, and structure. Increased ability to base actions on appropriate nursing rationales. Noticeable improvement in following safety precautions and ethical practices. *Include an explanation of all 2’s

1 = INCONSISTENT PERFORMANCE:
Inconsistent performance, not improving with additional learning opportunities, actions are based on inappropriate nursing rationales. Does not follow safety precautions and ethical practices. Does not meet learning outcomes. *Include an explanation of all 1’s

A. All areas evaluated not satisfactory (1) must be identified by circling the item on the next evaluation form as a clinical objective(s) for the student on the next clinical day assigned. This is the individual student’s responsibility. Consistent performance evaluated as a “1” or “2” may require development of a specific written plan for improvement.
B. NA indicates the experience was not available or should not be considered in calculating the student’s grade. In the column on the evaluation form the behavior will be noted NA. The advisor/mentor reviewing the evaluation forms with the student should note if there is a consistent pattern of NAs.

4. Students will review their evaluation with their clinical instructor and/or advisor/mentor on a regular basis. Space is available on the form for the student to respond to the evaluation. The student will sign in ink when he/she has completed the evaluation.

5. The advisor/mentor will keep the clinical evaluation scores (daily evaluation critical elements and the midterm/final) on the final grade sheet grid in the student’s file the advisor/mentor will tabulate the scores for each areas of evaluation at the individual conference to determine if the student is performing a 2.25 or above in each area. Advisor/mentor and student will review clinical and classroom performance throughout the quarter.

6. PROCESS FOR CALCULATION OF THE FINAL CLINICAL GRADE: Within each of the 10 competencies...
areas and the daily evaluation critical elements of evaluation the scores will be added up and then divided by the total number of evaluation areas. ("NAs" are not included in total number). An average of 2.25 or greater in each of the areas of evaluation will result in a pass for the clinical performance component of the course.

7. Failure to achieve an average of 2.25 or above in each of the areas of evaluation constitutes a failing grade in the clinical component. This will result in a failing grade for the quarter in nursing and dismissal from the nursing program.

8. Rows of zeros: When a student is absent or sent home for any reason, he/she will receive a row of zeros for that clinical day(s). A row of zeros could result in a student receiving less than 2.25 in one or more of the ten areas of evaluation which would result in a failing grade.

Revised: 9/03, 8/05, 7/06, 9/08, 9/09, 7/12, 7/14, 6/15, 7/16
Reviewed: 9/04, 7/07, 9/11, 6/13, 9/17

POLICY #22: UNIFORM AND PERSONAL APPEARANCE

When students are on assignment in the clinical setting, to care for patients or for non-clinical study, health care staff and clients must be able to identify students to avoid confusion, enhance communication and protect the patients’ privacy.

1. FULL UNIFORM consists of assigned color scrub top and pants along with a name badge. Full uniform is required for all clinical assignments including simulation. Full uniform will be required for mandatory lab and check offs for all invasive procedures and when anticipating patient care.

2. WHITE LAB JACKET embroidered with the TVCC nursing program logo and name badge is permissible over street clothes (knee length or longer skirt or dress slacks) for non-clinical study in the clinical facility if uniform is not worn. Jeans, shorts, strapless or midriff outfits are not acceptable. No student can be in clinical area without proper attire and name badge. The other option for non-clinical study is full uniform (including name badge).

3. FULL UNIFORM REQUIREMENTS: Neat and clean each clinical day. Must fit well (not tight). Pants should not touch the floor.
   A. Assigned colored scrub top (with TVCC logo embroidered) and black colored pants. White lab jacket with TVCC logo on front can be worn over uniform. These two items can be purchased through L & L Enterprise and (208)-452-7652. Male and female students have different lab jackets. Undergarments must not show above slacks. Students can wear a white short-sleeve t-shirt in good-repair.
   B. Black leather shoes (low heels), toes and heels enclosed. (Heel strap acceptable) For safety and noise control, have rubber or composition non-skid soles. Clean shoes and laces at all times.
   C. Name badge according to department requirements.
   D. Watch with second hand that can be pinned to the uniform.
   E. Stethoscope, penlight, scissors, hemostats
   F. Small notebook (for pocket) and pen with black ink.
G. Socks must be worn.

H. Hair must be neatly controlled and away from the face. Normal hair color required. No feathers, colored ribbons are allowed, no scarves allowed unless required for religious purposes. Male students must have neatly trimmed facial hair.

I. Small post earrings only (no colors besides white, silver, gold). No earrings allowed other than pierced. Hoops are not allowed for safety reasons. Studs or rings allowed in ears only.

J. One band-type ring may be worn. We suggest not wearing rings with an elevated setting or faceted stones. No necklaces or other jewelry.

K. Light makeup only.

L. No visible racial, gang related or otherwise offensive tattoos allowed. Tattoo appropriateness will be determined by facility policy and/or discretion of the faculty.

M. Short fingernails, no nail polish. No artificial nails, fills, or extensions.

N. Gum chewing is not permitted when in the clinical area.

O. No body odors, mouth odor, cigarette odor, E-cigarette (vaping) odors colognes/aftershave, untidiness or lack of cleanliness are not acceptable because they are offensive to patients.

P. Students may not use tobacco including E-cigarettes (vaping), marijuana, during any clinical experience (including selecting patients) or any time while in uniform.

4. For specific assignments (i.e. Psych.) student will be informed of dress requirements.

5. Classroom attire: Casual, modest clothes are acceptable. Navels, buttocks and breasts must be covered. The student is expected to wear professional clothes for the following: guest lecturers, off-campus classes and class presentations (no jeans, shorts, play clothes, strapless dresses, miniskirts, etc.). No pajamas will be worn in class.

*Faculty will determine appropriateness of appearance.

PROCEDURES

Failure to adhere to the appropriate uniform may result in student being denied access to clinical area or experience.

Revised: 9/03, 9/04, 8/05, 7/06, 7/07, 9/08, 9/09, 9/10, 9/11, 7/12, 6/13, 7/14, 6/15, 7/16, 9/17
POLICY #23: INFECTIOUS/CONTAGIOUS DISEASES

Nursing students in the clinical area will be in contact with patients who have diagnosed or undiagnosed infectious/contagious diseases. The nursing profession belief is that it is an ethical responsibility and moral commitment for the nurse to provide care to all patients, regardless of diagnosis. This care is based on knowledge of safety precautions. Therefore, the same professional standards are expected of students preparing for a career in nursing.

Nursing students who have known infectious/contagious diseases may not be allowed to work in the clinical area, if the exposure to patients/staff is determined by faculty/facility staff to be a concern.

PROCEDURE
Each student that may be involved in concerns relating to the above situations will be advised on an individual basis by the nursing faculty. The individual clinical facility policies relating to these circumstances will be considered in the evaluation process.

Nursing students who have known infectious/contagious diseases need to contact nursing faculty for further information and advising regarding clinical experiences.

Nursing students who have been exposed to an infectious/contagious disease such as TB, Whooping Cough (Pertussis), Hepatitis, or HIV need to contact nursing faculty for further information and advising regarding clinical experiences.

POLICY #24: MEDICAL IMUNIZATION EXEMPTION

Students may be exempted from the required immunizations, DTap, MMR, Hepatitis B, Varicella and the Flu, for medical reasons. If a student wishes to be exempted from the previous mentioned immunizations, he/she must be seen by a medical provider to state the reason the student is exempted from a vaccine. The medical provider must complete the Immunization Exemption-Medical form and the student must complete the Immunization Exemption – Medical form prior to admissions into the NA/Nursing Program. The student understands that by not being vaccinated that he/she continues to be at risk of acquiring these potentially serious diseases. The student understands that illness resulting from these diseases and consideration of the communicability of these diseases could result in exclusion from clinical settings and may interfere with his or her ability to attend classes, either of which may result in an inability to meet course requirements and, therefore, a failure in coursework.

*If a student is exempt from the Flu vaccine the student must wear a mask at clinical at all times
POLICY #25: NON-MEDICAL IMMUNIZATION EXEMPTION POLICY

Students may be exempted from the required immunizations, DTap, MMR, Hepatitis B, Varicella and the Flu, for religious reasons. If a student wishes to be exempted from the previous mentioned immunizations, he/she must watch an immunization module at www.healthoregon.org/vaccineexemption, print the online Vaccine Education Certificate, and sign the Immunization Exemption—Non-Medical form prior to admissions into the NA/Nursing Program. The student must bring in a copy of the Vaccine Education Certificate when registering for the class. The student understands that by not being vaccinated that he/she continues to be at risk of acquiring these potentially serious diseases. The student understands that illness resulting from these diseases and consideration of the communicability of these diseases could result in exclusion from clinical settings and may interfere with his or her ability to attend classes, either of which may result in an inability to meet course requirements and, therefore, a failure in coursework.

*If a student is exempt from the Flu vaccine the student must wear a mask at clinical at all times.

Date Initiated: 9/14
Revised:
Reviewed: 7/15, 9/17
POLICY#26: HEADPHONE/EARPIECE

Purpose: To facilitate in-house communication between students and hospital staff, and between students and the clinical instructor, during clinical hours at St. Alphonsus Medical Center, Ontario, Oregon.

Policy:
1. The student will purchase the individual earpiece from the nursing department at the beginning of Fall Quarter of NRS 222.
   A. The student will not receive the earpiece until payment is received.
2. The student will keep the earpiece until the end of Winter Quarter, NRS 221 and will surrender it to the Nursing Department Administrative Assistant no later than the Wednesday following the last scheduled clinical clay of Winter Quarter.
3. If the earpiece is required to complete the Integrated Practicum for Spring Quarter, NRS 224, the earpiece will be reissued.
4. The Administrative Assistant will maintain a current log of distributed and returned devices, noting date, time and student name. The log will also reflect when the earpiece is reissued and/or replaced.
5. If the device is not returned, the student will receive an incomplete grade until the device is returned or replacement cost is received.
6. The care, maintenance, and replacement of the earpiece are the responsibility of the student.
7. If the earpiece is lost or damaged, the student will advise the clinical coordinator by 0900 of the next scheduled class or clinical day.
8. The student is responsible for the replacement of the device.
   A. Payment for device replacement will be received from the student within three clays of its reported loss or damage.
9. If the cost of the device is not received, the student will receive an Incomplete grade until payment is received.

I have read and understand the Headphone/Earpiece Policy, including the student responsibility.

Student (Signature must be legible) ___________________________ Date ___________________________

Developed: 9/17
POLICY #27: SIMULATION ORIENTATION

Nursing students will have an orientation in the simulation lab in NRS 110 on the first clinical experience in the simulation lab. The students will be oriented to the function of each high fidelity mannequin. The students will complete a scavenger hunt during orientation. Students are required to review and sign the simulation confidentiality consent and the audio/video recording consent prior to participation in simulation.

Developed: 7/12  
Revised: 6/13, 7/14, 6/15, 9/17  
Reviewed: 7/16

POLICY #28: SKILLS LABORATORY ORIENTATION:

Nursing students will have an orientation to the Skill Laboratory in NURS 110. The students will be oriented by the Skills Lab Coordinator to the rules of the Skills Laboratory including consent to participate in practicing skills and Needle Stick Exposure policy and procedure. (See Policy #29)

Developed 6/13  
Revised: 7/14, 6/15, 7/16, 9/17

POLICY #29: EHR TUTOR

Nursing students will complete an orientation to the EHR Tutor® in NRS 110 on the first clinical experience in simulation. The orientation to EHR Tutor will be completed in the computer lab.

Developed: 7/12  
Revised: 7/14, 7/16  
Reviewed: 6/13, 6/15

POLICY #30: NURSE CENTRAL

Nursing students will complete an orientation to the Nursing Central® in NRS 110.

Developed: 9/17  
Revised:  
Reviewed:
POLICY #31: SKILLS CHECK-OFFS

The skills passport will be brought to all skill check-offs. Once the student has successfully demonstrated the skill during his/her check-off the Skills Laboratory Coordinator, faculty member, or administrative assistant will stamp the student’s skills passport. The stamp indicates the student has competently completed the skill and is now capable of performing the skill in the clinical setting. If the student fails to bring his/her skills passport to a check-off, then the student will fail the skill check-off.

Clinical:
The student will carry his/her skills passport with them during all clinical experiences and will be available to show their clinical instructor.

Developed: 7/12
Revised: 6/13, 7/14, 7/16
Reviewed: 6/15, 9/17
POLICY #32: SKILLS LAB NEEDLE-STICK EXPOSURE
All students have been taught standard precautions and the proper handling and disposal of sharp instruments, including needles, as part of medical asepsis content. The content includes modes of transmission of blood borne pathogens, methods to control exposure, information contained in this policy, and an opportunity to ask questions on this information.

PURPOSE:
The purpose of this policy is to serve as instructions for the student and the skills lab instructor in the event that a student sustains a needle stick from a needle that has been used to inject another person, hereinafter identified as the source.

POLICY:
In the case of needle-stick exposure, TVCC Nursing Students will be offered support and direction to obtain evaluation and follow-up. Written documentation of a needle stick incident and the action taken will be recorded on the TVCC Skills Lab Incident Report and forwarded to the Director of Environmental Services.

PROCEDURE:
In the case of a suspected or actual contaminated needle stick:
1. Immediately inform the skills lab instructor who is in the lab with students.
2. Immediately wash the injured site with warm soap and water.
3. Fill out the TVCC Skills Lab Incident Report and give it to the instructor who is in the lab with students.
4. Identification of the source and details about the incident should be included.
5. The student is required to be evaluated within 24 hours or in no later than 7 days by his/her health care provider of choice. In the event that immediate evaluation is not available, the student is required to contact the local emergency room for evaluation and follow-up referral. Date of evaluation must be reported to the skills lab instructor.
6. The source is encouraged to consent to evaluation for communicable blood borne disease status and to release that information to the effected student’s medical provider.

STUDENT ACKNOWLEDGEMENT OF POLICY:
I acknowledge that I have received education in standard precautions and the proper handling and disposal of sharp instruments including needles, as part of the medical asepsis content. I also acknowledge understanding and acceptance of the Skills Lab needle-stick Exposure Policy and agree to hold Treasure Valley Community College and its administration, staff and faculty harmless in the event of a needle-stick incident.

Print name: 

Student signature: __________________________ Date __________________

Faculty signature: __________________________ Date __________________
POLICY #33: SKILLS LAB NEEDLE STICK INCIDENT REPORT

Instructions: This form is to be used to report needle stick/sharps injuries that occur in the TVCC Nursing Program Skills Lab. Needle stick injuries in the clinical setting are to be reported according to facility protocols and policies.

The skills lab instructor will be available to assist you if you need help with the form.

Immediately after injury, complete this form and return it to the Skills Lab Instructor. You will be given a copy.

Name of person exposed/injured: ________________________________
Student number _____________________________________________
Email address: ______________________________________________

EXPOSURE
Date of exposure: □ Time of exposure: □ Witnesses (Instructor, Other students, etc.)
Description of what happened: TYPE OF INJURY/EXPOSURE:
□ Needle
□ Lancet
□ Other

THE EXPOSURE OCCURRED:
□ Before use of the needle/lancet
□ After use of the needle/lancet

INVOLVED BODY PART (STUDENT):
□ Arm (but not hand)
□ Face/head/neck
□ Hand
□ Leg/foot
□ Torso (front or back)

Student’s Medical Provider: __________________________________________
Where, when, student was evaluated and treated.

Source information: ______________________________________________
Name: __________________________________________________________
Contact information: _____________________________________________

Developed: 6/13
Revised: 6/15, 7/16
Reviewed: 7/14, 9/17
POLICY #34: PLANS FOR IMPROVEMENT

PERSONAL INFORMAL IMPROVEMENT PLAN:
1. The faculty member and clinical coordinator may decide to initiate a personal informal improvement plan (PIIP), which may require remediation in the skills lab or other areas. This conversation will be documented in the advising progress note.

FORMAL:
1. If a student has demonstrated a deficiency in the classroom or clinical areas, the faculty member will discuss her/his concerns with the student and the student’s advisor/mentor and then will bring the concerns to the full faculty as soon as possible. If it is determined that a “Plan for Improvement” (PFI) is warranted, the following procedure will then be initiated:
   A. The advisor/mentor will draft the plan including specific criteria and timelines. Full faculty will review the plan and make revisions/suggestions as appropriate. The plan is then approved by full faculty.
   B. The advisor/mentor who wrote the plan will meet with the student. During this meeting the student will document on the PFI form her/his perception of the deficiency. The student and the student’s advisor/mentor will sign and date the form.
   C. Upon successful completion of the PFI, the student and student’s advisor/mentor sign and date the form.
   D. If the student does not successfully meet the PFI, she/he may be dismissed from the program. The PFI will specifically state the consequences of unsuccessful completion.
2. If a clinical instructor identifies a student’s deficiency in the clinical area, this faculty member will discuss the concern with the student, giving the appropriate scores on the clinical evaluation form and writing a detailed description of the deficiency if necessary. The faculty member will then contact the clinical coordinator. The clinical coordinator will notify the student’s advisor/mentor as soon as possible and will bring the concern to the full faculty to discuss whether or not a PFI is warranted. If it is determined that the PFI is necessary, a designated full-time faculty member will draft the PFI. The procedure for the PFI will then be followed.
POLICY #35: DISMISSAL FROM PROGRAM:

1. Students may be dismissed from the program for the following:
   A. Test scores averaging less than a 75 % in each nursing class or failure to achieve a “C” or better in any nursing course.
   B. Drug calculation test scores less than 85%/90% on the second attempt in one quarter.
   C. Failure to meet prescribed “Plan for Improvement”.
   D. Failure to receive a 2.25 in each of the clinical areas for both daily and midterm/final evaluations.
   E. Missing more than two clinical days in one quarter and exceeding 4 missed days of clinical within one academic year.
   F. Failure to pass a skills check off on third attempt.
   H. Failure to perform Technical Standards required of a nurse.

2. Students will maintain honesty, integrity, confidentiality and professional behavior at all times. Breaches in these areas will lead to disciplinary action. With any evidence of cheating, the students involved will be dismissed. Lying, cheating, concealment of error, misrepresentation, or forgery may lead to dismissal. Plagiarism or violations of HIPAA may lead to dismissal from the program.

3. For other serious infractions, the full faculty will determine student continuation or dismissal from the program. If the student is allowed to continue in the program, she/he will be placed on a “Plan for Improvement”.

4. A student may also be dismissed from the program when/if faculty determine with appropriate documentation, that the student is unable to practice nursing in a SAFE manner through failure to acquire the affective/cognitive/psychomotor skills to become professionally competent. The student must make satisfactory progress in both class and clinical.


Developed/Adopted: 9/03
Revised: 8/05, 7/06, 7/07, 9/08, 9/09, 9/10, 9/12, 7/12, 6/13, 6/15, 7/16, 9/17
Reviewed: 9/04, 9/11, 7/14
POLICY #36: READMISSION INTO PROGRAM:

Students who left the program and wish to be readmitted must request this in writing two quarters prior to admission. The Nursing Department is not obligated to readmit a student.

The nursing faculty will determine whether or not the student will be readmitted based on the following:

1. Reason for leaving the program.
   a. Students who left the program in good standing in theory and clinical
2. Classroom and clinical performance including professional behavior.
3. Work experience while out of the program.
   a. It is expected that students will work in the health care field while out of the program.
4. Content of written request.
   a. The letter will focus on what steps the student has taken to be successful in the program and address any other relevant information (i.e. criteria for readmission).
5. Space availability.
6. A student is permitted one readmission only.
7. Students must successfully pass a skills check off on skills learned prior to dismissal or withdrawal.
8. Students may only be readmitted if they have been out of the nursing program for no longer than twelve consecutive months.

Developed/Adopted: 9/03
Revised: 8/05, 7/06, 7/07, 9/08, 9/09, 7/12, 6/13, 6/15, 7/16, 9/17
Reviewed: 9/04, 9/10, 9/11, 9/12, 7/14

POLICY #34: READMISSION DRUG TEST AND CRIMINAL HISTORY CHECK

Returning nursing students who have been out of the program will need to repeat their background check and urine drug test through American Data Bank. Readmission is subject to passing the background and urine drug tests.

Developed: 9/2015
Reviewed: 7/16, 9/17
POLICY #37: GRIEVANCE

http://www.tvcc.cc/current/catalog_schedules.cfm

A grievance procedure has been established by TVEA Bargaining agreement and adopted by the Department of Nursing. To ensure a full, fair and impartial hearing, the established procedure must be followed until such time as agreement/compromise is reached, or until proceedings become a formal legal matter. All grievances will be handled in accordance with TVCC policy.

PROCEDURE (General)
See “Students Rights, Freedom and Responsibility and Student Code of Conduct” document. This is available on the TVCC website. Begin by discussing concerns with person involved.

Revised: 7/12, 7/14, 6/15
Reviewed: 9/03, 9/04, 8/05, 7/06, 7/07, 9/08, 9/09, 9/10, 9/11, 9/12, 6/13, 7/16, 9/17

POLICY #38: SCHOOL CLOSURE DUE TO WEATHER

When the college is closed due to weather as determined by the College President, clinical and classes are canceled. If you have arrived at the clinical facility or class prior to knowledge of the closure, contact the Clinical Coordinator or Executive Director of Nursing and Allied Health for further instructions. On occasion, closure is announced after you arrive in clinical setting. Sometimes the College has a delayed opening. Faculty reserves the right to assign projects on line or assignments to ensure students are keep up to date.

Reviewed: 9/03, 9/04, 8/05, 7/06, 9/08, 9/10, 9/11, 7/12, 9/17
Revised: 7/07, 9/09, 7/16
APPENDIX

“A” Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest; their schools to which a student is transferring; specified officials for audit or evaluation purposes; Appropriate parties in connection with financial aid to a student; Organizations conducting certain studies for or on behalf of the school; accrediting organizations; To comply with a judicial order or lawfully issued subpoena; Appropriate officials in cases of health and safety emergencies; and State and local authorities, within a juvenile justice system, pursuant to specific State law. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may contact us at the following address:
Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

## BLOOM’S TAXONOMY

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>CONCEPT</th>
<th>Verbs Used in Writing Objectives and Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating</td>
<td>Explanation, comparison, illustration</td>
<td>Arrange, assemble, collect, compose, construct, create, design, develop, formulate, manage, organize, plan, prepare, propose, set up, write</td>
</tr>
<tr>
<td>Evaluating</td>
<td>Memory, repetition, description</td>
<td>Appraise, argue, assess, attach, choose, compare, defend, estimate, judge, predict, rate, core, select, support, value, evaluate</td>
</tr>
<tr>
<td>Analyzing</td>
<td>Solution, application</td>
<td>Analyze, appraise, calculate, categorize, compare, contrast, criticize, differentiate, discriminate, distinguish, examine, experiment, question, test</td>
</tr>
<tr>
<td>Applying</td>
<td>Induction, deduction, logical order</td>
<td>Apply, choose, demonstrate, dramatize, employ, illustrate, interpret, operate, practice, schedule, sketch, solve, use, write</td>
</tr>
<tr>
<td>Understanding</td>
<td>Productive thinking, novelty</td>
<td>Classify, describe, discuss, explain, express, identify, indicate, locate, recognize, report, restate, review, select, translate</td>
</tr>
<tr>
<td>Remembering</td>
<td>Judgment, selection</td>
<td>Arrange, define, duplicate, label, list, memorize, name, order, recognize, relate, recall, repeat, reproduce, state</td>
</tr>
</tbody>
</table>

851-045-0030

Purpose of Standards and Scope of Practice

(1) To establish acceptable levels of safe practice for the Licensed Practical Nurse (LPN) and Registered Nurse (RN);

(2) To serve as a guide for the Board to evaluate safe and effective nursing care;

(3) To serve as a guide for the Board to determine when nursing practice is below the expected standard of care; and

(4) To provide a framework for evaluation of continued competency in nursing practice.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0035

Definitions

(1) "Assign" means directing and distributing, within a given work period, the work that each staff member is already authorized to perform.

(2) "Board" means the Oregon State Board of Nursing.

(3) "Client" means an individual, person, family, group, community, organization, population, or a student cohort who is engaged in a professional relationship with a licensee.

(4) "Clinical Supervision" means the RN's provision of guidance, direction, oversight and evaluation of another RN, LPN, certified nursing assistant (CNA), certified medication aide (CMA), or unlicensed assistive person (UAP) in their implementation of the plan of care.

(5) "Community-Based Setting" means a setting where federal law or state law does not require the presence of licensed nursing personnel 24-hours a day. These settings include private homes, congregate housing, home-like settings, schools, and those settings identified in ORS 678.150(8).

(6) "Competency" or competence means demonstrating specified levels of knowledge, technical skill, ability, ethical principle, and clinical reasoning which are relevant to the practice role, prevailing standards, and client safety.
(7) “Comprehensive Assessment” means the collection, in-depth analysis and synthesis of client data performed by the RN.

(8) “Context of Care” means the variables that guide a licensee’s nursing service delivery and include, but are not limited to, the practice setting, the licensee’s role within the setting, the regulations governing the setting, the policies and procedures of the setting, specialty nursing practice standards applicable to the nursing activity, and the ability of the client to engage in their own care.

(9) “Delegation Process” means the process an RN uses to authorize an unlicensed assistive person to perform a nursing procedure for a client while retaining accountability for the outcome.

(10) “Ethical Practice” means nursing practice consistent with the ethics of the profession of nursing.

(11) “Focused Assessment” means for the purpose of these rules, the collection and appraisal of data related to the client’s health status performed by the LPN that occurs as assigned to the LPN by the RN or by the licensed independent practitioner who is providing clinical direction and supervision of the LPN.

(12) "Focused Plan of Care" means the outline authored by the LPN, at the direction of the RN or licensed independent practitioner, that identifies a client problem or risk, identifies a measurable client outcome, and identifies nursing interventions designed to mitigate the problem or risk.

(13) “Health Care Team” means those working with the client to achieve the client's identified outcomes. The composition of the health care team is appropriate to the context of care, includes the client, can be multidisciplinary, and is not limited to licensed health professionals.

(14) "Impaired Function" means the inability to practice nursing with professional skill and safety.

(15) “Individual Scope of Practice” means an individual licensee’s demonstrated competency developed and maintained through practice experience and through engagement in independent and formal learning experiences, which occurs within the boundaries of nursing practice allowed by statute.

(16) “Licensed Independent Practitioner (LIP)” means a health care professional who is authorized by Oregon statute to independently diagnose and treat.

(17) ”Licensee” means the RN, RN emeritus, LPN, LPN emeritus, nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA) as licensed pursuant to ORS Chapter 678.

(18) “Noninjectable Medication” means a medication that is not administered by injection.

(19) “Nursing Intervention” means an action deliberately designed, selected and performed to implement the plan of care.

(20) “Nursing Judgment” means the intellectual process the nurse exercises in forming an opinion and reaching a clinical decision based on analysis of evidence or data.

(21) “Nursing Procedure” means a health-related procedure that is commonly taught in nursing education programs and normally performed by an RN or LPN when implementing the nursing plan of care.

(22) “Nursing Process” means the critical thinking model used at the RN level of practice that integrates the singular and concurrent actions of assessment, identification of client problems or risks, identification of expected outcomes, planning, implementation, and evaluation.

(23) “Plan of Care” means the comprehensive outline authored by the RN that communicates the client’s identified problems or risks, identifies measurable client outcomes, and identifies nursing interventions chosen to mitigate the identified problems or risks.
APPENDIX

(24) "Professional Boundaries" means nurse and client therapeutic relationship limitations that guide appropriate and professional interactions. Professional boundaries are established under the scope of one’s license to practice nursing, are applicable in and outside of the practice setting, and protect the space between the licensee’s power, the client, and the client’s vulnerability.

(25) “Reasoned Conclusion” means the RN’s identification of client problems or risks through the application of scientific evidence, clinical experience, and nursing knowledge to comprehensive assessment data. Reasoned conclusions are also known as nursing diagnostic statements.

(26) "Self-Regulate" means the licensee’s personal responsibility and accountability for adhering to legal, ethical, and professional practice standards, and professional performance standards.

(27) “Teaching” means the development and provision of instruction and learning experiences for the purpose of promoting wellness, preventing illness or disability, maintaining or restoring health, or assisting a client to adapt to the effects of illness or disability.

(28) “Unlicensed Assistive Person (UAP)” means a person who holds a job, position, or role within the client health care team where the individual is not required to be licensed or certified by a state of Oregon health-related licensing body. This may include, but is not limited to, the lay care provider, direct care staff, traditional health worker, medical assistant, volunteer, or technician.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0040

Scope of Practice Standards for All Licensed Nurses

(1) Standards related to the licensee’s responsibility for safe nursing practice. The licensee shall:

(a) Practice within the laws and rules governing the practice of nursing at the level the nurse is licensed;

(b) Ensure competency in the cognitive and technical aspects of a nursing intervention or a nursing procedure prior to its performance; and

(c) Self-regulate one’s professional practice by:

(A) Adhering to professional practice and performance standards;

(B) Practicing within the context of care; and

(C) Removing one’s self from practice when unable to practice with professional skill and safety.

(d) Establish, communicate, and maintain professional boundaries.

(2) Standards related to the licensee’s responsibility for licensure and practice role disclosure. The licensee shall disclose licensure type and practice role to the client unless the disclosure creates a safety or health risk for either the licensee or the client.

(3) Standards related to the licensee’s responsibility regarding technology. The licensee shall:

(a) Acquire and maintain the competency necessary to properly use the informatics and technologies of the practice setting; and
(b) Advocate for the use of informatics and technologies that are compatible with the safety, dignity, and rights of the client.

(4) Standards related to the licensee’s responsibility for documentation of nursing practice. The licensee shall document nursing practice in a timely, accurate, thorough, and clear manner.

(5) Standards related to the licensee’s responsibility to accept and implement orders for client care and treatment.

(a) The licensee may accept and implement orders from a licensed independent practitioner (LIP) authorized by Oregon statute to independently diagnose and treat:

(A) Clinical nurse specialist licensed under ORS Chapter 678;

(B) Certified registered nurse anesthetist licensed under ORS Chapter 678;

(C) Nurse practitioner licensed under ORS Chapter 678;

(D) Medical doctor (MD) licensed under ORS Chapter 677;

(E) Doctor of osteopathic medicine (DO) licensed under ORS Chapter 677;

(F) Doctor of podiatric medicine licensed under ORS Chapter 677;

(G) Dentist licensed under chapter ORS 679;

(H) Naturopathic physician licensed under ORS Chapter 685;

(I) Optometrist licensed under ORS Chapter 683;

(J) Chiropractor physician licensed under ORS Chapter 684;

(K) MD volunteer emeritus license licensed under ORS Chapter 677; and

(L) DO volunteer emeritus license licensed under ORS Chapter 677.

(b) May accept and implement orders for client care and treatment from a Physician Assistant (PA) licensed under ORS Chapter 677, provided that the name of the supervising or agent physician is recorded with the order, in the narrative notes, or by a method specified by the health care facility. At all times the supervising or agent physician must be available to the licensed nurse for direct communication.

(c) Prior to implementation of an order, the licensee:

(A) Must have knowledge that the order is within the LIP’s or PA’s scope of practice and determine that the order is consistent with the overall plan for the client's care; and

(B) Shall question any order that is not clear, determined to be unsafe, contraindicated for the client, or is inconsistent with the overall plan for the client’s care.

(d) The licensee may accept and implement recommendations for care from the following health care professionals licensed in Oregon:

(A) Acupuncturist licensed under ORS Chapter 677;

(B) Dietitian licensed under ORS Chapter 691;
(C) Occupational therapist licensed under ORS Chapter 675;

(D) Physical therapist licensed under ORS Chapter 688;

(E) Pharmacist licensed under ORS Chapter 689;

(F) Psychologist licensed under ORS Chapter 675;

(G) Registered nurse licensed under ORS Chapter 678;

(H) Respiratory therapist licensed under ORS Chapter 688;

(I) Social worker licensed under ORS Chapter 675; and

(J) Speech therapist licensed under ORS Chapter 681.

(e) Prior to implementation of a recommendation, the licensee must have knowledge that the recommendation is within the health care professional’s scope of practice and determine that the recommendation is consistent with the overall plan for the client’s care.

(f) When the licensee has determined that an order or a recommendation is not clear, unsafe, contraindicated for the client, or inconsistent with the overall plan for the client’s care, the licensee has the responsibility to decline implementation and contact the health care professional making the order or recommendation.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0050

Scope of Practice Standards for Licensed Practical Nurses

(1) The Board recognizes that the LPN has a supervised practice that occurs at the clinical direction and under the clinical supervision of the RN or LIP who have authority to make changes in the plan of care, and encompasses a variety of roles, including, but not limited to:

(a) Provision of client care;

(b) Supervision of others in the provision of care;

(c) Participation in the development and implementation of health care policy;

(d) Participation in nursing research; and

(e) Teaching health care providers and prospective health care providers.

(2) Standards related to the LPN’s responsibility for ethical practice, accountability for services provided, and competency. The LPN shall:

(a) Base LPN practice on current nursing science, other sciences, and the humanities;

(b) Be knowledgeable of the statutes and regulations governing LPN practice and practice within those legal boundaries;
(c) Be knowledgeable of the professional nursing practice standards applicable to LPN practice and adhere to those standards;

(d) Demonstrate honesty, integrity and professionalism in the practice of licensed practical nursing;

(e) Be accountable for individual LPN actions;

(f) Maintain competency in one’s LPN practice role;

(g) Maintain documentation of the method that competency was acquired and maintained;

(h) Accept only LPN assignments that are within one’s individual scope of practice;

(i) Recognize and respect a client’s autonomy, dignity and choice;

(j) Accept responsibility for notifying employer of an ethical objection to the provision of a specific nursing intervention;

(k) Ensure unsafe nursing practice is addressed immediately;

(l) Ensure unsafe practice and unsafe practice conditions are reported to the appropriate regulatory agency; and

(m) Protect confidential client information and only share information in a manner that is consistent with current law.

3) Standards related to the LPN’s responsibility for nursing practice. Applying practical nursing knowledge, at the clinical direction and under the clinical supervision of the RN or LIP, the LPN shall:

(a) Conduct focused assessments by:

(A) Collecting data through observations, examinations, interviews, and records in an accurate and timely manner as appropriate to the client's health care needs and context of care;

(B) Validating data by utilizing available resources, including interactions with the client and health care team members;

(C) Distinguishing abnormal from normal data, sorting, selecting, recording, and reporting the data discrepancies to the supervising RN or supervising LIP;

(D) Identifying potentially inaccurate, incomplete or missing data and reporting as needed;

(E) Recognizing signs and symptoms of deviation from current health status; and

(F) Evaluating data to identify problems or risks presented by the client.

(b) Select reasoned conclusions that communicate client problems or risks;

(c) Contribute to the development of a comprehensive plan of care or develop a focused plan of care. This includes:

(A) Identifying priorities in the plan of care;

(B) Setting measurable outcomes in collaboration with the client; and
(C) Selecting appropriate nursing interventions as established by the RN or consistent with the LIP’s plan of care.

(d) Implement the plan of care; and

(e) Evaluate client responses to nursing interventions, progress toward measurable outcomes, and communicate such to appropriate members of the health care team.

(4) Standards related to the LPN’s responsibility to assign and supervise care. At the clinical direction and under the clinical supervision of the RN or LIP, the LPN:

(a) May assign to an LPN, nursing interventions that fall within LPN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely;

(b) May assign to the CNA and CMA the duties identified within Chapter 851 Division 63 that the certificate holder possesses the competency to perform safely;

(c) May assign to the UAP work the UAP is authorized to perform within the practice setting and that the UAP possesses the competency to perform safely;

(d) Shall ensure the assignment matches client service need;

(e) Shall provide clinical supervision of the LPN, CNA, CMA, and UAP to whom an assignment possesses been made:

(A) Provides supervision per the context of care;

(B) Ensures documentation of supervision activities occurs per the context of the assignment;

(C) Evaluates the effectiveness of the assignment; and

(D) Reports effectiveness of assignment to the supervising RN or supervising LIP.

(f) Shall revise the assignment as directed by the supervising RN or supervising LIP; and

(g) Prior to making an assignment, the LPN is responsible to know the duties, activities or procedures the recipient of the assignment is authorized to perform within the setting.

(5) Standards related to the LPN’s responsibility for client advocacy. The LPN shall:

(a) Advocate for the client’s right to receive appropriate care, including client-centered care and end-of-life care, that is respectful of the client’s needs, choices and dignity;

(b) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering;

(c) Advocate for the client’s right to receive appropriate and accurate information;

(d) Communicate client’s choices, concerns and special needs to the supervising RN or supervising LIP and to other members of the health care team; and

(e) Protect the client’s right to participate or decline to participate in research.

(6) Standards related to the LPN’s responsibility for collaboration with the health care team. The LPN shall:
(a) Function as a member of the health care team;

(b) Collaborate in the development, implementation and evaluation of an integrated plan of care appropriate to the context of care;

(c) Demonstrate a knowledge of health care team members’ roles;

(d) Communicate with the supervising RN or supervising LIP and other relevant health care team members regarding the plan of care; and

(e) Make referrals as directed in a timely manner and follow up on referrals made.

(7) Standards related to the LPN’s responsibility for the environment of care. The LPN shall:

(a) Promote and advocate for an environment conducive to safety; and

(b) Identify safety and environmental concerns, take action to address those concerns, and report to the supervising RN or supervising LIP.

(8) Standards related to the LPN’s responsibility for leadership and quality of care. The LPN shall:

(a) Identify factors that affect the quality of nursing service delivery and report to the supervising RN or LIP;

(b) Implement policies, protocols, and guidelines that are pertinent to nursing service delivery;

(c) Contribute to development and implementation of policies, protocols, and guidelines that are pertinent to the practice of nursing and to health services delivery;

(d) Participate in quality improvement initiatives and activities within the practice setting; and

(e) Participate in the development and mentoring of new licensees, nursing colleagues, students, and members of the health care team.

(9) Standards related to the LPN’s responsibility for health promotion and teaching. At the clinical direction and under the clinical supervision of the RN or LIP, the LPN may participate in the development, implementation and evaluation of teaching plans appropriate to the context of care, that address the learner’s learning needs, readiness to learn, and ability to learn.

(10) Standards related to the LPN’s responsibility for cultural responsiveness. The LPN shall:

(a) Apply a basic knowledge of cultural diversity; and

(b) Recognize and respect the cultural values, beliefs, and customs of the client.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0060

Scope of Practice Standards for Registered Nurses

(1) The Board recognizes that the scope of practice for the RN encompasses a variety of roles, including, but not limited to:
APPENDIX

(a) Provision of client care;

(b) Clinical direction and clinical supervision of others in the provision of care;

(c) Development and implementation of health care policy;

(d) Consultation in the practice of nursing;

(e) Nursing administration;

(f) Nursing education;

(g) Case management;

(h) Nursing research;

(i) Teaching health care providers and prospective health care providers;

(j) Nursing Informatics; and

(k) Specialization as an NP, CRNA, or CNS.

(2) Standards related to the RN’s responsibility for ethical practice, accountability for services provided, and competency. The RN shall:

(a) Base RN practice on current and evolving nursing science, other sciences, and the humanities;

(b) Be knowledgeable of the professional nursing practice and performance standards and adhere to those standards;

(c) Be knowledgeable of the Oregon statutes and regulations governing RN practice and practice within those legal boundaries;

(d) Demonstrate honesty, integrity and professionalism in the practice of registered nursing;

(e) Be accountable for individual RN actions;

(f) Maintain competency in one’s RN practice role;

(g) Maintain documentation of the method that competency was acquired and maintained;

(h) Accept only RN assignments that are within one’s individual scope of practice;

(i) Recognize and respect a client’s autonomy, dignity and choice;

(j) Accept responsibility for notifying employer of an ethical objection to the provision of a specific nursing intervention;

(k) Ensure unsafe nursing practices are addressed immediately;

(l) Ensure unsafe practice and practice conditions are reported to the appropriate regulatory agency; and
APPENDIX

(m) Protect confidential client information and only share information in a manner that is consistent with current law.

(3) Standards related to the RN’s responsibility for nursing practice. Through the application of scientific evidence, practice experience, and nursing judgment, the RN shall:

(a) Conduct comprehensive assessments by:

(A) Collecting data from observations, examinations, interviews, and records in an accurate and timely manner as appropriate to the client's needs and context of care;

(B) Validating data by utilizing available resources, including interactions with the client, with health care team members, and by accessing scientific literature;

(C) Distinguishing abnormal from normal data, sorting, selecting, recording, evaluating, synthesizing and communicating the data;

(D) Identifying potentially inaccurate, incomplete or missing data and reporting data discrepancies as appropriate for the context of care;

(E) Identifying signs and symptoms of deviation from current health status;

(F) Anticipating changes in client status; and

(G) Evaluating the data to identify problems or risks presented by the client.

(b) Develop reasoned conclusions that identify client problems or risks;

(c) Develop a client-centered plan of care based on analysis of the client’s problems or risks that:

(A) Establishes priorities in the plan of care;

(B) Identifies measurable outcomes; and

(C) Includes nursing interventions to address prioritized diagnostic statements or reasoned conclusions.

(d) Implement the plan of care;

(e) Evaluate client responses to nursing interventions and progress toward identified outcomes; and

(f) Update and modify the plan of care based on ongoing client assessment and evaluation of data.

(4) Standards related to the RN’s responsibility to assign and supervise care.

(a) The RN may assign to the RN, nursing interventions that fall within RN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely.

(b) The RN may assign to the LPN nursing interventions that fall within LPN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely.

(c) The RN may assign to the CNA and CMA authorized duties identified within Chapter 851 Division 63 that the certificate holder possesses the competency to perform safely.
(d) The RN may assign to the UAP work the UAP is authorized to perform within the setting and that the UAP possesses the competency to perform safely.

(e) The RN shall ensure the assignment matches the client’s service needs with qualified personnel and available resources.

(f) The RN shall provide clinical supervision of the RN, LPN, CNA, CMA, and UAP to whom an assignment has been made:

(A) Provide clinical supervision per the context of care;

(B) Ensure documentation of supervision activities per the context of the assignment; and

(C) Evaluate the effectiveness of the assignment.

(g) The RN shall revise the assignment as indicated by client outcome data, availability of qualified personnel and available resources.

(h) Prior to making an assignment, the RN is responsible to know the duties, activities or procedures the recipient of the assignment is authorized to perform within the setting.

(5) Standards related to the RN’s responsibility for client advocacy. The RN shall:

(a) Advocate for the client’s right to receive appropriate care, including client-centered care and end-of-life care, that is respectful of the client’s needs, choices and dignity;

(b) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering;

(c) Advocate for the client’s right to receive appropriate and accurate information;

(d) Communicate client’s choices, concerns and special needs to other members of the health care team; and

(e) Protect the client’s right to participate or decline to participate in research.

(6) Standards related to the RN’s responsibility for collaboration with the health care team. The RN shall:

(a) Function as a member of the health care team;

(b) Collaborate in the development, implementation and evaluation of integrated plans of care as appropriate to the context of care;

(c) Demonstrate a knowledge of health care team members’ roles;

(d) Communicate with health care team members regarding the plan of care; and

(e) Make referrals in a timely manner and ensure follow-up on referrals.

(7) Standards related to the RN’s responsibility for the environment of care. The RN shall:

(a) Promote and advocate for an environment conducive to safety; and

(b) Identify safety and environmental concerns, take action to address those concerns and report as needed.
(8) Standards related to the RN’s responsibility for leadership and quality of care. The RN shall:

(a) Identify factors that affect quality of nursing service, health services delivery, and client care, and develop quality improvement standards and processes;

(b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to nursing practice and to health services delivery;

(c) Develop and implement policies, protocols, and guidelines that are pertinent to the practice of nursing and to health services delivery;

(d) Participate in quality improvement initiatives and activities within the practice setting; and

(e) Participate in the development and mentoring of new licensees, nursing colleagues, students and members of the health care team.

(9) Standards related to the RN’s responsibility for health promotion and teaching. The RN shall develop, implement and evaluate evidence-based teaching plans that address the client’s learning needs, readiness to learn and ability to learn. This includes:

(a) Client health promotion and health education;

(b) Teaching a UAP how to administer injectable emergency medications as provided in ORS 433.800 to 433.830;

(c) Teaching a UAP how to administer naloxone as authorized by ORS 689.681;

(d) Teaching school personnel how to administer premeasured doses of epinephrine as provided in ORS 339.869; and

(e) Teaching a UAP how to administer noninjectable medications to a client in a community-based setting as codified in chapter 851 division 47.

(10) Standards related to the RN’s responsibility for cultural responsiveness. The RN shall:

(a) Apply a broad knowledge and awareness of cultural diversity; and

(b) Recognize and respect the cultural values, beliefs, and customs of the client.

(11) Standards related to the RN who delegates the performance of a nursing procedure to a UAP.

(a) The RN may authorize a UAP to perform a nursing procedure through delegation process when polices of the setting, or policies supporting the RN’s practice role, allow for RN delegation.

(b) The nursing process components of assessment, identification of reasoned conclusions, identification of outcomes, planning, and evaluation shall not be delegated.

(c) The RN maintains sole accountability for the decision to delegate, which includes the decision to decline to delegate, based on application of these rules and nursing judgment.

(d) The RN maintains sole accountability for the completion of all delegation process steps.

(e) The RN’s authorization of a UAP to perform a nursing procedure shall only occur when the following delegation process steps are met:
(A) Based on nursing judgment, the RN determines that:

(i) The procedure does not require interpretation or independent decision making during its performance on the client;

(ii) The results of performing the procedure are reasonably predictable;

(iii) The client’s condition does not warrant assessment during performance of the procedure; and

(iv) The selected client and circumstances of the delegation are such that delegation of the procedure to the UAP poses minimal risk to the client and the consequences of performing the procedure are not life-threatening.

(B) The RN teaches the nursing procedure to the UAP and competency validates the UAP in the safe and accurate performance of the procedure on the client. The RN holds sole accountability for these actions;

(C) The RN provides clear, accurate, retrievable, and accessible directions detailing the performance of the procedure and verifies the UAP’s adherence to those directions; and

(D) The RN retains accountability for nursing care as provided.

(f) The RN shall provide clinical supervision of the UAP to whom the procedure has been delegated. The clinical supervision shall include:

(A) Monitoring of the UAP’s performance of the procedure to verify the UAP’s adherence to written directions; and

(B) Engaging in ongoing evaluation of the client and associated data to determine the degree to which client outcomes related to performance of the procedure are being met.

(g) The RN shall only delegate the performance of the procedure to a UAP when standards 851-045-0060(11)(a) through (f) are met.

(h) The RN holds the responsibility and accountability to rescind the UAP’s authorization to perform the procedure based upon the RN’s nursing judgment concerning the client’s situation. Causes for rescinding the UAP’s authorization to perform the procedure include, but are not limited to, decreasing stability of the client’s condition, increased potential for harm to the client, decreasing predictability of client outcomes, failure of the UAP to adhere to directions for performance of the procedure, or inability of the RN to provide clinical supervision of the UAP to whom a procedure has been delegated.

(i) The RN who accepts an assignment to delegate a nursing procedure to a UAP in a community-based care environment shall also adhere to Chapter 851 Division 47 standards on community-based RN delegation.

(12) Standards related to the RN in the role of registered nurse first assistant (RNFA) in surgery.

(a) The RN who accepts an assignment to practice in the role of RNFA shall have successfully completed an RNFA program that meets the Association of Perioperative Nurses standards for the RN first assistant programs;

(b) Intraoperatively, the RNFA shall practice at the direction of the surgeon and not concurrently function in any non-RNFA practice role; and

(c) The RNFA shall practice under the direct supervision of the surgeon who is on site in the unit of care and not otherwise engaged in any other uninterruptible procedure or activity.

(13) Standards related to the RN who is employed by a public or private school. Pursuant to ORS 678.038, an RN who is employed by a public or private school may accept orders from a physician or osteopath who is licensed to
Conduct Derogatory to the Standards of Nursing Defined

Conduct that adversely affects the health, safety, and welfare of the public, fails to conform to legal nursing standards, or fails to conform to accepted standards of the nursing profession, is conduct derogatory to the standards of nursing. Such conduct includes, but is not limited to:

(1) Conduct related to general fitness to practice nursing:
(a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or
(b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.

(2) Conduct related to achieving and maintaining clinical competency:
(a) Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established;
(b) Performing acts beyond the authorized scope or beyond the level of nursing for which the individual is licensed; or
(c) Accepting an assignment when individual competency necessary to safely perform the assignment have not been established or maintained.

(3) Conduct related to the client’s safety and integrity:
(a) Developing, modifying, or implementing policies that jeopardize client safety;
(b) Failing to take action to preserve or promote the client’s safety based on nursing assessment and judgment;
(c) Failing to develop, implement or modify the plan of care;
(d) Assigning persons to perform functions for which they are not prepared to perform or that are beyond their scope of practice, authorized duties, or job functions;
(e) Failing to clinically supervise persons to whom an assignment has been made;
(f) Assuming duties and responsibilities within the practice of nursing when competency has not been established or maintained;
(g) Improperly delegating the performance of a nursing procedure to a UAP;
(h) Failing to clinically supervise a UAP to whom a nursing procedure has been delegated.
(i) Leaving or failing to complete any nursing assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that nursing assignment responsibilities will be met;
APPENDIX

(j) Failing to report through proper channels, facts known regarding the incompetent, unethical, unsafe or illegal practice of any health care provider pursuant to ORS chapter 676;

(k) Failing to respect the dignity and rights of clients, inclusive of social or economic status, age, race, religion, gender, gender identity, sexual orientation, national origin, nature of health needs, physical attributes, or disability;

(l) Failing to report actual or suspected incidents of abuse, neglect or mistreatment;

(m) Engaging in or attempting to engage in sexual contact with a client in any setting;

(n) Engaging in sexual misconduct with a client in the workplace;

(o) Failing to establish or maintain professional boundaries with a client; or

(p) Using social media to communicate, post, or otherwise distribute protected client data including client image and client identifiers.

(4) Conduct related to communication:

(a) Failure to accurately document nursing interventions and nursing practice implementation;

(b) Failure to document nursing interventions and nursing practice implementation in a timely, accurate, thorough, and clear manner. This includes failing to document a late entry within a reasonable time period;

(c) Entering inaccurate, incomplete, falsified or altered documentation into a health record or agency records. This includes but is not limited to:

(A) Documenting nursing practice implementation that did not occur;

(B) Documenting the provision of services that were not provided;

(C) Failing to document information pertinent to a client’s care;

(D) Documenting someone else’s charting omissions or signing someone else’s name;

(E) Falsifying data;

(F) Altering or changing words or characters within an existing document to mislead the reader; or

(G) Entering late entry documentation into the record that does not demonstrate the date and time of the initial event documented, the date and time the late entry is being placed into the record, and the signature of the licensee entering the late entry to the record.

(d) Destroying a client or agency record to conceal a record of care;

(e) Directing another individual to falsify, alter or destroy an agency record, a client’s health record, or any document to conceal a record of care;

(f) Failing to communicate information regarding the client’s status to members of the health care team in an ongoing and timely manner as appropriate to the context of care; or

(g) Failing to communicate information regarding the client’s status to other individuals who are authorized to receive information and have a need to know.
(5) Conduct related to the client’s family:

(a) Failing to be respectful to the client’s family and the client’s relationship with their family.

(b) Using one’s title or position as a nurse to exploit the client’s family for personal gain or for any other reason;

(c) Stealing money, property, services or supplies from the client’s family;

(d) Soliciting or borrowing money, materials or property from the client’s family; or

(e) Engaging in unacceptable behavior towards, or in the presence of, the client’s family. Such behavior includes, but is not limited to, using derogatory names, derogatory or threatening gestures, or profane language.

(6) Conduct related to co-workers and health care team members:

(a) Engaging in violent, abusive or threatening behavior towards a co-worker; or

(b) Engaging in violent, abusive, or threatening behavior that relates to the delivery of safe nursing services.

(7) Conduct related to impaired function:

(a) Practicing nursing when unable or unfit due to:

(A) Physical impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of an LIP qualified to diagnose physical condition or status; or

(B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of an LIP qualified to diagnose mental conditions or status.

(b) Practicing nursing when physical or mental ability to practice is impaired by use of a prescription or non-prescription medication, alcohol, or a mind-altering substance; or

(c) The use of a prescription or non-prescription medication, alcohol, or a mind-altering substance, to an extent or in a manner dangerous or injurious to the licensee or others or to an extent that such use impairs the ability to conduct safely the practice of nursing.

(8) Conduct related to other federal or state statute or rule violations:

(a) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers;

(b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the client, unless required by law to disclose such information;

(c) Discriminating against a client on the basis of age, race, religion, gender, gender identity, sexual preference, national origin or disability;

(d) Abusing a client;

(e) Neglecting a client;

(f) Failing to report actual or suspected incidents of client abuse to the appropriate state agencies;
(g) Failing to report actual or suspected incidents of client abuse or neglect through the proper channels in the workplace;

(h) Engaging in other unacceptable behavior towards or in the presence of a client. Such conduct includes but is not limited to using derogatory names, derogatory gestures or profane language;

(i) Soliciting or borrowing money, materials, or property from the client;

(j) Stealing money, property, services or supplies from the client;

(k) Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or controlled medications to any person, including self, except as directed by a person authorized by law to prescribe medications;

(l) Unauthorized removal or attempted removal of medications, supplies, property, or money from anyone in the workplace;

(m) Unauthorized removal of client records, client information, facility property, policies or written standards from the workplace;

(n) Using one’s role as a nurse to defraud a person of their personal property or possessions;

(o) Violating a person’s rights of privacy and confidentiality of information by accessing information without proper authorization or without a demonstrated need to know;

(p) Engaging in unsecured transmission of protected client data;

(q) Failing to dispense or administer medications in a manner consistent with state and federal law;

(r) Failure to release a client's health record within 60 days from receipt of written notice for release of records. This includes requests for records after closure of practice;

(s) Improper billing practices including the submission of false claims;

(t) Failing to properly maintain records after closure of practice or practice setting;

(u) Failure to notify client of closure of practice and of the location of their health records;

(v) Failure to report to the Board the licensee’s arrest for a felony crime within 10 days of the arrest; or

(w) Failure to report to the Board the licensee’s conviction of a misdemeanor or a felony crime within 10 days of the conviction.

(9) Conduct related to licensure or certification violations:

(a) Resorting to fraud, misrepresentation or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, obtaining initial licensure or certification, or renewal of licensure or certification;

(b) Practicing nursing without a current Oregon license or certificate;

(c) Practicing as an NP or CNS without a current Oregon certificate;

(d) Practicing as a CRNA without a current Oregon CRNA license;
(e) Allowing another person to use one’s nursing license or certificate for any purpose;

(f) Using another person’s nursing license or certificate for any purpose;

(g) Impersonating an applicant or acting as a proxy for the applicant in any nurse licensure or certification examination; or

(h) Disclosing the contents of a nurse licensure or certification examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.

(10) Conduct related to the licensee’s relationship with the Board:

(a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except client-attorney privilege;

(b) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or during the course of an investigation or any other question asked by the Board;

(c) Failing to provide the Board with any documents requested by the Board;

(d) Violating the terms and conditions of a Board order; or

(e) Failing to comply with the terms and conditions of Health Professionals’ Services Program agreements.

(11) Conduct related to advanced practice nursing:

(a) Ordering laboratory or other diagnostic tests or treatments or therapies for one’s self;

(b) Prescribing for or dispensing medications to one’s self;

(c) Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client’s professional caregiver; or

(d) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain.

Stat. Auth: ORS 678.150
Stats. Implemented: ORS 678.150, 678.111 & 678.390
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 12-2010, f. & cert. ef. 9-30-10; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0090

Duty to Report

These standards provide further interpretation of reporting requirements pursuant to ORS 678.135 with application to all licensees, including one’s own practice, when behavior or practice presents a potential for, or actual danger to, a client or to the public’s health, safety and welfare.

(1) A licensee knowing of a licensed nurse whose nursing practice fails to meet accepted standards for the level at which the nurse is licensed, shall report the nurse to the person in the work setting who has authority to institute corrective action.

(2) A licensee who has knowledge or concern that a nurse's behavior or practice presents a potential for, or actual danger to, a client or to the public’s health, safety and welfare, shall initiate a report to be made to the Board.
(3) A licensee who is aware of a licensed nurse’s arrest or conviction of a crime related to a client, or related to the public’s health, safety, and welfare shall initiate a report to the Board.

(4) Any organization representing licensed nurses shall report a suspected violation of ORS chapter 678, or the rules adopted within, in the manner prescribed by sections (5) and (6) of this rule.

(5) The decision to report a suspected violation of ORS Chapter 678, or the rules adopted within, shall be based on, but not limited to, the following:

(a) The past history of the licensee's performance;

(b) A demonstrated pattern of substandard practice, errors in practice or conduct derogatory to the standards of nursing, despite efforts to assist the licensee to improve practice or conduct through a plan of correction; and

(c) The magnitude of any single occurrence for actual or potential harm to the public's health, safety and welfare.

(6) The following shall always be reported to the Board:

(a) Practicing nursing when the license has become void due to nonpayment of fees;

(b) Practicing nursing as defined in ORS 678.010 unless licensed as an RN, LPN, or CRNA, or certified as a CNS or NP;

(c) Dismissal from employment due to unsafe practice or conduct derogatory to the standards of nursing;

(d) Client abuse or neglect;

(e) A pattern of conduct derogatory to the standards of nursing as defined by the rules of the Board or a single serious occurrence;

(f) Any violation of a disciplinary sanction imposed on the licensee by the Board;

(g) Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing shortage to apply for Oregon licensure by the day the nurse is placed on staff;

(h) Practicing nursing when physical or mental ability to practice is impaired;

(i) An arrest for a felony crime which shall be reported to the Board within 10 days of the arrest; or

(j) A conviction for a misdemeanor or felony crime which shall be reported to the Board within 10 days of the conviction.

(7) Failure of a licensee to comply with these reporting standards may in itself constitute a violation of nursing standards.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0100

Imposition of Civil Penalties
(1) Imposition of a civil penalty does not preclude disciplinary sanction against the nurse's license. Disciplinary sanction against the nurse's license does not preclude imposing a civil penalty. Criminal conviction does not preclude imposition of a civil penalty for the same offense.

(2) Civil penalties may be imposed according to the following schedule:

(a) Practicing nursing as an LPN, RN, NP, CRNA or CNS without a current license or certificate or Board required concurrent national certification; or prescribing, dispensing, or distributing drugs without current prescription writing authority, due to failure to renew and continuing to practice $50 per day, up to $5,000.

(b) Using a limited license to practice nursing for other than its intended purpose $100 per day.

(c) Nurses not licensed in Oregon hired to meet a temporary staffing shortage who fail to make application for an Oregon license by the day placed on staff $100 per day up to $3,000.

(d) Practicing nursing prior to obtaining an Oregon license by examination or endorsement $100 per day.

(e) Unlicensed practice pursuant to ORS 678.021 up to $5,000.

(f) Conduct derogatory to the standards of nursing $1,000–$5,000. The following factors will be considered in determining the dollar amount, to include, but not be limited to:

(A) Intent;

(B) Damage and/or injury to the client;

(C) History of performance in current and former employment settings;

(D) Potential danger to the public health, safety and welfare;

(E) Prior offenses or violations including prior complaints filed with the Board and past disciplinary actions taken by the Board;

(F) Severity of the incident;

(G) Duration of the incident; and

(H) Economic impact on the person.

(g) Violation of any disciplinary sanction imposed by the Board $1,000–$5,000.

(h) Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice $1,000–$5000.

(i) Gross incompetence in the practice of nursing $2,500–$5000.

(j) Gross negligence in the practice of nursing $2,500–$5000.

(k) Employing any person without a current Oregon LPN, RN or CRNA license, NP or CNS certificate to function as an LPN, RN, CRNA, NP or CNS subject to the following conditions:

(A) Knowingly hiring an individual in a position of an LPN, RN, NP, CRNA or CNS when the individual does not have a current, valid Oregon license or certificate for the position hired $5,000; or
(B) Allowing an individual to continue practicing as an LPN, RN, NP, CRNA or CNS knowing that the individual does not have a current, valid Oregon license or certificate for the position hired $5,000.

(I) Employing an LPN, RN, NP, CRNA or CNS without a procedure in place for checking the current status of that nurse's license or certificate to ensure that only those nurses with a current, valid Oregon license or certificate be allowed to practice nursing $5,000;

(m) Supplying false information regarding conviction of a crime, discipline in another state, physical or mental illness/physical handicap, or meeting the practice requirement on an application for initial licensure or re-licensure, or certification or recertification $5,000; and

(n) Precepting a nursing student at any level without verifying their appropriate licensure, registration, or certification $5,000.00

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.117
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2012(Temp), f. & cert. ef. 4-26-12 thru 10-1-12; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 9-2012, f. & cert. ef. 6-5-12; BN 11-2012, f. 7-6-12, cert. ef. 8-1-12; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17
"D" AMERICAN NURSES ASSOCIATION: Code of Ethics for Nurses

Provision 1
The nurse practices with compassion and respect for the inherent dignity, worth, and personal attributes of every person, without prejudice.

Provision 2
The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3
The nurse promotes, advocates for, and protects the rights, health and safety of the patient.

Provision 4
The nurse has authority, accountability, and responsibility for nursing practice, makes decisions, and takes action consistent with the obligation to provide optimal care.

Provision 5
The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6
The nurse, through individual and collective action, establishes, maintains, and improves the moral environment of the work setting and the conditions of employment, conducive to quality health care.

Provision 7
The nurse, whether in research, practice, education, or administration, contributes to the advancement of the profession through research and scholarly inquiry, professional standards development, and generation of nursing and health policies.

Provision 8
The nurse collaborates with other health professionals and the public to protect and promote human rights, health diplomacy, and health initiatives.

Provision 9
The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

APPENDIX

"E" PLAN FOR IMPROVEMENT

Student Name: ________________________________

Course: ________________________________

Description of Deficiency:

Student Perception (optional):

Plan for improvement (including time frame)

________________________________________
Date

________________________________________  ______________________________________
Faculty                                      Student

Plan for improvement completed _____ not completed  _________________

________________________________________
Date

________________________________________  ______________________________________
Faculty                                      Student

Reviewed: 9/03, 8/05, 7/06, 7/07, 9/08, 9/09, 9/10, 9/11, 7/12, 7/14, 7/16
Revised: /04
“F” AGREEMENT TO MAINTAIN CONFIDENTIALITY

Name

Address:     City     State

Telephone Number

Starting Date

As Students of Treasure Valley Community College Nursing Program have a legal duty to maintain the privacy of its patients, and to maintain the confidentiality of the patient’s identity, medical condition, and medical records. Treasure Valley Community College (TVCC) recognized the importance of protection of confidential information concerning individuals including patients, clients, and residents, their families, medical staff and co-workers and the operation of the facilities we provide with. It is the obligation of every employee, student volunteer, medical and professional staff member, contractor, etc., to maintain this confidentiality.

TVCC in partnership with facilities we work with, places a high priority on maintaining the confidentiality of its patients and hospital/facility information. The Facilities’ computer systems allow access, with an identification user Id and confidential passwords to authorized individuals. It is the authorized individual’s ethical and legal responsibility to maintain and comply with all confidentiality requirements.

In the course of your duties, you may be given access to protected health information about patients, clients, residents, employees, students, other individuals, or the institution itself. The institution’s confidential information includes policies, business practices, financial information, and technology such as ideas and inventions (whether this information belongs to TVCC or their Partners affiliates or was shared with us in confidence by a third party).

By signing this agreement, you acknowledge that your access to confidential information is for the purpose of performing your responsibilities within this facility, and for no other purpose

1. I will look at and use only the information I need to care for my patients, clients or residents (individuals) or perform my job. I will not look at individual health records or seek other confidential information that I do not need to perform my job. I understand that the facility has the ability to determine whether I have followed this rule.

2. I understand that protected health information or any other confidential information is not to be shared with anyone who does not require the information to perform his or her job functions. I will be especially careful not to share this information with others in a casual conversation.

3. I will handle all health records—both paper and electronic—with care to prevent unauthorized use of disclosure of protected health information. I understand that I am not
permitted to remove confidential information from my work area. I also understand that I may not copy health records or remove them from the individual floors or the Medical Records Department.

4. Because electronic messages may be intercepted by other people, I will not use e-mail to send individually identifiable health information unless authorized by the individual.

5. If I no longer need confidential information, I will dispose of it in a way that ensures that others will not see it. I recognize that the appropriate disposal method will depend upon the type of information in question. If my responsibilities include sharing the facility’s confidential information with outside parties such as ambulance drivers, home care providers, or insurance companies, I will use only process and procedures approved by that facility.

6. All pass words, verification codes, or electronic signature codes assigned to me are equivalent to my personal signature:
   a. They are intended for my use only
   b. I will not share them with anyone or let anyone use them.
   c. I will not attempt to learn or use the passwords, verification codes, or electronic signature codes of others.

7. If I find that someone else has been using my passwords or codes, or if I learn that someone is using password codes improperly, I will immediately notify the manager, of the facilities’ Privacy Official.

8. I will not abuse my right to use Facilities’ computers, information systems, Intranet, and the Internet. They are intended to be used specifically in performing my assigned job responsibilities.

9. I will not copy or download software that is not approved by the facility.

10. I will handle all confidential information stored on a computer or downloaded to diskettes or CDs with care to prevent unauthorized access to, disclosure of, or loss of this information.

11. I understand that the confidential information and software I use for my job are not to be used for personal benefit or to benefit another unauthorized facility. I also understand that Saint Alphonsus Medical center may inspect the computer it owns to ensure that its data and software are used according to its policies and procedures.

12. I understand that contents of this Policy statement on Privacy, Information Security and to and including being dismissed from my position. I also understand that intentional or involuntary violation of this medical center’s confidentiality may result in punitive action, fine, or imprisonment through judicial action brought about by the patient.

By my signature below I am indicating that I have read, understand, and agree to adhere to the conditions of this confidentiality agreement:

________________________________________  ________________________
Signature Date
As a student in the Nursing Program at Treasure Valley Community College, I give my consent to participate in and allow nursing skills to be practiced upon me by other nursing students. These skills include bed baths, physical assessment and examinations, transfer and moving techniques, I.V. starts, examination and intramuscular, intradermal, and subcutaneous injections. By signing this consent, I acknowledge and agree that:

1. This consent is voluntary
2. I am not a minor in the State of Oregon
3. Prior to signing this consent, I had time to ask questions and discuss this form with faculty of the Nursing Program at Treasure Valley Community College.
4. I understand the risks/discomforts and benefits of participating in the nursing skills.
5. I can revoke this consent by giving written notice to the nursing instructor
6. When participating in nursing skills, I agree to follow the directions of the instructor. I will not intentionally hurt other students or willfully disregard instructions.

Student Name (Print): ____________________________________________________________

Student Signature: _____________________________________________________________

Date: ______________
APPENDIX

TREAURE VALLEY COMMUNITY COLLEGE GUIDELINES FOR 
“H” STUDENTS PRACTICING NURSING SKILLS ON OTHER STUDENTS

PURPOSE:
It is the intent of these guidelines to establish a policy for students within the Nursing Program at Treasure Valley Community to practice nursing skills on each other. These skills include bath, physical assessment and examinations, transfer and moving techniques, I.V. starts, and intramuscular, intradermal, and subcutaneous injections. These guidelines are intended to safeguard both nursing students and Treasure Valley Community College.

GUIDELINES:

1. Students within the Nursing program at Treasure Valley Community College who participate in practicing nursing skills upon other students are insured as “agents” under the college’s insurance policy. As “agents” students are protected against liability when the student is negligent in performing nursing skills on other students. Under no circumstances, however, will a student be protected under the College’s insurance policy when the students act outside the scope and course of the nursing student, commits intentional wrongful acts, intentionally hurts other students or willfully disregards the instructions of Nursing Faculty.

2. Students who wish to practice nursing skills on other students must sign consent form and be informed of the risks/discomforts and benefits of participating in the nursing skills are practiced on other students.

3. A student may not practice a nursing skill on another student unless the student has first practiced the skill on a mannequin.

4. An instructor will supervise students when practicing nursing skills on other students.

5. Blood borne pathogen precautions and procedures will be followed when nursing skills are practiced on other students.

6. Student participation is voluntary. A student may revoke his/her consent to participate in the nursing skills by giving notice to an instructor within the Nursing Program.

7. Students will not be penalized if they choose not to participate in the nursing skills. Instructors within the Nursing Program will develop alternative learning activities or skills for students that do not wish to participate in the nursing skills.

8. Medication will not be administered to students participating in nursing skills. For intramuscular, intradermal and subcutaneous injections sterile saline or water may be injected at the direct supervision of the instructor.
WHAT YOU NEED TO KNOW ABOUT THE NURSING SKILLS AT TREASURE VALLEY COMMUNITY COLLEGE

General Information

During the Nursing Program at Treasure Valley Community College you will be participating in nursing skills which will be practiced on other students. These skills include bed baths, physical assessment and examination, transfer and moving techniques, I.V. starts and intramuscular, intradermal and subcutaneous injections.

Nursing skills that use human subjects shall be conducted under the supervision of an instructor.

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

Benefits

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

Risks/Discomforts

Participation in the nursing skills may create some anxiety or embarrassment for you. Some of the procedures may create minor physical or psychological discomfort. Specific risks and discomfort are listed below.

Your Rights

You have the right to withhold consent for participation and to withdraw consent after it had been given. If you withhold consent, you will be required to participate in an alternative learning experience. If you do not participate in either the nursing skills or the alternative activity, you will not be able to successfully complete the course. You may ask questions and expect explanations of any point that is unclear. Where possible the subject’s identity will remain confidential.
<table>
<thead>
<tr>
<th>LEARNING ACTIVITES</th>
<th>SPECIFIC BENEFITS</th>
<th>SPECIFIC RISK/DISCOMFORT</th>
</tr>
</thead>
</table>
| Physical Exam      | • Knowledge of patient’s feeling  
                      • Possible identification | • Minimal exposure |
| Starting Intravenous Access | • Perception of patient’s feeling  
                                      • Appreciation of and sensitivity to client role | • Minor discomfort  
                                      • Minor pain  
                                      • Possible bruising  
                                      • Infection potential that is minimized through use of sterile technique  
                                      • Minimal exposure of body |
| Drawing Blood      | • Perception of patient’s feelings  
                      • Appreciation of and sensitivity to patient role | • Minor discomfort  
                                      • Minor pain  
                                      • Possible bruising  
                                      • Infection potential that is minimized through use of sterile technique  
                                      • Minimal exposure of body |
| Giving Injections  | a. Intramuscular  
                      b. Subcutaneous  
                      c. Intradermal | a. Learn sites  
                                      b. Appreciation and sensitivity for patient | • Slight pain  
                                      • Minimal exposure  
                                      • Embarrassment |
| Assessments        | a. Abdominal  
                      b. Respiratory  
                      c. Cardiovascular  
                      d. neurological  
                      e. skin | • Hands on practice | • Minimal exposure  
                                      • Embarrassment |
| Bed Bath           | • Appreciation for what it feels like to be bathed by another person | • Minimal exposure  
                                      • Embarrassment |
| Transfer           | • Appreciation for what it feels like to be moved by another person | • Discomfort related to use of poor body mechanics |
CONFIDENTIALITY OF INFORMATION

During your participation in simulation at TVCC Nursing Department, you will be an observer of individuals in managing clinical events and a participant within these activities. You are asked to maintain and hold confidential all information regarding the performance of specific individuals and the details of specific scenarios.

By signing below, you acknowledge to having read and understood this statement and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals and the simulation scenarios.

_________________________________  ________________
SIGNATURE                              DATE

RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES

I authorized instructors and administrators of TVCC to publicly show still photographs (slides, prints or e-prints) and/or video (hard copy and/or e-copy) depicting me during the nursing course at TVCC by me. I understand that, unless otherwise approved by me, I will not be specifically identified, and that the photographs will be shown only for educational, research or administration purposes. No commercial use of the photographs (slides or prints) and or videos (hard copy or e-copy) will be made without my written permissions.

_________________________________  ________________
SIGNATURE                              DATE
It is the policy of the Treasure Valley Community College Board of Education and the College that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, sexual orientation, religion, national origin, age or disability in any educational programs, activities or employment. Lack of English language skills will not be a barrier to admission and participation in career and technical education programs. Persons having questions about equal opportunity and nondiscrimination should contact the Human Resources Director located in the Student Services Center on the south side of the Four Rivers Cultural Center building, or call (541) 881-5835 or TDD (541) 881-5839

I have read and understand the contents of the TVCC Nursing Student Handbook.

I understand I am accountable to the “TVCC Student Rights and Responsibility Policy

I agree to abide by the student expectations and policies of the nursing program. I understand that failure to adhere to the student expectations/policies may result in dismissal from the program.

__________________________  __________________________
Date  Student Signature

__________________________  __________________________
Date  Faculty Signature
Audio, Video and Informational Release Form

I ________________________________ hereby agree to the recording of my likeness and/or voice through photographs, film, videotape, audiotape, or other audio or video media (e.g., CD, DVD, MP3) for educational broadcast presentations and related educational purposes for use by OCNE. I acknowledge OCNE’s ownership of all recorded materials and agree that OCNE may use my name, voice, likeness, or biography in any reasonable manner for educational purposes. I acknowledge and agree that OCNE has the right to reproduce and distribute said materials. I warrant that the use of these materials by OCNE will not infringe on any other personal or property rights included but not limited to copyright and HIPAA requirements. I understand that I will not be compensated in any manner by the Project for the use of said materials.

Oregon Consortium for Nursing Education
3455 SW U.S. Veterans Hospital Road
Mail Code: SN-6
Portland, Oregon 97239-2941

_____ I wish to review the completed materials.
_____ I do not wish to review the completed materials.

(Sign Full Name)

Date

(Witness)

OFFICIAL USE ONLY
Project coordinator/department

Title of Presentation/Project
I understand that as part of my required student assignments, I may be at risk of acquiring the following vaccine-preventable diseases:

- Diphtheria
- Hepatitis B
- Measles
- Rubella
- Tetanus
- Mumps
- Pertussis
- Varicella (Chicken pox)
- Flu

I have watched the [www.healthoregon.org/vaccineexemption](http://www.healthoregon.org/vaccineexemption)

I have been advised of the recommendation of the Nursing Department that I be immunized for these diseases. However, for non-medical reasons, I choose not to be immunized at this time for those I have checked above. I understand that by not being vaccinated I continue to be at risk of acquiring these potentially serious diseases. I understand that illness resulting from these diseases and consideration of the communicability of these diseases could result in my being excluded from clinical settings and may interfere with my ability to attend classes, either of which may result in an inability to meet course requirements and, therefore, a failure in coursework.

Name (print): ______________________________________________

Signature  __________________________________________________

Date  _______________________________________________________
NURSING DEPARTMENT

“M” IMMUNIZATION EXEMPTION-MEDICAL

I understand that as part of my required student assignments, I may be at risk of acquiring the following vaccine-preventable diseases:

- Diphtheria
- Hepatitis B
- Measles
- Rubella
- Tetanus
- Mumps
- Pertussis
- Varicella (Chicken pox)
- Flu

I have seen a medical provider stating why for medical reason I need to be exempt from receiving immunizations.

I have been advised of the recommendation of the Nursing Department that I be immunized for these diseases. However, for medical reasons, I choose not to be immunized at this time for those I have checked above. I understand that by not being vaccinated I continue to be at risk of acquiring these potentially serious diseases. I understand that illness resulting from these diseases and consideration of the communicability of these diseases could result in my being excluded from clinical settings and may interfere with my ability to attend classes, either of which may result in an inability to meet course requirements and, therefore, a failure in coursework.

Name (print): _______________________________________________

Signature  __________________________________________________

Date  ____________________________________________________
“N” STUDENT IMMUNIZATION EXEMPTION-MEDICAL

Student Name: ____________________________________________________________

Address: __________________________________________________________________

I certify that the above named person should be exempted from the requirements for the following immunizations:

   _____ Diphtheria                        _____ Hepatitis B
   _____ Measles                           _____ Rubella
   _____ Tetanus                           _____ Mumps
   _____ Pertussis                        _____ Varicella (Chicken pox)
   _____ Flu

Please indicate below the reason for the exemption, which constitutes a medical contraindication in accordance with the Advisory Committee on Immunization Practices of the U.S. Public Health Service for the vaccine(s) indicated:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Health Care Professional  (Please print)   Phone

Signature of Health Care Professional  (MD ND DO NP)   Date
"O" Student Printing
Students can now manage their own printing from the MyTVCC website. At the beginning of each quarter students are granted 100 prints to use at TVCC for black and white printing in labs, classrooms, kiosks or web printing. More pages may be purchased in 50 pages’ increments for $5.00 each. View your printing balance, add funds to your printing account, or print from your own laptop and add your documents through the web.

View Your Printing Balance
1. Log into My TVCC
2. Click “students”
3. Click Printing”
4. Your printing balance will be shown here

Purchase Printing Pages
1. On your printing page, locate “Add funds to printing account”
2. Select the dollar amount you wish to add to your account from the drop down menu

3. 

4. Click “purchase”

5. Confirm you purchase by clicking the box to accept the charges and click “purchase” Your will be emailed a receipt to your student email account.
### September 2017

<table>
<thead>
<tr>
<th></th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

### Assignments:

<table>
<thead>
<tr>
<th>MON</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>M</td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>-------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Oct 1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Oct 8</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Oct 15</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Oct 22</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>Oct 29</td>
<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assignments:

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TUE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

88
### Calendar

#### November 2017

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Assignments:

<table>
<thead>
<tr>
<th>MON</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TUE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WED</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THU</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRI</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Calendar

### January 2018

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Assignments:

| MON |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |

| TUE |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |

| WED |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |

| THU |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |

| FRI |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
|     |   |   |   |   |   |   |
### February 2018

<table>
<thead>
<tr>
<th></th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Assignments:

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>TUE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>WED</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>THU</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FRI</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### March 2018

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

### Assignments:

<table>
<thead>
<tr>
<th>MON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
# April 2018

<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Assignments:

<table>
<thead>
<tr>
<th>MON</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TUE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WED</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THU</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRI</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### May 2018

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Assignments:

<table>
<thead>
<tr>
<th>Mon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Mon</td>
</tr>
<tr>
<td>Tue</td>
</tr>
<tr>
<td>Wed</td>
</tr>
<tr>
<td>Thu</td>
</tr>
<tr>
<td>Fri</td>
</tr>
</tbody>
</table>

**Assignments:**

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Calendar

Notes: