

# College of San Mateo



## **Nursing Student Handbook** **2018-2019**

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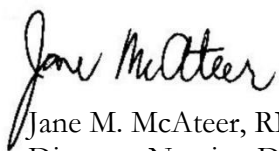
# College of San Mateo

Dear Student:

It is a special pleasure to welcome you to the Associate Degree Nursing Program. The nursing faculty and I wish you every success in your preparation to become a Registered Nurse.

All nursing programs, including ours, are academically and physically demanding. You will therefore need to devote a great deal of time to the program. The program requires that you be responsible for your own learning. The nursing faculty members serve as your resource persons.

The information contained in this handbook is to assist you in understanding your responsibilities as well as our expectations of students in the nursing program. Please read the different sections carefully and refer to them when you have questions relating to the areas they describe. If you have other questions not explained in this handbook, please discuss these with your clinical instructor or myself. We look forward to the opportunity of working with you in the preparation for a successful and productive nursing career.



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**COLLEGE OF SAN MATEO**  
**Overview of Nursing Program Courses**

**FIRST YEAR**

**FIRST SEMESTER (FALL)**

First 8 Weeks

NURS 211-Introduction to Nursing (4.5 units):  
 Introduction to the professional aspects of nursing. Students learn principles of human needs and application of the nursing process. Basic skills are mastered through skills lab and clinical experiences in long term care settings.

Second 8 Weeks

NURS 212-Concepts of Homeostasis (4.5 units):  
 Focus on the maintenance of homeostasis during health and illness including the effects of aging. Medication administration and assessment skills practiced in the skills lab and acute care clinical settings.

**SECOND SEMESTER (SPRING)**

First or Second 8 Weeks

NURS 221-Pediatric Nursing (4.5 units):  
 Study of common health needs/problems of different developmental levels. Clinical experience in a variety of settings to learn acute and chronic childhood illnesses.

First or Second 8 Weeks

NURS 222-Maternity Nursing (4.5 units):  
 Study of needs/problems of family during maternity cycle and womens' health care issues. Clinical experience in Peri-Natal and community settings.

NURS 225 - Nursing Skills Lab II (.5 unit): Skill practice and competency assessment.

**SECOND YEAR**

**THIRD SEMESTER (FALL)**

First 8 Weeks

NURS 231-Psychiatric Nursing (5 units):  
 Guided learning experiences in psychiatric settings to assist students to understand effects of mental/emotional illnesses. Effective and non-effective communication patterns discussed after experiences.

Second 8 Weeks

NURS 232-Medical/Surgical Nursing (5 units):  
 Focus on medical/surgical illnesses with care of patients in acute care settings. Nursing care for patients during and after surgery included with observation in Surgery and Recovery areas.

NURS 235 - Nursing Skills Lab III (.5 unit): Skill practice and competency assessment.

**FOURTH SEMESTER (SPRING)**

First 8 Weeks

NURS 241-Adv. Med/Surg. Nursing (5 units):  
 Care of the patient in the critical care and specialty areas correlated with content of the common needs/problems of these patients. Observation in Emergency Departments, Critical Care Units.

Second 8 Weeks

NURS 242-Leadership/Management (5 units):  
 Leadership/management principles and current nursing issues discussed in preparation for transition into work settings. Continued focus on needs/problems of medical/surgical patients. Clinical emphasis on organization and priority setting.

NURS 245 - Nursing Skills Lab IV (.5 unit): Skill practice and competency assessment.

NURS 816/817/818/819 (0.5 units each): Open Skills Lab

# I. PHILOSOPHY & OBJECTIVES OF THE NURSING PROGRAM

## COLLEGE OF SAN MATEO ASSOCIATE DEGREE NURSING PROGRAM

### *Statement of Philosophy*

The San Mateo County Community College District recognizes each individual's right to education and provides the environment which enables students to develop their minds and skills, broaden their understanding of social responsibilities, increase their cultural awareness, and realize their individual potential. The nursing faculty believes:

A Person is a complete and unified human being comprised of mutually interdependent parts which include biological, developmental, psychological, social, cultural and spiritual components. A human is influenced by all aspects of its environment, e.g., family, significant other, friends, community, nation and world. The meeting of needs derived from any of these components establishes one's attempt to maintain or achieve homeostasis within the environment.

Health represents equilibrium among the biological, psychological, developmental, social, cultural, and spiritual dimensions of a human being in dynamic interaction with an ever changing environment. As an open system, a human responds to both internal and external stimuli while moving along the wellness-illness continuum. Humans adapt to these stressors in an attempt to achieve self-actualization and high-level wellness. High-level wellness is a life style which promotes the optimum level of functioning an individual is capable of achieving at any given time.

Nursing is a dynamic, interpersonal process involving the nurse, patient, family, significant others and members of the multidisciplinary health team. Nursing is built upon a theoretical foundation acquired from the natural and the behavioral sciences. The nurse provides individualized and group care within a variety of settings using the nursing process. The nursing process is a deliberate, problem-solving and decision-making approach to meeting both health care needs and nursing needs of patients along the continuum of care. The major components of the nursing process are assessment, diagnosis, planning, implementation, and evaluation. Nursing's core efforts are directed to assist humans to achieve and to maintain an optimum level of wellness as well as positive outcomes.

Learning takes place best when the individual demonstrates readiness. Learning is a dynamic life-long process through which the individual's behavior is changed. The learner brings to the process a variety of qualities such as age, education, life experiences, and diverse cultural and ethnic backgrounds. Students use a variety of learning styles to achieve their learning outcomes. Individual academic advising and a network of support system assist the student to use these unique qualities in the development and implementation of an educational plan. Learning is most effective when planned by using a logical sequence from simple to complex. Theoretical learning can best be reinforced by applying and practicing critical-thinking skills in the classroom and clinical experiences and in high fidelity simulation. Students have the right, obligation and responsibility to be involved in their own learning and to pursue completion of their career goals.

Teaching/Learning Teaching is a dynamic interactive process among the teacher, the learner and the environment to promote learning. We believe that the learner embraces and enacts all components of the professional role through the dynamics of the teaching learning relationships. Learning is the acquisition of knowledge, skills and abilities that result in a change. All participants in the learning process benefit through the exchange and acquisition of knowledge. The teacher takes into account the three domains of learning (cognitive, affective, psychomotor) during the interactive process. Based on the identification of a knowledge deficit, the teacher analyzes the learner's readiness and ability to learn. The teacher then actively collaborates with the learner to formulate a teaching plan that includes student learning outcomes. Together they implement the plan, and evaluate the learner's success in achieving the learning outcomes.

Nursing Education is a systematic process planned to orchestrate the learner to acquire an essential body of knowledge. It includes cognitive and affective nursing concepts, psychomotor skills and the integration of these in all clinical settings as well as in high-fidelity simulation. The content includes specific health issues relevant to the dynamic concerns and health needs both of the individuals, groups, and the community. It involves seeking knowledge, setting priorities, problem solving and decision making.

Graduates of our program are prepared to utilize the nursing process to provide safe, effective and competent nursing care to patients of all ages and their families in a variety of health care settings.

## COLLEGE OF SAN MATEO ASSOCIATE DEGREE NURSING PROGRAM

### *Conceptual Framework*

The theory of homeostasis with its principles of stress and adaptation along with Maslow's theory of psychosocial development provide the encompassing conceptual framework for the College of San Mateo Associate Degree Nursing Program. The curriculum focuses on: 1) human beings as providers of health care; (specifically self care, family care and nursing care) 2) the concept of health as defined by the wellness-illness continuum; and 3) the professional practice of nursing at the associate degree level. The major unifying themes of the curriculum provide the foundation for the program objectives.

#### **A Human Being as a Provider of Health Care:**

A Human is viewed as a unified whole comprised of mutually interdependent parts which include biological, psychological, developmental, social, cultural, and spiritual components. In the environment, man becomes an open system in dynamic interaction with an ever changing environment. The professional nurse acts as an advocate, an educator, a consultant and a caregiver to consumers of health care and other members of the multidisciplinary health team. Outcomes are achieved by implementation of the following skills: nursing process, technical skills, critical thinking, communication skills, problem solving, decision making, leadership and management.

#### **Health as Defined by the Wellness-Illness Continuum:**

Health represents equilibrium among the biological, psychological, developmental, social, cultural, spiritual, and sexual dimensions of humans. Maintenance of this equilibrium is a dynamic process within an ever-changing environment. Health is achieved when needs are met in hierarchical order (i.e., physical, safety and security, love and belonging, self-esteem and self-actualization). Movement toward disequilibrium and illness on the wellness-illness continuum occurs when one's needs are not met. Each individual's level of health is influenced by one's biological age, chronological age and developmental stage, and overall philosophical approach to life.

As an open system, humans respond to both internal and external stressors as movement occurs along the wellness-illness continuum. The ability to perceive meaning in these stressors facilitates movement toward adaptation, self-realization, self-actualization and high-level wellness.

#### **Nursing at the Associate Degree Level:**

The professional nurse implements the following roles: patient advocate, direct care giver, communicator, teacher, leader/manager and member of the health care team. The nurse creatively uses a repertoire of skills including: the nursing process, problem solving, critical thinking, communication skills, technical skills, decision making, leadership and management. Specifically, the nursing process is the integrating mechanism through which nurses interact with humans in a collaborative relationship. Upon entry into the environment, nursing interacts collaboratively with others in a helping relationship to maximize wellness for the patient. Through inquiry, nurses determine other's health beliefs and values. The nurse assesses the patient's level of wellness, actual and potential problems, and available support systems. Nursing focuses on actual and potential health needs and/or problems of patients which require interaction to achieve adaptation.

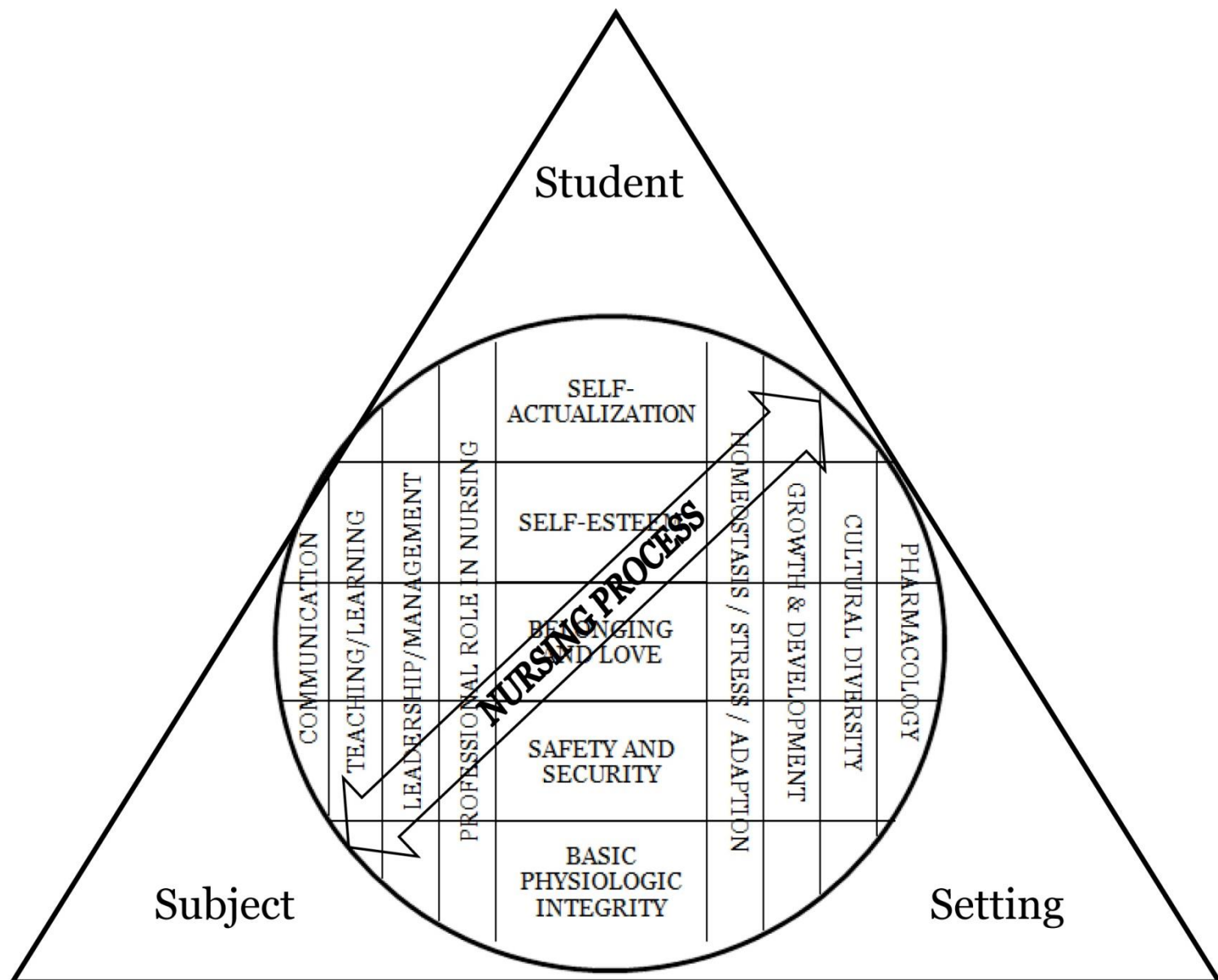
The nurse plans with the individuals, families, and aggregates to assist them in returning to homeostasis, whether to the same level of equilibrium, to a higher level than before, or to a level which is irreversible but still functional. Finally, the nurse and other members of the multidisciplinary health team evaluate the outcomes. The discipline of nursing is based on a synthesis of knowledge and skills, established protocols of the practice setting, and application of the nursing process.

**Major Curriculum Themes:**

The program objectives of Associate Degree Nursing Program include the major curriculum themes. These objectives provide the framework for theory and clinical objectives within each of the nursing courses. The major curriculum themes are: the Nursing Process, Communication, Teaching-Learning, Leadership/Management, and the Professional Role in Nursing.

College of San Mateo  
Nursing Department

*Conceptual Model for Nursing Program Curriculum*



CODE:

1. TRIANGLE: Represents Student, Subject and Setting
2. HORIZONTAL: Represents Basic Human Needs
3. LEFT VERTICAL LINES: Represents Curriculum Themes
4. RIGHT VERTICAL LINES: Represents Curriculum Concepts
5. DIAGONAL LINE: Represents Nursing Process as Integrated Throughout the Curriculum



## **Description of the Conceptual Framework Model**

The purpose for depicting the conceptual framework in a visual model is to clarify and simplify the interdependence of the curriculum components for faculty and students. An equilateral triangle represents the mutual relationships of the components of student, subject and setting as described by Chater.<sup>1</sup> The circle represents the integration of Maslow's basic human needs, the curriculum themes and concepts with the Nursing Process.

The elements of the Conceptual Framework are described as follows:

### **1) TRIANGLE - STUDENT, SUBJECT AND SETTING:**

#### **Student:**

The nursing student population at the College of San Mateo consists of diverse adult learners of both sexes with an average age of 30 years. These mature students, often studying for a second career, are self-motivated, goal-directed, and involved in campus activities. The students represent a variety of ethnic backgrounds and fulfill a variety of roles: parent, spouse/ partner, and employee.

In summary, the student is integrally involved with the subject of nursing within the college and community setting. Ongoing changes in any component of this balanced system may provoke reciprocal changes among the other components.

#### **Subject:**

Nursing education at the College of San Mateo integrates the concepts of Maslow's hierarchy of needs, adaptation, and homeostasis using the nursing process. Professional nursing is taught as a decision making process undergoing continual reevaluation and subsequent modification.

#### **Setting:**

The setting is the College of San Mateo, a suburban community college with an open door admission policy, reflecting the diverse multicultural population of the surrounding community. The nursing department supports the cultural diversity and philosophical beliefs of the college.

### **2) HORIZONTAL LINES - BASIC HUMAN NEEDS:**

The horizontal components of the model represent Maslow's hierarchy of basic human needs. Basic human needs are shared by all people; the extent to which basic human needs are met is a major factor in determining a person's level of health on the health-wellness continuum. For the purpose of this document, the patient as a consumer of health is referred to as client, patient or member.

The knowledge of basic human needs provides a framework for applying the nursing process in promoting wellness and in the delivery of health care. The nurse recognizes that basic human needs are influenced by sociocultural background, individual priorities and past experiences. By incorporating the hierarchy of needs into the nursing process the nurse establishes a firm foundation for determining the needs of the client and/or family and for interacting with the client and family or significant other on his/her behalf.

<sup>1</sup>Chater, Shirley S. "A Conceptual Framework for Curriculum Development." Nursing Outlook. Vol. 23, No. 7, p. 428-433.

### 3) **LEFT VERTICAL LINES: CURRICULUM THEMES:**

**Communication:** A complex continuous process including both verbal, non-verbal and extra-verbal behavior. Communication is focused on therapeutic outcomes and involves interpersonal interactions between and among others. Through the use of the nursing process, there is an exchange of ideas and information, which is culturally appropriate, as verified through documentation.

#### **Teaching/Learning:**

**Teaching:** A dynamic interactive process among the teacher, the learner, and the environment to promote learning. The teacher takes into account the three domains of learning (cognitive, affective, psychomotor) during the interactive process. Based on the identification of a knowledge deficit, the nurse analyzes the learner's readiness and ability to learn. The nurse as a teacher must identify both the content to be learned as well as the motivation of the learner. The nurse then formulates a teaching plan that includes behavioral outcome criteria, implements the plan, and evaluates the learner's success in achieving the outcome criteria.

**Learning:** The acquisition of knowledge, skills and abilities and values that results in a change of behavior towards a predetermined outcome.

#### **Leadership/Management:**

**Leadership:** Is an interpersonal process that occurs between or among people. It is the ability to positively influence others to change and includes guiding or facilitating the way to assist in the completion of the identified goals/objectives.

**Management:** The process of planning, organizing, prioritizing and coordinating patient care to achieve identified quality outcomes.

**Professional Role in Nursing:** The practice of nursing skills and behaviors that includes accountability and responsibility for decision-making activities related to patient care. Involved in this role is a consideration of ethical, political and legal issues. The nurse assumes responsibility for on-going self direction and self evaluation to maintain current standards of nursing practice.

### 4) **RIGHT VERTICAL LINES: CURRICULUM CONCEPTS:**

#### **Homeostasis/Stress/Adaptation:**

**Homeostasis:** A process of dynamic equilibrium in which the living organism strives to maintain a relatively constant, uniform and stable environment; without homeostasis, the human organism will not be able to achieve its hierarchy of needs successfully. Homeostasis is continual and involves the ability to adapt and adjust to a constantly changing environment through a variety of feedback systems.

**Stress:** Physiological, psychological, sociological, cultural and environmental alterations that may temporarily disrupt equilibrium. Stress is a normal process that with coping and adaptation maintains one's dynamic equilibrium.

**Adaptation:** The process of adjusting to the internal and external stimuli within the environment to maintain homeostasis/equilibrium. This adjustment results in behavioral and/or attitudinal responses to maintain an optimum level of functioning.

**Growth & Development:** Growth and Development are independent, interrelated processes that occur throughout the life cycle.

**Growth:** A dynamic process with measurable age related changes in all dimensions of health: physical, psychological, cultural, spiritual, social and developmental.

**Development:** The behavioral aspect of growth as evidenced by a progression in the developmental stages and accomplishments of developmental tasks.

**Cultural Diversity:** The aspects of life which encompass age, gender and ethnicity. It reflects a recognition, appreciation, and respect for the differences and similarities as well as the familiar and the unfamiliar found in people. It is a factor that may influence the individual's response to health maintenance and to alterations in health.

**Pharmacology:** The study of medications including origins, characteristics, properties, therapeutic actions as well as side effects, efficacy, and teaching measures.

## 5) **DIAGONAL LINE: NURSING PROCESS AS INTEGRATED THROUGHOUT THE MODEL**

**Nursing Process:** A dynamic problem solving approach to patient care that applies nursing knowledge and skills in an organized and goal oriented manner.

**Assessment:** The purposeful gathering of pertinent data and the interpretation of that data which helps in the identification of patient needs and problems.

**Nursing Diagnosis:** The actual or potential altered health states or interaction patterns identified by the nurse as needing nursing interventions.

**Planning:** The method of achieving a solution to the problem through setting goals. This process includes deciding on a course of action and developing a plan with measurable outcome criteria.

**Implementation:** Interventions the nurse uses to put the plan into action and to attempt to resolve the problem.

**Evaluation:** The review of the extent to which the outcome criteria have been achieved. Evaluation results in the possible modification of the nursing diagnosis and/or revisions in the plan of care.

### **Program Terminal Objectives**

The graduate of the CSM Nursing Program will be able to:

1. Use the \**Nursing Process* to care for patients by incorporating all *dimensions of health*, each individual's hierarchy of needs and levels of wellness.
2. Demonstrate competency in managing care for a group of *patients of all ages* in *diverse settings* by using a *variety of skills*.
3. Incorporate goal-directed, therapeutic communication to assist *patients of all ages* in promoting health and in supporting homeostasis.
4. Establish effective working relationships with patients, families/significant others, and the *health care team*.
5. Evaluate goal-directed *teaching plans that promote health* based on the individual needs of patients, families/significant others with consideration of age, gender, and cultural diversity.
6. Develop a plan of care through collaboration with *health care team members* to ensure continuity and comprehensiveness of patient care within the community.
7. Assume accountability and responsibility to coordinate all aspects of patient care which includes the appropriate delegation and supervision of *health care team members*.
8. Practice within the ethical standards and legal framework of registered nursing practice.
9. Demonstrate accountability and responsibility for own professional practice which includes identifying own learning needs and accessing *resources* effectively.
10. Implement the professional role of nursing in the continuum of care which includes that of patient advocate, leader/manager of care, communicator, teacher and member of the health care team.

\*See Glossary sheet for definitions of terms in italics.

## **Glossary Sheet**

### **FOR PROGRAM TERMINAL OBJECTIVES**

**Nursing Process:** assess/diagnose, plan, implement and evaluate care.

**Dimensions of Health:** physical, psychological, cultural, spiritual, developmental, and social health.

**Patients of all ages:** emphasize patient care from conception to death including the infant, child, adolescent, adult, older adult and frail elder.

**Diverse care settings:** acute, sub-acute, long-term, community, schools, ambulatory, and home.

**Variety of skills:** critical-thinking skills, communication skills, decision-making skills, nursing process skills, physical assessment skills, priority setting skills, problem-solving skills, teaching skills (patient and staff), technical skills and time management skills.

**Health care team:** multidisciplinary members.

**Teaching Plans that Promote Health:** health promotion, health maintenance, health restoration.

**Resources:** experiences, individuals, groups, and multi-media resources.

**College of San Mateo Nursing Department**  
**Student Learning Outcomes**

**Professional Knowledge and Skill**

Students can demonstrate a sound knowledge of nursing methods, skills and healthcare management.

*Students should be able to:*

1. Apply nursing methods, protocols and procedures to appropriate care situations.
2. Use the nursing process, which emphasizes critical thinking, independent judgment and continual evaluation as a means to determine nursing activities.
3. Utilize theory and knowledge from nursing, the physical/behavioral sciences and the humanities in providing nursing care.

Using the nursing process students engage in an ongoing evaluation of all care delivered and change the plan of care as appropriate.

*Students should be able to:*

4. Identify and assess the healthcare needs of patients/clients using the tools/framework appropriate to the clinical setting.
5. Document and evaluate the outcome of nursing and other interventions and communicate to team members.
6. Prioritize care-delivery on an ongoing basis.

Students can demonstrate effective skills in communicating information, advice and professional opinion to colleagues, patients, clients and their families.

*Students should be able to:*

7. Work in partnership with patients, clients and caregivers.
8. Engage in and disengage from therapeutic relationships through the use of effective interpersonal and counseling skills.
9. Provide compassionate, culturally sensitive care to clients in a variety of settings.

**Professional Value and Accountability**

Students follow professional ethical standards when they provide nursing care to patients.

*Students should be able to:*

10. Adhere to the ANA Code of Ethics for nurses, treating patients as unique whole individuals with specific needs, desires and abilities.
11. Describe current legal and professional standards for nurses in relation to common clinical problems.
12. Practice in a manner that respects patient confidentiality and adheres to HIPAA.

Students value themselves as growing professionals by demonstrating accountability for own learning and practice that serves as the basis for continual development as a professional nurse.

13. Appraise own professional performance accurately.
14. Evaluate professional learning needs and take steps to meet them.

### ***Integration of Gerontology in the Nursing Curriculum***

The concepts and principles of gerontology are integrated throughout the Nursing Program in all of the nursing courses with the exception of pediatrics. Theory and clinical objectives including course projects focus on gerontologic issues, assessment and use of the nursing process that impact the older adult in all dimensions of health.

Basic concepts of gerontology including developmental changes and alterations in communication are introduced in the first level of the program. Additional content and clinical projects provide advanced content in the second level.

### ***Integration of Community-Based Nursing in the Curriculum***

#### **CONCISE DEFINITION:**

Community based nursing is defined as nursing care directed toward specific individuals, families, and aggregates within a designated community. Nursing actions are designed to help individuals, families and groups meet their respective needs as they move between and among health care settings to maintain wellness.<sup>1</sup> The emphasis on health implies a continuum of care that occurs in a variety of settings.

#### **EXPANDED DEFINITION:**

Community based nursing occurs in many different kinds of health related practice settings which includes but is not limited to:

1. Homes
2. Community Centers
3. Schools
4. Occupational Health Settings
5. Independent Nursing Practice
6. Parish Nursing

If the nurse views the community as a system, he/she seeks to introduce changes into the system of the community, and bases interventions on an understanding of the impact of these changes on system functioning. Using an adaptation model of nursing, the focus is on the pattern of relationships among the elements of the system.

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<sup>1</sup> Hunt, R. and Zurek, E.L. (1997). Introduction to Community Based Nursing. Philadelphia, J.B. Lippincott.



## II. NATIONAL INITIATIVES

## National Patient Safety Goals

# 2015 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

### Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

### Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

### Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

### Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

### Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

### Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

### Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.

## Healthy People 2020



# Framework

## The Vision, Mission, and Goals of *Healthy People 2020*

The vision, mission, and overarching goals provide structure and guidance for achieving the *Healthy People 2020* objectives. While general in nature, they offer specific, important areas of emphasis where action must be taken if the United States is to achieve better health by the year 2020. Developed under the leadership of the Federal Interagency Workgroup (FIW), the *Healthy People 2020* framework is the product of an exhaustive collaborative process among the U.S. Department of Health and Human Services (HHS) and other federal agencies, public stakeholders, and the advisory committee.

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**Vision**—A society in which all people live long, healthy lives.

**Mission**—*Healthy People 2020* strives to:

- Identify nationwide health improvement priorities;
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress;
- Provide measurable objectives and goals that are applicable at the national, state, and local levels;
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge; and
- Identify critical research, evaluation, and data collection needs.

### Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
  - Achieve health equity, eliminate disparities, and improve the health of all groups.
  - Create social and physical environments that promote good health for all.
  - Promote quality of life, healthy development, and healthy behaviors across all life stages.
- 



## The Importance of an Ecological and Determinants Approach to Health Promotion and Disease Prevention

Health and health behaviors are determined by influences at multiple levels, including personal (i.e., biological, psychological), organizational/institutional, environmental (i.e., both social and physical), and policy levels. Because significant and dynamic inter-relationships exist among these different levels of health determinants, interventions are most likely to be effective when they address determinants at all levels. Historically, many health fields have focused on individual-level health determinants and interventions. *Healthy People 2020* should therefore expand its focus to emphasize health-enhancing social and physical environments. Integrating prevention into the continuum of education—from the earliest ages on—is an integral part of this ecological and determinants approach.

## The Role of Health Information Technology and Health Communication

Health information technology (IT) and health communication will be encouraged and supported as being an integral part of the implementation and success of *Healthy People 2020*. Efforts will include building, and integrating where feasible, the public health IT infrastructure in conjunction with the Nationwide Health Information Network; the *ONC-Coordinated Federal Health IT Strategic Plan: 2008–2012* and any updates developed by the HHS Office of the National Coordinator; the various aspects of IT to meet the direct needs of *Healthy People 2020* for measures and interventions; and health literacy and health communication efforts.

## Addressing “All Hazards” Preparedness as a Public Health Issue

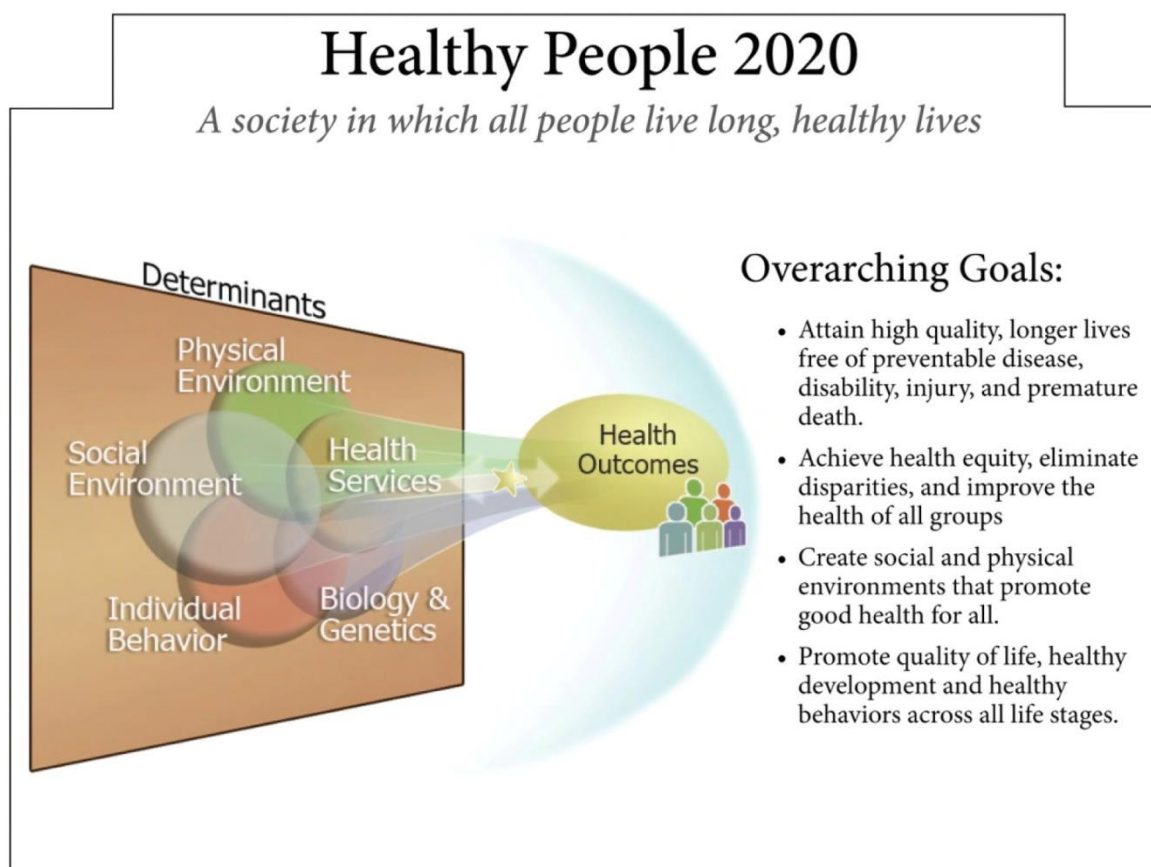
Since the 2000 launch of *Healthy People 2010*, the attacks of September 11, 2001, the subsequent anthrax attacks, the devastating effects of natural disasters such as hurricanes Katrina and Ike, and concerns about an influenza pandemic have added urgency to the importance of preparedness as a public health issue. Being prepared for any emergency must be a high priority for public health in the coming decade, and *Healthy People 2020* will highlight this issue. Because preparedness for all emergencies involves common elements, an “all hazards” approach is necessary.





## Graphic Model of *Healthy People 2020*

The FIW developed a graphic model to visually depict the ecological and determinants approach that *Healthy People 2020* will take in framing the national health objectives. This particular graphic was designed to emphasize this new approach, and is not meant as a comprehensive representation of all public health issues and societal domains. The graphic framework attempts to illustrate the fundamental degree of overlap among the social determinants of health, as well as emphasize their collective impact and influence on health outcomes and conditions. The framework also underscores a continued focus on population disparities, including those categorized by race/ethnicity, socioeconomic status, gender, age, disability status, sexual orientation, and geographic location.



# III. BRN MISSION & REGULATIONS

## RN to BSN Programs

### *RN to BSN/MSN Programs*

(\*) Denotes Private Schools

In addition to the Baccalaureate and Masters programs included in the [list of Board approved prelicensure programs](#), the following programs admit RNs who are seeking a baccalaureate or masters degree in nursing. This list of resources is being provided as a service for informational purposes only. This in no way represents all of the RN to BSN/MSN programs available. These RN to BSN/MSN programs are neither approved nor endorsed by the Board of Registered Nursing. For specific information, please contact the programs directly.

School Name	Street Address	City	Zip Code	Phone Number
<a href="#">*Azusa Pacific University</a>	901 E. Alostia Avenue	Azusa	91702	(626) 815-5386
<a href="#">*California Baptist University</a>	8432 Magnolia Avenue	Riverside	92504	(951) 343-4700
<a href="#">California State University, Bakersfield</a>	9001 Stockdale Highway	Bakersfield	93311-1022	(661) 664-2506
<a href="#">California State University, Channel Islands</a>	One University Drive	Camarillo	93012-8599	(805) 437-3367
<a href="#">California State University, Chico</a>	Holt Hall Room 369	Chico	95929-0200	(530) 898-5891
<a href="#">California State University, Dominguez Hills</a>	1000 East Victoria Street	Carson	90747	(310) 243-2005
<a href="#">California State University, East Bay</a>	Department of Nursing, College of Science, 25800 Carlos Bee Boulevard, SC-N143	Hayward	94542-3086	(510) 885-3481
<a href="#">California State University, Fresno</a>	2345 East San Ramon Avenue	Fresno	93740-0025	(559) 278-2041
<a href="#">California State University, Fullerton</a>	800 North State College Boulevard	Fullerton	92834-6868	(714) 278-3336
<a href="#">California State University, Long Beach</a>	1250 Bellflower Blvd.	Long Beach	90840-0301	(562) 985-4463
<a href="#">California State University, Los Angeles</a>	5151 State University Drive	Los Angeles	90032	(323) 343-4700
<a href="#">California State University, Northridge</a>	18111 Nordoff Street	Northridge	91330	(818) 677-7533
<a href="#">California State University, Sacramento</a>	6000 J Street	Sacramento	95819-6096	(916) 278-6525
<a href="#">California State University, San Bernardino</a>	5500 University Parkway	San Bernardino	92407	(909) 880-5380
<a href="#">California State University, San Marcos</a>	333 S. Twin Oaks Valley Road	San Marcos	92096-0001	(760) 750-4020



School Name	Street Address	City	Zip Code	Phone Number
<a href="#">California State University, Stanislaus</a>	One University Circle, DBH 260	Turlock	95382	(209) 667-3141
* <a href="#">Concordia University Irvine</a>	1530 Concordia West	Irvine	92612	(800) 229-1200 x3010
* <a href="#">Fresno Pacific University</a>	1717 S. Chestnut Ave.	Fresno	93702-4709	(559) 453-2000
* <a href="#">Gannon University</a>	109 University Square	Erie, PA	16541	(877) 497-5854
* <a href="#">Harrison College</a>	500 N. Meridian St.	Indianapolis, IN	46204	(800) 999-9229
* <a href="#">Holy Names University</a>	3500 Mountain Boulevard	Oakland	94619	(510) 436-1369
* <a href="#">Jacksonville University Online School of Nursing</a>	9417 Princess Palm Ave.	Tampa, FL	33619	(855) 300-1472
* <a href="#">Kaplan University School of Nursing</a>	550 West Van Buren, Suite 700	Chicago, IL	60607	(312) 777-6404
* <a href="#">Loma Linda University</a>	11262 Campus Street	Loma Linda	92350	(909) 558-7718
* <a href="#">Mount St. Mary's University</a>	12001 Chalon Road	Los Angeles	90049	(310) 954-4230
* <a href="#">National University</a>	11255 North Torrey Pines Road	La Jolla	92037	(858) 521-3911
* <a href="#">Notre Dame College</a>	4545 College Road	South Euclid, OH	44121-4293	(216) 373-5173
* <a href="#">Pacific College</a>	3160 Red Hill Ave.	Costa Mesa	92626	(800) 867-2243
* <a href="#">Pacific Union College</a>	One Angwin Avenue	Angwin	94508	(707) 965-7262
* <a href="#">Point Loma Nazarene University</a>	3900 Lomaland Drive	San Diego	92106-2899	(619) 849-2425 or 7055
* <a href="#">Rasmussen College</a>	3629 95th Avenue NE	Blaine, MN	55014	(952) 230-5085
* <a href="#">Saint Peters University</a>	2641 John F. Kennedy Boulevard	Jersey City, NJ	07306	(877) 497-5857
<a href="#">San Diego State University</a>	5500 Campanile Drive	San Diego	92182-4158	(619) 594-2540
<a href="#">San Francisco State University</a>	1600 Holloway Avenue	San Francisco	94132	(415) 338-1801
* <a href="#">Shepherd University</a>	3200 N. San Fernando Road	Los Angeles	90065	(323) 550-8888
* <a href="#">Simpson University</a>	2211 College View Drive	Redding	96003	(530) 226-4760

School Name	Street Address	City	Zip Code	Phone Number
<a href="#">Sonoma State University</a>	1801 East Cotati Avenue	Rohnert Park	94928	(707) 664-2465
* <a href="#">Stanbridge College</a>	2041 Business Center Drive, Suite 107	Irvine	91612	(888) 544-9197
<a href="#">The Valley Foundation School of Nursing at San Jose State University</a>	One Washington Square	San Jose	95192-0057	(408) 924-3131
* <a href="#">Touro University California</a>	1310 Club Drive	Vallejo	94592	(707) 638-5846
* <a href="#">United States University</a>	830 Bay Blvd.	Chula Vista	91911	(619) 477-6310
* <a href="#">Unitek College</a>	4670 Auto Mall Parkway	Fremont	94538	(888) 762-2761
* <a href="#">University of Antelope Valley</a>	44055 North Sierra Highway	Lancaster	93534	(661) 726-1911
<a href="#">University of Maryland University College</a>	3501 University Blvd. East	Adelphi, MD	20783	(800) 888-8682
* <a href="#">University of Phoenix</a>	1625 Fountainhead Parkway	Tempe, AZ	95282-2371	(480) 966-9577
<a href="#">University of Texas at Arlington</a>	701 South Nedderman Drive	Arlington, TX	76019	(866) 489-2810
* <a href="#">Vanguard University of Southern California</a>	55 Fair Drive	Costa Mesa	92626	(714) 668-6130
* <a href="#">Villanova University</a>	9417 Princess Palm Ave.	Tampa, FL	33619	(813) 612-4296
* <a href="#">West Coast University - Los Angeles</a>	12215 Victory Blvd	North Hollywood	91606	1-877-505-4928
* <a href="#">West Coast University - Orange County</a>	1477 South Manchester	Anaheim	92802	1-877-505-4928

## History of the Board

DEPARTMENT OF CONSUMER AFFAIRS  
*BOARD of REGISTERED NURSING*



### History of the Board

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#### **2012**

The Board of Registered Nursing was re-established with a sunset date of January 1, 2016.

#### **2011**

The Board of Registered Nursing sunset and became the Registered Nursing Program.

Third sunset review completed and presented before the California Legislature.

The Board became a member of the National Council of State Boards of Nursing Nursys® system which exchanges licensure verification and discipline information between states.

#### **2010**

Board re-organizes and adds internal investigators.

#### **2009**

Fingerprinting required on all registered nurses licensed prior to 1990.

Governor implements \$60 million as second round of five year funding for California Nurse Education Initiative.

#### **2007**

Board launches redesigned website.

Board sunset date extended four years

#### **2006**

Board member composition restructured: four public members, three direct patient care RNs, one RN educator, and one RN administrator.

#### **2005**

Governor implements the California Nurse Education Initiative which provided \$90 million to expand and increase nurse education opportunities.

**2003**

Second sunset review completed and presented before the California Legislature resulted in extension of sunset date for four years.

**2002**

In collaboration with the Department of General Services, the Board developed an online application system for registered nurses endorsing to California from other states.

**2001**

The Board became the first California licensing agency to offer online professional license renewal services.

The Board offered online license verification.

Registered nurses became able to change their addresses, request a duplicate license and renew advanced practice certificates online.

The Board streamlined the processing of out-of-state endorsements.

**2000**

The Board implemented Live-Scan procedures for fingerprinting applicants.

National Council of State Boards of Nursing initiated a new computer system to exchange discipline information between states.

**1999**

The Board's web page went live.

**1998**

Certification of Clinical Nurse Specialists established.

**1997**

First sunset review completed and presented before the California Legislature resulted in extension of sunset date for six years.

The Board replaced paper licenses with tamper-resistant plastic card licenses.

The Board developed an honorary certificate for retiring registered nurses.

**1996**

Citation and Fine program was implemented.

**1994**

The last pencil and paper test was given as Computer Adaptive Testing came into existence.

Cost recovery program was implemented.

**1993**

Certification of public health nurses transferred from Department of Health Services to Board of Registered Nursing.

**1992**

Furnishing number for nurse midwives established.

**1990**

Fingerprinting was implemented for all applicants.

**1988**

National Council Licensure Examination (NCLEX) begins reporting scores as pass or fail instead of numeric scores.

**1987**

Furnishing numbers for nurse practitioners established.

**1985**

Mandatory certification of nurse practitioners established.

Voluntary registration of psychiatric/mental health nurses established for third-party payer reimbursement purposes.

The Board's Diversion Program was established.

**1984**

Certification of nurse anesthetists established.

**1982**

National Council of State Boards of Nursing replaced National League for Nursing as the testing service and instituted a comprehensive examination called the National Council Licensure Examination (NLCEX).

**1978**

Voluntary certification of nurse practitioners established.

Continuing education became mandatory for license renewal.

**1977**

Board member composition was established: three public members, three direct patient care RNs, one RN educator, one RN administrator, and one physician.

**1976**

International applicant licenses were no longer accepted for reciprocity, and were required to pass the State Board Test Pool Examination for licensure.

## 1975

Board's name was changed to current Board of Registered Nursing.

The Nursing Practice Act was amended significantly to provide the current description of nursing.

Certification of nurse midwives was established.

## 1961

Board's name was changed to Board of Nursing Education and Nurse Registration. One public board member was added.

## 1946

State Board Test Pool Exam (SBTPE) five-part examination was instituted provided by the National League for Nursing as the testing service.

## 1939

Board of Nurse Examiners was created by legislation within the Department of Professional and Vocational Standards.

The mandatory Nursing Practice Act was established, regulating nursing through licensure of a defined scope of practice.

Five registered nurse board members were appointed by the Governor.

## 1927

Bureau of Registration of Nurses was placed within the Department of Health under the State Board of Public Health.

## 1913

Legislature formed Bureau of Registration of Nurses under the State Board of Health. The Bureau was charged with administering the exam, registering qualified registered nurses, accrediting nursing schools, and revoking licenses of nurses found to be unsafe to practice.

## 1905

University of California Board of Regents was given power by the Legislature to set standards, administer exams, approve educational programs, issue certificates, and revoke certificates of registered nurses. Use of title "registered nurse" without certification was a misdemeanor.

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## What is the Board of Registered Nursing?

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The Board of Registered Nursing (BRN) is a state governmental agency established by law to protect the public by regulating the practice of registered nurses. The BRN is responsible for implementation and enforcement of the Nursing Practice Act: the laws related to nursing education, licensure, practice, and discipline. The Nursing Practice Act created a nine-member Board which serves as the BRN decision-making body.

## Who Serves on the Board?

The nine-member Board is composed of four members of the public and five registered nurses. The five registered nurses include two direct-patient care nurses, an advanced practice nurse, a nurse administrator, and a nurse educator. Seven of the members are appointed by the Governor and two of the public members are appointed by the Legislature. Each member serves a four-year term and can be re-appointed, although the member cannot serve more than two consecutive terms.

## How Does the BRN Protect Consumers?

The BRN regulates California registered nurses. There are over 390,000 registered nurses in California providing health care services in a variety of settings.

The BRN performs a variety of activities in its mission to protect consumers, including:

### Setting RN Educational Standards

The BRN sets educational standards for nursing programs which prepare individuals to become licensed as registered nurses.

### Approving California Nursing Programs

There are over 140 prelicensure nursing programs and over 50 advanced practice programs which have been approved because they meet BRN educational standards.

### Evaluating Licensure Applications

Applications are evaluated to determine whether the applicant meets all licensure requirements. To be licensed the applicant must:

- complete the educational requirements
- pass a national licensing examination
- be cleared through a background check for conviction of any crime which might make the applicant ineligible for licensure

### Issuing and Renewing Licenses

Registered Nursing licenses are issued to applicants who meet the licensing requirements. The license must be renewed every two years.

### Issuing Certificates

The BRN issues certificates to eligible public health nurses, nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists. The BRN also maintains a list of eligible psychiatric/mental health nurse specialists.

### Taking Disciplinary Action

If a nurse violates the Nursing Practice Act, the BRN may take disciplinary action against the nurse's license. Grounds for discipline focus on behaviors that place patients at risk of harm. The disciplinary action is dependent on the nature and severity of the violation and what is necessary to protect the public. The disciplinary action becomes a part of the RN's file and is accessible to the public.

### Managing a Diversion Program

The BRN's Diversion Program is an alternative to the discipline process for nurses whose practice may be impaired due to chemical dependency or mental illness. This confidential Program protects the public while enabling the nurse to be rehabilitated.



### **Operating an Online License Verification System**

The BRN's [online license verification system](#) allows the consumer to validate the status of a nurse's license. Access the license verification system to learn if:

- the person is licensed as an RN
- the license is active, inactive, or lapsed
- the nurse has any BRN certificates
- there is any disciplinary action against the license

Online services are available seven days a week, 24 hours a day.

### **Registered Nurses (RN) Use a Variety of Titles in Their Practice Including:**

- Staff or Charge Nurse
- Nurse Manager
- Clinical Nurse Specialist (CNS)
- Critical Care Nurse (CCRN)
- Nurse Practitioner (NP)
- Patient Care Coordinator

### **Settings Where Registered Nurses Practice Include:**

- health departments
- health maintenance organizations
- home health agencies
- hospitals
- private practice
- schools
- skilled nursing facilities

Regardless of the title or setting, the registered nurse's practice is governed by the Board of Registered Nursing.

## **How Can You Help?**

The BRN is committed to successfully achieving its mission to protect California's health care consumers and promote quality nursing care. You can assist by:

- Reporting to the BRN suspected violations of the Nursing Practice Act, such as registered nurses practicing in an unsafe or unprofessional manner, or unlicensed persons illegally providing nursing care; and
- Informing the BRN of issues that affect the education and practice of California RN.

### **What Other Resources are Available for Health Care Consumers?**

Many individuals and agencies contribute to the status and quality of health care in California. ([Link to a partial list of other regulatory agencies involved in the health care arena](#)).



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

**BOARD OF REGISTERED NURSING**  
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 Louise R. Bailey, MEd, RN, Executive Officer



## Abuse Reporting Requirements

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### Website:

<http://leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=65031718698+1+0+0&WAISaction=retrieve> –

### Article 2 Report of Injuries

#### Article 2.5 Child Abuse and Neglect Reporting Act

<http://leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=65047019631+0+0+0&WAISaction=retrieve> –

#### § 15610.37 “Health Practitioner”

<http://leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=65063720477+0+0+0&WAISaction=retrieve> –

#### Article 3 Mandatory and Nonmandatory Reports of Abuse §15630 Welfare and Institutions Code

This information is available in the published California Nursing Practice Act 2010 Edition. This book can be ordered from <http://www.lexisnexis.com/bookstore>

Registered nurses are among the health practitioners who must report known or observed instances of abuse to the appropriate authorities. This mandate applies to those situations that occur in the RN’s professional capacity or within the scope of employment. Registered nurses must also be aware that failure to report as required is also considered unprofessional conduct and can result in disciplinary actions against the RN’s license by the BRN.

The California Nursing Practice Act with Rules and Regulations and Related Statutes contains extracted text of abuse reporting statutes. Website: California Legislation Info, <http://leginfo.ca.gov> to research related statutes on abuse reporting.

Highlights from the Nursing Practice Act abuse reporting laws are noted below.

### Article 2 Report of Injuries

Penal Code § 11160 Injuries required to be reported: method of reporting: any health practitioner in a health facility, clinic, physician’s office, local or state public health department, or a clinic, or other type of health facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, provide medical services for a physical condition to a patient who he or she knows or reasonably suspects is a person described as follows shall immediately make a report in to local law enforcement agency (1) report by telephone shall be made immediately or as soon as practically possible and a written report shall be prepared on the standard form developed in compliance with state agencies. The completed forms shall be sent to local law enforcement agency within two working days of receiving the information regarding the person.

### Article 2.5 Child Abuse and Neglect Reporting Act

Penal Code §11165.2 “Neglect”; “Severe neglect”; “general neglect”

“Neglect” means the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person.

- (a) “Severe neglect” means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. “Severe neglect” also means those situations of neglect where any person having the care or custody of a child willfully causes

or permits the person or health of the child to be placed in a situation such that his or her person or health failure to provide adequate food, clothing, shelter, or medical care.

- (b) “General neglect” means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

For purpose of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect.

#### **Elder Abuse and Dependent Adult Civil Protection Act**

Welfare and Institutions Code §15610-15610.65 provides definitions for the following: abandonment, abuse of an elder or dependent adult, adult protective services, adult protective services agency, Bureau of Medi-Cal Fraud , care custodian, clients’ rights advocate, dependent adult, developmentally disabled person, elder, financial abuse or dependent adult, goods and services necessary to avoid physical harm or mental suffering, and listings of health practitioner that includes registered nurses, investigation, isolation, long-term care facility, long-term care ombudsman, mental suffering, neglect, patients’ rights advocate, physical abuse and reasonable suspicion.

§ 15610.37 “Health Practitioner” means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision ( c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social services employee who treats an elder or a dependent adult for any condition, or a corner.

#### **Article 3 Mandatory and Nonmandatory Reports of Abuse**

**§15630 Welfare and Institutions Code Duties of mandated reporter; Punishment for failure to report.**

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment , has observed or has knowledge of an incident that reasonably appears to be physical abuse as defined in 15610.63 of the Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known suspect instance of abuse by telephone immediately or as soon as practically possible, and by written report sent within two working days. There are specific reporting requirements for long term care facilities, mental health and clergy are contained 15630 (A) long term care facilities (B) state mental hospital or state developmental center and (2) (A) clergy member.

§15630 (3)(A) A mandated reporter, physician and surgeon, registered nurse, or a psychologist shall **not** be required to report as defined in Section 15610.63 Welfare an Institutions Code (i) the mandated reporter has been told by an elder or dependent adult that she/he has experienced behavior constituting physical abuse; (ii) the mandated reporter is not aware of any independent evidence that corroborates the statement that abuse has occurred; (iii) the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of court-ordered conservatorship; (iv) in the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist.

§15630 (4)(A) In a long-term care facility, a mandated reporter shall **not** be required to report as a suspected incident of abuse, as defined in Section 15610.07 where all of the following conditions exist: (i) the mandated



reporter is aware that there is a proper plan of care; (ii) the mandated reporter is aware that the plan of care is properly provided and executed; (iii) a physical, mental, or medical injury occurred as a result of care provided pursuant to (i) and (ii); (iv) the mandated reporter reasonably believes that the injury was not the result of abuse.

If the suspected abuse occurred in a long term care facility the report may be made to the long-term ombudsperson program. The local ombudsperson shall report any case of know suspected abuse to the State Department of Public Health and any case of know or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

If the suspected abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of Mental Health or the State Department of Developmental Services or to local law enforcement agency or to the local ombudsperson. If the abuse occurred in other than long-term care or mental health or developmental center the report may be made to the county adult protective services agency.

Failure to report, or impeding or inhibiting a report of, physical abuse defined in Section 15610.63 of Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in county jail, by a fine not more one thousand dollars (\$1000) or by both that fine and imprisonment. Any mandated reporter who willfully fails to report and the abuse results in death or great bodily harm, shall be punished by not more than one year in county jail, by a fine of not more than five thousand dollars (\$5000), or by both that fines and imprisonment.

The Nursing Practice Act with Regulations and Related Statutes can be obtained from LexisNexis, [www.lexisnexis.com](http://www.lexisnexis.com), telephone number 800-833-9844. ISBN 978-1-4224-5990-4.



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## AN EXPLANATION OF THE SCOPE OF RN PRACTICE INCLUDING STANDARDIZED PROCEDURES

The Legislature, in its 1973-74 session, amended Section 2725 of the Nursing Practice Act (NPA), amplifying the role of the registered nurse and outlining activities which comprise the practice of nursing.

### LEGISLATIVE INTENT

The Legislature recognized that nursing is a dynamic field, continually evolving to include more sophisticated patient care activities. It declared its intent to recognize the existence of **overlapping functions** between physicians and registered nurses and to permit **additional such sharing** and to provide **clear legal authority** for those functions and procedures which have common acceptance and usage. Prior to this, nurses had been educated to assume advanced roles, and demonstration projects had proven their ability to do this safely and effectively. Thus, legal amplification of the role paralleled the readiness of nurses to assume the role and recognized that many were already functioning in an expanded role.

### SCOPES OF PRACTICE

A knowledge of the respective scopes of practice of registered nurses and physicians is important in determining **which activities overlap** medical practice and therefore require standardized procedures. Failure to distinguish nursing practice from medical practice may result in the limitation of the registered nurse's practice and the development of unnecessary standardized procedures. Registered nurses are cautioned not to confuse nursing policies and procedures with standardized procedures.

#### 1. Scope of Registered Nursing Practice

The activities comprising the practice of nursing are outlined in the Nursing Practice Act, Business and Professions Code Section 2725. A broad, all inclusive definition states that the practice of nursing means those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems, or the treatment thereof, which require a substantial amount of scientific knowledge or technical skill.

In Section 2725(a), the Legislature expressly declared its intent to provide clear legal authority for functions and procedures which have common acceptance and usage. Registered nurses must recognize that the application of nursing process functions is common nursing practice which **does not** require a standardized procedure. Nursing practice is divided into three types of functions, which are described below.

#### A. Independent Functions

Subsection (b)(1) of Section 2725, authorizes direct and indirect patient care services that insure the safety, comfort, personal hygiene and protection of patients, and the performance of disease prevention and restorative measures. Indirect services include delegation and supervision of patient care activities performed by subordinates.

Subsection (b)(3) of Section 2725, specifies that the performance of skin tests, immunization techniques and withdrawal of human blood from veins and arteries is included in the practice of nursing.

Subsection (b)(4) of Section 2725, authorizes observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition and determination of whether these exhibit abnormal characteristics; and based on this determination, the implementation of appropriate reporting or referral, or the initiation of emergency procedures. These independent nursing functions have long been an important focus of nursing education, and an implied responsibility of the registered nurse.

### **B. Dependent Functions**

Subsection (b)(2) of Section 2725, authorizes direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist or clinical psychologist.

### **C. Interdependent Functions**

Subsection (b)(4) of Section 2725, authorizes the nurse to implement appropriate standardized procedures or changes in treatment regimen in accordance with standardized procedures after observing signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determining that these exhibit abnormal characteristics. These activities overlap the practice of medicine and may require adherence to a standardized procedure when it is the nurse who determines that they are to be undertaken.

## **2. Scope of Medical Practice**

The Medical Practice Act authorizes physicians **to diagnose** mental and physical conditions, **to use drugs in or upon human beings, to sever or penetrate the tissues** of human beings and **to use other methods** in the treatment of diseases, injuries, deformities or other physical or mental conditions. As a general guide, the performance of any of these by a registered nurse requires a standardized procedure; however, activities within each of these categories have already become common nursing practice and therefore do not require standardized procedures; for example, the administration of medication by injection requires penetration of human tissue, and registered nurses have performed this function through the years.

In Section 2725(a), the Legislature referred to the dynamic quality of the nursing profession. This means, among other things, that some functions which today are considered medical practice will become common nursing practice and no longer require standardized procedures. Examples of medical functions which have evolved into common nursing functions are the measurement of cardiac output pressures, and the insertion of PICC lines.

### **STANDARDIZED PROCEDURES FOR MEDICAL FUNCTIONS**

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrators in the **organized health care system** in which it is to be used. Because of this interdisciplinary collaboration, there is accountability on several levels for the activities to be performed by the registered nurse. Section 2725(a) defines "organized health care systems" to include, but are not limited to, licensed health facilities, clinics, home health agencies, physicians' offices, and public or community health services.

### **GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES**

Standardized procedures are **not subject to prior approval** by the boards that regulate nursing and medicine; however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) section 1474; Medical Board of California, Title 16, CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.



- (b) Each standardized procedure shall:
- (1) **Be in writing, dated and signed by the organized health care system** personnel authorized to approve it.
  - (2) Specify **which standardized procedure functions** registered nurses may perform and under what circumstances.
  - (3) State any specific **requirements which are to be followed** by registered nurses in performing particular standardized procedure functions.
  - (4) Specify any **experience, training and/or education** requirements for performance of standardized procedure functions.
  - (5) Establish a method for initial and continuing **evaluation** of the competence of those registered nurses authorized to perform standardized procedure functions.
  - (6) Provide for a method of maintaining a written record of those **persons authorized to perform** standardized procedure functions.
  - (7) Specify the scope of **supervision** required for performance of standardized procedure functions, for example, telephone contact with the physician.
  - (8) Set forth any specialized circumstances under which the registered nurse is to immediately **communicate with a patient's physician** concerning the patient's condition.
  - (9) State the limitations on **settings**, if any, in which standardized procedure functions may be performed.
  - (10) Specify patient **record-keeping** requirements.
  - (11) Provide for a method of **periodic review** of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a **requirement that the nurse be currently capable** to perform the procedure. The registered nurse who undertakes a procedure without the competence to do so is grossly negligent and subject to discipline by the Board of Registered Nursing.

#### **SUMMARY OF RN FUNCTIONS UNDER STANDARDIZED PROCEDURES**

Registered nursing functions under standardized procedures may be summarized as follows:

- WHO: the registered nurse
- WHAT: may perform a medical function beyond the usual scope of RN practice
- HOW: in accord with a written standardized procedure developed by nursing, medicine and administration
- WHERE: in an organized health care system
- WHEN: after the RN has been evaluated and approved as having met the education and experience requirements specified in the procedure
- WHY: because the standardized procedure authorizes the RN to exceed the usual scope of RN practice

### TO DETERMINE IF A STANDARDIZED PROCEDURE IS REQUIRED

Ask each question below in the order presented. Continue only until your answer points to "S.P. required," or to "S.P. not required."

1. Is the function commonly recognized as nursing practice?

**NO**    **YES ⇒ S.P. not required**  
 ↓

2. Is it the standard of practice in the community that RNs perform this function in the clinical area for which it is being considered?

**NO**    **YES ⇒ S.P. not required**  
 ↓

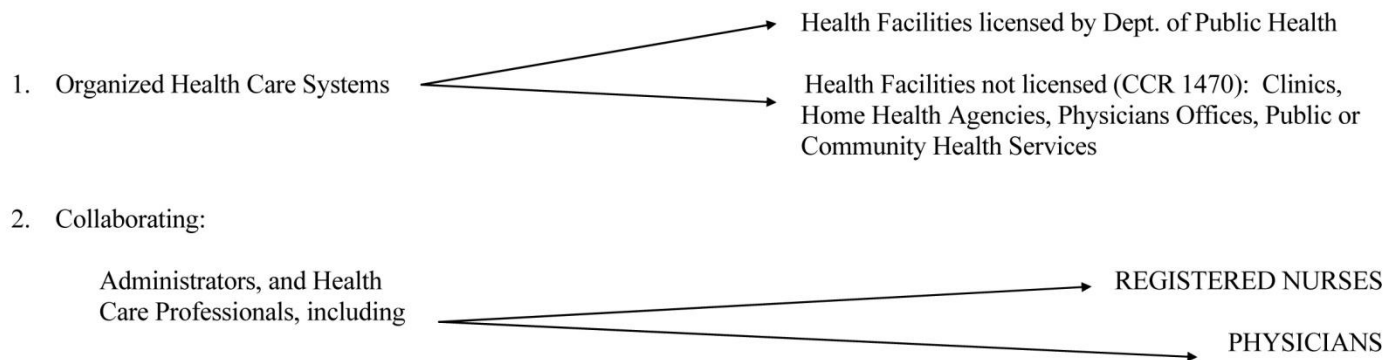
3. Does the function require the nurse to:  
 Diagnose disease,  
 Prescribe medicine or treatment, or  
 Penetrate or sever tissue?

**NO**    **YES ⇒ S.P. required**  
 ↓

4. Does safe performance of the function require judgment based on medical knowledge beyond that usually possessed by the competent RN in the area for which it is being considered?

**NO**    **YES ⇒ S.P. required**  
 ↓  
**S.P. not required**

### WHO DEVELOPS STANDARDIZED PROCEDURES?







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## BACKGROUND CHECKS FOR STUDENT CLINICAL PLACEMENT

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During the past the Board of Registered Nursing (BRN) has received numerous questions regarding the issue of background checks on registered nursing students prior to clinical placement. The Board has been asked to assist programs with meeting this requirement.

The use of background checks on individuals working in clinical settings is one of the means agencies use to help protect their clients/patients. While obtaining background checks on employees is not new for clinical agencies, the Joint Commission has added to their Human Resources standards (HR.1.20) a section related to criminal background checks. The Joint Commission standard requires agencies to include nursing students in criminal background checks *when required by state law, regulation or hospital policy*. ([www.jointcommission.org](http://www.jointcommission.org))

The BRN does not require prelicensure nursing programs to screen potential students for a history of convictions prior to acceptance into their program. The BRN only requires background checks on criminal convictions at the time of application for licensure. Furthermore, BRN staff reviews all applications with prior convictions on an individual case-by-case basis before issuing or denying licensure. The criteria used by the Board in evaluating an applicant's present eligibility for licensure are found in the California Code of Regulations (CCR) Section 1445. ([www.rn.ca.gov](http://www.rn.ca.gov))

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

Nursing programs should establish a written policy describing the process for obtaining background checks for those clinical agencies that require them. The Board recommends that the policy on background checks, like all program policies, be published in documents that are available to applicants and students. Examples include admission packets and school catalogs and/or nursing student handbooks.

The written policies should include the following:

- Who will perform the search (the college, the agency or an independent service);

- Who will pay for the process;
- Where and by whom the results will be maintained and protected (student confidentiality);
- What criteria will be used to exclude a student from a particular clinical placement; and
- What alternatives if any will be available in the event a student is denied a clinical placement.

The Board encourages clinical agencies and nursing programs to work collaboratively in establishing standardized policies that are the least restrictive possible while also protecting the rights of consumers. A process that allows for a case-by-case review of students with prior convictions is encouraged. However, the burden of proof lies with the student to demonstrate evidence of rehabilitation that is acceptable to the clinical agencies and the nursing program. (See the document "Prior Convictions and Disciplinary Actions" on the Board's Website.)

### **Frequently Asked Questions Related to Background Checks:**

***Question: Does the BRN require student nurses to undergo criminal background checks prior to admission in a prelicensure school of nursing?***

No. The Board has no authority to request a criminal background check except at the time of application for licensure.

**Question: Does the Joint Commission require that student nurses in California have criminal background checks done prior to the students participating in a clinical rotation in a Joint Commission approved facility?**

No. The Joint Commission requires that clinical agencies follow state law/regulation and their own organization's policy regarding background checks on students. (See Joint Commission website [www.jointcommission.org](http://www.jointcommission.org)) There is no state law in California that mandates background checks be completed on nursing students. Some clinical agencies have included student nurses in the category of individuals that need to be screened, therefore, the Joint Commission would also require that nursing students need background checks done.

**Question: If a clinical agency denies a student with a prior conviction from being placed at their facility does the BRN require that the student be dropped from that course or from the program?**

No. The program is encouraged to evaluate such students, in collaboration with their clinical agencies, to find possible alternatives for the student to complete the objectives of the course. All students are expected to meet course objectives as defined by the course syllabi and program policy.

**Question: If students have had a criminal background check done as part of clinical placement can they use that information as part of their application packet for licensure?**

No. The Board requires a background check on all applicants for licensure by the Department of Justice. As a health care licensing Board, the background check conducted on applicants is more extensive than most employers obtain.

**Question: If a student is denied access to a clinical site due to a positive criminal background check does the nursing program have to find an alternative site for the student to meet course requirements?**

No. The Board encourages programs and agencies to work collaboratively to review students with a prior conviction on an individual basis since the specific conviction may not prevent the student from ultimately being licensed. While the BRN encourages alternative placement ultimately the program would need to follow their published policy regarding the options available to the student in this situation. (See the attached Criteria for Rehabilitation, CCR 1445.)

**Question: Can the college or university request the Department of Justice to perform a criminal background check on their nursing students in order to meet clinical agency requirements for placement?**

No. Only authorized agencies may request the Department of Justice to perform criminal background checks. The nursing program or the agency may utilize private companies that provide background checks for a fee. The Board does not require the use of such a service nor does it endorse any specific company.

**Question: Should results of criminal background checks be placed in the student's academic file?**

The self-disclosed student information and the results of a background check are confidential information. The nursing program must develop in consultation with their administration and clinical agencies a means to safeguard this information. It is recommended that the process, maintenance and security of student background checks should be described in the program's contract with those agencies requiring screening of nursing students and in policies provided to students and applicants.

**Question: Do students need to have a background check done every time they go to a new clinical agency?**

The Board encourages nursing programs to work collaboratively with other nursing programs in their geographical area to develop a standardized policy with all clinical agencies requiring background checks on nursing students. Since there is no state law or regulation that mandates background checks on nursing students, individual agency policy is the source of this requirement. Working collaboratively within a geographic area is probably the most efficient way to coordinate requirements in the least disruptive manner.

**Question: Can a clinical agency refuse to allow a student to do a clinical course at their agency as a result of a prior conviction?**

Yes. The Board would encourage the nursing program to work with the agency to clearly identify the types of prior convictions that would exclude a student from clinical rotation. The BRN suggests using CCR 1445 as a guide.

**Question: Can a nursing program require students to meet clear background checks prior to admission or as a requirement for progression in the program?**

Admission and progression policies are the purview of the program & the institution. The nursing program should seek guidance from their institutions legal counsel. The Board regulations require that all policies affecting students be written, available to students, and applicants.

**Attachment:****TITLE 16, CALIFORNIA CODE OF REGULATIONS:****1445. Criteria for Rehabilitation**

- (a) When considering the denial of a license under Section 480 of the code, the board, in evaluating the rehabilitation of the applicant and his/her present eligibility for a license will consider the following criteria:
- (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
  - (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the code.
  - (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).
  - (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
  - (5) Evidence, if any, of rehabilitation submitted by the applicant.
- (b) When considering the suspension or revocation of a license on the grounds that a registered nurse has been convicted of a crime, the board, in evaluating the rehabilitation of such person and his/her eligibility for a license will consider the following criteria:
- (1) Nature and severity of the act(s) or offense(s).
  - (2) Total criminal record.
  - (3) The time that has elapsed since commission of the act(s) or offense(s).
  - (4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
  - (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
  - (6) Evidence, if any, of rehabilitation submitted by the licensee.





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## CONSCIOUS SEDATION

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It is within the scope of practice of registered nurses to administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures.

Authority for RNs to administer medication derives from Section 2725(b)(2) of the Nursing Practice Act (NPA). This section places no limits on the type of medication or route of administration; there is only a requirement that the drug be ordered by one lawfully authorized to prescribe. Other relevant sections of the NPA do impose additional requirements. Specifically, the registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. [Business and Professions Code 2761(a)(1); California Code of Regulations 1442, 1443, 1443.5.]

In administering medications to induce conscious sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to: effects of medication; potential side effects of the medication; contraindications for the administration of the medication; the amount of the medication to be administered. The requisite skills include the ability to: competently and safely administer the medication by the specified route; anticipate and recognize potential complications of the medication; recognize emergency situations and institute emergency procedures. Thus the RN would be held accountable for knowledge of the medication and for ensuring that the proper safety measures are followed. National guidelines for administering conscious sedation should be consulted in establishing agency policies and procedures.

The registered nurse administering agents to render conscious sedation would conduct a nursing assessment to determine that administration of the drug is in the patient's best interest. The RN would also ensure that all safety measures are in force, including back-up personnel skilled and trained in airway management, resuscitation, and emergency intubation, should complications occur. RNs managing the care of patients receiving conscious sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. Registered nurse functions as described in this policy may not be assigned to unlicensed assistive personnel.

The RN is held accountable for any act of nursing provided to a client. The RN has the right and obligation to act as the client's advocate by refusing to administer or continue to administer any medication not in the client's best interest; this includes medications which would render the client's level of sedation to deep sedation and/or loss of consciousness. The institution should have in place a process for evaluating and documenting the RNs demonstration of the knowledge, skills, and abilities for the management of clients receiving agents to render conscious sedation. Evaluation and documentation of competency should occur on a periodic basis. Certified registered nurse anesthetists (CRNAs) by virtue of advanced education and practice in their area of specialty have met requirements to administer safely the class of drugs in question.

## **ADDENDUM CONSCIOUS SEDATION**

As of 1995, safety considerations for conscious sedation include continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate, and level of consciousness, as specified in national guidelines or standards. Immediate availability of an emergency cart which contains resuscitative and antagonist medications, airway and ventilatory adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen are commonly included in national standards for inducing conscious sedation.

### **RESOURCES:**

- "AORN Recommended Practices for Monitoring the Patient Receiving Intravenous Sedation," Association of Operating Room Nurses, Inc., 2170 S. Parker Road, Denver, Colorado, 80231. Telephone 303/ 755-6300.
- "Position Statement on the Role of the Registered Nurse in the Management of Patients Receiving IV Conscious Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures" (endorsed by 23 professional associations). American Nurses Association, 600 Maryland Avenue S.W., Suite 100 West, Washington, DC 20024-2571. Telephone 202/554-4444.
- "Qualified Providers of Conscious Sedation," American Association of Nurse Anesthetists, 222 South Prospect Avenue, Park Ridge, Illinois 60068. Telephone 708/ 692-7050.



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## GOOD SAMARITAN

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California Nursing Practice Act: <http://www.rn.ca.gov/regulations/npa.shtml>

### Business and Professions Code

#### § 2727.5. Liability for emergency care

A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment shall not be liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care.

This section shall not grant immunity from civil damages when the person is grossly negligent.





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## **POSITION STATEMENT REGARDING VIOLENCE AGAINST HEALTH CARE WORKERS AND PATIENTS**

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The Board of Registered Nursing expresses concern regarding incidents of violence directed against health care workers and patients. Health care administration and staff are encouraged to form task forces to evaluate each institution's current safety features and then to institute appropriate policies and environmental changes that will increase safety for health care workers and patients while continuing to provide quality, non-discriminatory health care to the people of California. The Board of Registered Nursing favors legislation that would increase penalties for the commission of violence upon the person of a health care worker. The Board also favors the creation of "safe zones" contiguous to health care facilities.



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## **RN RESPONSIBILITY WHEN FLOATING TO NEW PATIENT CARE UNIT OR ASSIGNED TO NEW POPULATION**

The Board of Registered Nursing receives many inquiries from RNs who are being asked to float to a new patient care unit. The RNs often ask the BRN what their responsibilities are when being floated to a new unit and whether the RN can refuse the assignment if the RN determines she/he is not competent to provide safe nursing care.

The RN is always responsible for providing safe, competent nursing care. Therefore, before accepting a patient assignment, the RN must have the necessary knowledge, judgment, skills, and ability to provide the required care.

It is the RN's responsibility to determine whether she/he is clinically competent to perform the nursing care required on the new unit or with the new patient population. If the RN is not clinically competent to perform the care, she/he should not accept the patient care assignment. The RN may accept a limited assignment of nursing care duties, which utilizes his/her currently existing clinical competence.

The competency standards to which the Board holds the RN accountable are specified in Title 16, Business and Professions Code, Nursing Practice Act, Section 2725 and the California Code of Regulations Section 1443.5, Standards of Competent Performance. The Nursing Practice Act and the Standards of Competent Performance apply in all settings where RNs practice nursing. If the RN accepts an assignment for patient care and is not clinically competent, the RN license can be disciplined.

Nursing administrators, supervisors, and managers have a crucial responsibility to assure appropriate and competent nursing care to patients/clients. The BRN requires nursing administrators, supervisors, and managers to only assign patient care to RNs who are clinically competent. Nursing administrators, supervisors and managers may have their licenses subject to discipline if they do not ensure assignment of clinically competent RN staff.

The Department of Health Services, Title 22, Acute Care Regulations, amended in 1996, require competency validation for RNs and patient care personnel. These regulations are in addition to the Nursing Practice Act requirements. Registered nurses and patient care personnel who may be temporarily re-directed (floated) are required to undergo the process of competency validation for their assigned patient care unit.

The regulations require:

- (A) Assigning only those duties and responsibilities for which competency has been validated;
- (B) the RN who has demonstrated competency for the patient care unit is responsible for planning and implementing the patient care, providing clinical supervision and coordinating the care given by LVNs and unlicensed nursing personnel, and for assigning a RN resource nurse for RNs and LVNs who have not completed the competency validation for the unit;
- (C) RNs who have not completed the competency validation for the unit cannot be assigned total responsibility for patient care including duties and responsibilities for planning and implementing patient care, and providing clinical supervision and coordination of care given by LVNs and

unlicensed nursing personnel, until all the standards for competency for that unit have been met.

The amendments to Title 22 are in concert with the statutory authority as set forth in the Business and Profession Code, Section 2725 Nursing Practice Act, and California Code of Regulation, Section 1443.5 Standards of Competent Performance.





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## THE RN AS SUPERVISOR

Most RNs are aware of their responsibility to supervise care provided by subordinates and to use judgment in delegating functions to them; however, at times incidents in which this was not the case are brought to the attention of the Board. Such incidents usually fall into one of three categories: delegation of tasks beyond the competence of a worker, delegation of functions outside the legal scope of practice of a worker, or failure to assume responsibility when a worker questions the appropriateness of care to be provided. Consider your own performance in respect to these categories as they are discussed here.

In delegating tasks to a subordinate it is essential that the RN know the capability of the worker because, although a license authorizes the same scope of practice for all persons so licensed, not all licensees have the same type and amount of education and experience. The number of functions each may be competent to perform therefore, may vary. This means that RNs have an obligation to assure that subordinates are clinically competent to perform the functions delegated to them; otherwise, tragic consequences may ensue. For an example, in a skilled nursing facility a just-hired nursing assistant was assigned to feed a group of patients, one of whom could not swallow and was fed via a gastrostomy tube. No one had determined whether or not the assistant was competent to understand the patient's care plan and to perform the appropriate type of feeding. As a result the patient was fed by mouth and expired in the process. An initial evaluation of this assistant's skill would have shown that she was not yet competent to care for this patient.

Assessment of a worker's skills should take place at the start of the work relationship prior to assigning patients for care. Can the worker perform all areas of the established job description? If not, a remediation plan should be developed, and in the meantime assignments should be made with the worker's limitations in mind.

**Delegation of functions outside the legal scope of practice of a worker** may occur inadvertently. Many, but not all, nursing functions legally may be performed by certified nursing assistants (CNA), LVNs and RNs, and failure to recognize differences can result in problems. In one case which came to the attention of the Board an inappropriate assignment resulted in legal difficulties for both the involved RN and the subordinate, although fortunately in this case the patient was not harmed.

**Failure to assume responsibility when a subordinate questions the appropriateness of care to be provided** can lead to very serious consequences. While it is true that LVNs practice on their own licenses, RNs must recognize that by law LVNs practice under the direction of registered nurses (or physicians), and that when an LVN expresses doubt about proceeding with an order the RN must listen and assume responsibility for advising the LVN appropriately. In one case brought to the attention of the Board an LVN had read an insulin order as 150 units instead of 15 units because the abbreviation for units after the number 15 appeared to be a zero instead of a "u". She believed this to be an excessive dose and consulted with her RN team leader, who was busy and simply told her to give whatever the physician had ordered. Later it dawned on the RN also that 150 units was a questionable amount of insulin, but not before the wrong dose had been administered. In each case cited here the RN failed in the responsibility to supervise a subordinate and thereby exposed patients to harm. The RN for whom CNAs, LVNs, RNs **or others** receive their assignments or to whom they are accountable has supervisory duties; this is true **whether the work title is supervisor or something else**, such as team leader, charge nurse, or director of nurses, and the supervising RN has responsibility for the nursing care provided.

The BRN becomes involved in incidents such as those discussed here when complaints are communicated to its Law Enforcement Unit, usually by patients or their families, health care providers or health care agencies such as the Department of Health Services. Complaints are investigated to determine whether there is supporting evidence and if so appropriate action is taken to protect consumers of nursing care from harm.



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## UNLICENSED ASSISTIVE PERSONNEL

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California Nursing Practice Act: <http://www.rn.ca.gov/regulations/bpc.shtml#2725.3>

### **2725.3. Functions performed by unlicensed personnel**

(a) A health facility licensed pursuant to subdivision (a), (b), or (f), of Section 1250 of the Health and Safety Code shall not assign unlicensed personnel to perform nursing functions in lieu of a registered nurse and may not allow unlicensed personnel to perform functions under the direct clinical supervision of a registered nurse that require a substantial amount of scientific knowledge and technical skills, including, but not limited to, any of the following:

- (1) Administration of medication.
  - (2) Venipuncture or intravenous therapy.
  - (3) Parenteral or tube feedings.
  - (4) Invasive procedures including inserting nasogastric tubes, inserting catheters, or tracheal suctioning.
  - (5) Assessment of patient condition.
  - (6) Educating patients and their families concerning the patient's health care problems, including postdischarge care.
  - (7) Moderate complexity laboratory tests.
- (b) This section shall not preclude any person from performing any act or function that he or she is authorized to perform pursuant to Division 2 (commencing with Section 500) or pursuant to existing statute or regulation as of July 1, 1999.  
 (Added Stats 1999 ch 945 § 2 (AB 394).)





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## RN TELE-NURSING AND TELEPHONE TRIAGE

**Website:** Telephone Medical Advice Services Bureau  
<http://www.dca.ca.gov/tmas/>

### Introduction:

The public is being directed by health care insurers, providers, and private businesses to have their health care questions answered by registered nurses. Individuals contact the Board with questions regarding who can carry out telephone interactions with patients about health symptoms, conditions, or concerns.

Callers often indicate that they participate in activities termed tele-nursing or triage, however the descriptions vary. Callers describe activities that involve interviewing and assessing the condition of the patient and determining the appropriate intervention. The intervention may be counseling the patient to administer self-care at home, advising the patient to go immediately to an urgent care or emergency room setting, or utilizing a protocol (standardized procedure) to advise the client of a specific treatment or to generate a predetermined prescription for the patient.

The Board of Registered Nursing receives many inquiries from nurses, associations and the public about the RN's legal authority to provide telephone nursing advice and/or nursing telephone triage services. The Business and Professions Code, Nursing Practice Act, Section 2725 provides the authority for registered nursing practice. The BRN interprets RN scope of practice to include tele-nursing and telephone triage.

A California RN license is required for in-state or out-of state RNs to perform telephone medical advice services to California addresses. It is incumbent upon the RN to be knowledgeable and competent in the practice when offering telephonic assessment, evaluation, referral, or advice to patients or their family members.

### Background:

Effective January 2000, a new law titled "Telephone Medical Advice Services" was added to the California Business and Profession Code, Chapter 15, Section 4999-4999.9. Chapter 15 of the Business and Professions Code requires businesses that employ at least 5 full time equivalent employees in-state or out-of-state that provide telephone medical advice to California addresses to register with the Telephone Medical Advice Services Bureau, Department of Consumer Affairs. All personnel who provide telephone medical advice at these businesses must be appropriately registered or licensed healthcare professionals in California. To protect the California healthcare consumers, the law and regulations require providers of telephone medical advice to maintain records of telephone medical advice services including complaints for at least 5 years. The telephone medical advice business is charged with ensuring the telephone medical advice they provide is consistent with good professional judgment.

### Definition:

"Telephone medical advice" means a telephonic communication between a patient and a health care professional, wherein the health care professional's primary function is to provide the patient a telephonic response to the patient's questions regarding his or her or a family member's medical care or treatment.

Board of Registered Nursing: general information (916) 322-3350 and website: [www.rn.ca.gov](http://www.rn.ca.gov)





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**REPRODUCTIVE PRIVACY ACT****Website:** <http://leginfo.ca.gov/>**Effective January 1, 2003: Health and Safety Code 123460**

The Reproductive Privacy Act (**Health and Safety Code 123460 et seq**) provides that every individual possesses a fundamental right to privacy with respect to reproductive decisions, including (A) the fundamental right to choose or refuse birth control, and (B) the fundamental right to choose to bear children or obtain an abortion. This new law provides that the state shall not deny or interfere with woman's fundamental right to choose to bear a child or obtain an abortion prior to viability of the fetus, as defined, or when necessary to protect her life and health.

**Business and Professions Code section 2253 permits a person to assist in performing a surgical abortion if he or she has a license that authorizes the performance of such activity.**

The BRN's interpretation is that the registered nurse, certified nurse practitioner, or certified nurse-midwife may perform the nursing functions necessary to assist with a surgical abortion.

**Business and Professions Code section 2253 permits a person to perform or assist in performing the functions necessary for a nonsurgical abortion if he or she has a license that authorizes the performance of such activity.**

The BRN's interpretation is that the registered nurse may perform or assist in performing the functions necessary for a nonsurgical abortion including medication administration and patient teaching.

The nurse practitioner or nurse-midwife may perform or assist in performing functions necessary for nonsurgical abortion by furnishing or ordering medications in accord with his or her approved standardized procedures.

The Reproductive Privacy Act includes the following definitions:

"Abortion" means any medical treatment intended to induce the termination of a pregnancy except for the producing of a live birth.

"Pregnancy" means the human reproductive process, beginning with the implantation of an embryo.

"State" means the State of California, and every county, city, town and municipal corporation, and quasi-municipal corporation in the state.

"Viability" means the point in a pregnancy when, in the good faith medical judgment of a physician, on the particular facts of the case before that physician, there is a reasonable likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.

The performance of an abortion is unauthorized if either of the following is true:

- The person performing or assisting in performing the abortion is not a health care provider authorized to perform or assist in performing an abortion pursuant to Section 2253 of the Business and Professions Code.
- The abortion is performed on a viable fetus, and both of the following are established.
  - In the good faith medical judgment of the physician, the fetus was viable.
  - In the good faith medical judgment of the physician, continuation of the pregnancy posed no risk to life or health of the pregnant woman.



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## STANDARDIZED PROCEDURE GUIDELINES

**Website:** <http://www.rn.ca.gov/regulations/title16.shtml#1470>

### ARTICLE 7. STANDARDIZED PROCEDURE GUIDELINES

#### 1470. Purpose

The Board of Registered Nursing in conjunction with the Division of Allied Health Professions of the board of Medical Quality Assurance (see the regulations of the Board of Medical Quality Assurance, Article 9.5, Chapter 13, Title 16 of the California Code of Regulations) intends, by adopting the regulations contained in the article, to jointly promulgate guidelines for the development of standardized procedures to be used in organized health care systems which are subject to this rule. The purpose of these guidelines is:

- (a) To protect consumers by providing evidence that the nurse meets all requirements to practice safely.
- (b) To provide uniformity in development of standardized procedures.

#### 1471. Definitions

For purposes of this article:

(a) "Standardized procedure functions" means those functions specified in Business and Professions Code Section 2725(c) and (d) which are to be performed according to "standardized procedures";

(b) "Organized health care system" means a health facility which is not licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes, but is not limited to, clinics, home health agencies, physicians' offices and public or community health services;

(c) "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

#### 1472. Standardized Procedure Functions

An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

#### 1473. Standardized Procedures

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2725, Business and Professions Code. HISTORY: Repealed 12-4-85.

#### 1474. Standardized Procedure Guidelines

Following are the standardized procedure guidelines jointly promulgated by the Division of Allied Health Professions of the Board of Medical Quality Assurance and by the Board of Registered Nursing:

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.

(b) Each standardized procedure shall:

- (1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
- (2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
- (3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

- (5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
- (6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
- (7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.
- (8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
- (9) State the limitations on settings, if any, in which standardized procedure functions may be performed.
- (10) Specify patient record keeping requirements.
- (11) Provide for a method of periodic review of the standardized procedures.





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## STANDARDS OF COMPETENT PERFORMANCE

**Website:** <http://www.rn.ca.gov/regulations/title16.shtml#1443.5>

### 1443.5. STANDARDS OF COMPETENT PERFORMANCE

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

- (1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.
- (2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- (3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.
- (4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.
- (5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.
- (6) Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.



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## STATEMENT ON DELIVERY OF HEALTH CARE

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The Board of Registered Nursing supports the right of all consumers to receive dignified and competent health care consistent with the law and prevailing standards of care, including the right to participate in and make decisions regarding their health care. The Board also supports the right of the nurse to know the patient's diagnosis/suspected diagnosis in a timely fashion in order to make an appropriate nursing care plan.

The implementation of infection control procedures known as universal precautions is basic in all health care. Universal precautions are regarded by the Board as a common standard of nursing practice necessary to protect both patients and health care workers from disease transmission. Knowledge of the patient's diagnosis(es) by the registered nurse is essential so that the registered nurse may initiate any additional precautions necessary to minimize the risk of contracting or spreading disease.

Although the nurse is not expected to take life-threatening risks in caring for clients, it is not acceptable to abandon any patient, nor is it acceptable to refuse to treat any person on the basis of age, religion, sex, national origin, sexual orientation, or disability. Decisions regarding the degree of risk involved in patient care should be based on current scientific knowledge.

Information on issues related to communicable disease is available from the U.S. Centers for Disease Control and from agencies in the State Department of Health Services and County and City Health Agencies.

*SOURCE LIST ON REVERSE SIDE*

## SOURCES OF CURRENT INFORMATION ON AIDS

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1. Center for Disease Control  
1600 Clifton Road N.E.  
Atlanta, GA 30333  
Publishes "MMWR" (Morbidity and Mortality Weekly Report) about AIDS each week.
  
2. General Information from CDC (recorded)  
Call 1-800-342-2437
  
3. AIDS Hotline: Answers questions  
Call 1-800-447-AIDS
  
4. Health Worker's Needle-Stick Survey: A federal study of health workers who have possible exposure to AIDS via needle stick or other work-related incidents. The project is interesting in hearing from hospital infection-control coordinators who want to enroll in the project.  
Call (404) 329-3406
  
5. State of California  
Department of Health Services  
Office of AIDS  
P.O. Box 160146  
Sacramento, CA 95816  
  
Contact: (916) 445-0553
  
6. Los Angeles County  
Department of Health Services  
AIDS Program  
313 North Figueroa Street, Room 222  
Los Angeles, CA 90012  
  
Contact: (213) 974-8139





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## NURSING STUDENT WORKERS

A student nurse worker may not perform nursing functions beyond the level of a nursing assistant unless enrolled in a BRN approved Work Study Course in a California approved prelicensure nursing program.

### Background:

The Nursing Practice Act permits students enrolled in a Board approved prelicensure nursing program to render registered nursing services when these services are incidental to a course of study in the program (Business and Professions Code 2729 (a) ). A work-study course offered by a nursing program complies with this section of law and provides additional clinical experiences for student nurses admitted to and enrolled in its own nursing program. With a work-study program, nursing students are exposed to the realities of the clinical environment and have the opportunity to master learned skills. Additionally, clinical agencies benefit by the student nurse's skills and have the opportunity to attract new graduate nurses to their facility.

### Work-Study Program

The nursing programs in California are responsible for following the Board's guidelines in developing a work-study course as follows:

- 1) Nursing program develops a course in which previously learned nursing theory and clinical skills are applied
  - A student must have acquired clinical competence in these skills. A list of skills competencies are provided to the clinical agency (work-study site).
  - No new skills may be taught during this course
  - Hours of instruction for the course follow the formula per CCR 1426(g)(2)
  - A course faculty of record is available and is responsible for ongoing communication with students and agency and monitoring the student.
  
- 2) Nursing program develops an agreement with a clinical agency with which it has a contract, to provide a work-study course for which a student receives academic credit. Compensation of the student by the practice site is encouraged.
  
- 3) The clinical agency agrees to the objectives of the course and provides mentors or preceptors for direct supervision of students.
  
- 4) The instructor and agency mentors meet at regular intervals to discuss student progress and jointly share in the evaluation of the student.
  
- 5) The course instructor has the final responsibility to evaluate and grade students and their mastery of the course objectives.

### Approval of work-study program

- All work-study courses require Board approval prior to course implementation.
- Nursing program submits a minor curriculum revision request to the assigned nursing education consultant following the curriculum revision guidelines.



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## Clinical Learning Experiences Nursing Students

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The Board of Registered Nursing is statutorily authorized to interpret, implement, and enforce the Nursing Practice Act and its regulations. Business and Professions Code § Section 2729 statutorily authorizes that nursing services may be rendered by a student nurse when these services are incidental to the course of study when the nursing student is enrolled in a board-approved nursing program.

**BRN Position:** Nursing faculty of a California board approved nursing program is authorized by the above law to initiate and continue to allow nursing student's clinical education functions including administration of medication. The role of the nursing faculty is to provide direct and indirect supervision of nursing students in all clinical activities. The Board of Registered Nursing has relied on Business and Professions Code Section § 2729 and does not consider nursing students as unlicensed assistive personnel for the purpose of clinical nursing education.

Faculty determines the amount of supervision to provide to any individual nursing student. When determining the appropriate level of supervision, faculty must consider the severity and stability of the assigned patient, the patient's condition, as well as the student's competency and ability to adapt to changing situations in the clinical setting. Faculty should also consider the types of treatments, procedures, and medications to be administered to the patient. When engaged in clinical learning experiences the nursing student is under the supervision of the clinical faculty and the RN in the facility. Both the clinical faculty and the RN in the clinical facility are responsible for the quality of care delivered by students under their supervision.

Expanding clinical technology such as electronic medical records, medication distribution systems, and bar-coding electronic medication administration processes require faculty and nursing students to attend training sessions allowing them to gain the knowledge necessary to use these systems. The board expects nursing faculty to ensure that the learning experiences chosen provide the student with the opportunity to develop those skills necessary to ensure that they will become safe, competent practitioners. Since these technologies are here today and will be a future part of healthcare delivery, faculty and nursing students must have hands on experiences with these systems while learning to provide registered nursing care to patients.

If questions arise regarding RN practice or nursing student authority to perform registered nursing functions while enrolled in a California approved nursing program, do not hesitate contacting the Board of Registered Nursing at [www.rn.ca.gov](http://www.rn.ca.gov).

**CALIFORNIA BOARD OF REGISTERED NURSING**  
**Understanding the Role of the Registered Nurse and Interim Permittee**  
**According to the Nursing Practice Act, the California Code of Regulations, and Selected Sections of Title XXII**

<p style="text-align: center;"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p style="text-align: center;"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p style="text-align: center;"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>(a) In amending this section at the 1973-74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973-74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.</p>	<p>Section 1443.5 (1)  A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> <li>➤ formulates a nursing diagnosis through observation of the client's physical condition and behavior and</li> <li>➤ through interpretation of information obtained from the client and others, including the health team</li> </ul>	<p>70215. (a) (1)  A registered nurse shall directly provide:</p> <p>Ongoing patient assessments as defined in the Business and Professions Code, Section 2725(d). Such assessments shall be performed, and the findings documented in the patient's medical record, for each shift and upon receipt of the patient when he/she is transferred to another patient care area.</p>
	<p><b>Comments/Notes:</b></p> <ul style="list-style-type: none"> <li>→ RN must assess every patient every shift to direct patient care (Title 22).</li> <li>→ RN performs nursing process functions independently, dependently, and interdependently and knows when each type of function should be used.</li> <li>→ RN independently initiates and performs complex thinking strategies in all phases of the nursing process. This includes the ability to formulate a patient specific set of diagnoses when there is uncertain, inconsistent, unique and conflicting patient information.</li> </ul>	<p><b>Comments/Notes:</b></p> <p>See 2725 (b) (2) comments related to the assessment component of this section.</p>



<p align="center"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p align="center"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p align="center"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:</p>	<p>Section 1443.5 (2) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> <li>➤ formulates a care plan in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client’s safety, comfort, hygiene, and protection, and for the disease prevention and restorative measures.</li> </ul>	<p>70215. (a) (2) A registered nurse shall directly provide:</p> <p>The planning, supervision, implementation, and evaluation of the nursing care provided to each patient. The implementation of nursing care may be delegated by the registered nurse responsible for the patient to other licensed staff, or may be assigned to unlicensed staff, subject to any limitation of their licensure.</p>
<p><b>Comments/Notes:</b> RN is accountable for an ongoing comprehensive assessment that includes data collection, analysis, and drawing conclusions/making judgments in order to:</p> <ul style="list-style-type: none"> <li>→ formulate diagnoses and update diagnoses</li> <li>→ formulate or change the plan of care</li> <li>→ decide on specific activities to implement the plan of care (immediate and long-term)</li> <li>→ prioritize and coordinate delivery of care</li> <li>→ delegate to nursing care competent staff to deliver required care</li> <li>→ anticipate discharge planning/teaching needs</li> <li>→ advocate for the patient as needed</li> </ul> <p>RN uses scientific knowledge and experience to make clinical judgments about observed abnormalities and changes based on a series of complex, independent and collaborative decision making activities.</p>	<p><b>Comments/Notes:</b> RN role necessitates rapid information processing and application of scientific knowledge to coordinate, delegate and supervise the delivery of safe, timely care. This includes knowledge, skill, and ability to:</p> <ul style="list-style-type: none"> <li>→ Check accuracy/reliability of information;</li> <li>→ Identify patterns by case type, standards of treatment, familiar circumstances, and relevance of data;</li> <li>→ Recognize inconsistencies and missing information;</li> <li>→ Search for additional information;</li> <li>→ Cluster clues;</li> <li>→ Generate a hypothesis about disease conditions, health problems, patient needs;</li> <li>→ Make predictions about findings, needs, use of interventions, outcomes;</li> <li>→ Set priorities for implementation of nursing care, priorities regarding urgency of patient concerns;</li> <li>→ Evaluate and revise based on review of new information;</li> </ul> <p>LVN is not prepared by formal education to make RN level nursing judgments that include independent analysis, synthesis, and decision-making. RN is responsible for collecting, analyzing, and collaborating with all information sources to ensure a comprehensive written plan of care that is based on current standards of safe practice.</p>	<p><b>Comments/Notes:</b> Refer to BPC 2725 and CCR 1443.5(4)</p>

<p align="center"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p align="center"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p align="center"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.</p>	<p>Section 1443.5 (3) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> <li>➤ performs skills essential to the kind of nursing action to be taken</li> <li>➤ explains the health treatment to the client and family</li> <li>➤ teaches the client and family how to care for the client's health needs</li> </ul>	<p>70215. (a) (3) A registered nurse shall directly provide:</p> <p>The assessment, planning, implementation, and evaluation of patient education, including ongoing discharge teaching of a patient. Any assignment of specific patient education tasks to patient care personnel shall be made by the registered nurse responsible for the patient.</p>
<p><b>Comments/Notes:</b> This section of the NPA authorizes many of the independent nursing functions the RN performs based on pre-licensure educational preparation and RN licensure in California.</p>	<p><b>Comments/Notes:</b> Also, see pg. 2, 1443.5(2), comments for detailed strategies used by the RN.</p> <p>RN develops, implements and evaluates teaching plan in collaboration with patient and health care team through:</p> <ul style="list-style-type: none"> <li>→ Delegation of teaching activities based on education, skills, experience, and competence of the staff</li> <li>→ Coordination and review of complete patient/family teaching activities including documentation</li> <li>→ Validation of patient/family understanding of teaching provided</li> <li>→ Identification of additional teaching needs</li> </ul>	<p><b>Comments/Notes:</b> Refer to BPC Section 2725(6) and CCR 1443.5(3)</p>



<p style="text-align: center;"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p style="text-align: center;"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p style="text-align: center;"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.</p>	<p>Section 1443.5 (4) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> <li>➤ delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the task to be delegated</li> <li>➤ effectively supervises nursing care given by subordinates</li> </ul>	<p>70215. (b) The planning and delivery of patient care shall reflect all elements of nursing process: assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission. Note: Assessment Nursing Diagnosis Planning Intervention Evaluation Advocacy</p>
<p><b>Comments/Notes:</b> In many situations, RNs administer meds and implement treatment regimens based on patient specific physicians’ orders. When the RN performs these services based on patient specific orders, this is a dependent nursing function.</p> <p>RNs performing medication administration using approved standardized procedures are performing an interdependent function authorized by BPC 2725(6)(4). These functions are interdependent because the RN collaborates with the supervising MD to develop the approved standardized procedures and implements these functions based on the RN’s knowledge, skill, and competence to perform the service.</p>	<p><b>Comments/Notes:</b> <u>Delegation to the LVN:</u> RN can’t delegate scope of practice and direction for care to the LVN. RN can’t delegate functions in BPC 2725 or CCR 1443.5 except as allowed by LVN scope of practice. Delegation must occur within LVN scope of practice. RN ensures delegatee has appropriate education, skills, and experience to perform the delegated task or assignment. RN ensures there is documented evidence of current competence before assigning tasks. RN delegates tasks using the “Five Rights of Delegation”</p> <ul style="list-style-type: none"> <li>→ Right task</li> <li>→ Right circumstances</li> <li>→ Right person</li> <li>→ Right direction/communication</li> <li>→ Right supervision provided</li> </ul> <p>RN intervenes as necessary if task is being performed improperly. Ensures appropriate documentation of delegated tasks. <u>Supervision of the LVN:</u> Provides direction and clear expectations of how a task is to be performed. Monitors performance to assure compliance with established practice standards, policies, and procedures.</p>	<p><b>Comments/Notes:</b> Refer to BPC 2725 and CCR 1443.5</p>

<p style="text-align: center;"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p style="text-align: center;"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p style="text-align: center;"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.</p>	<p>Section 1443.5 (5) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> <li>➤ evaluate the effectiveness of the care plan through observation of the clients physical condition and behavior</li> <li>➤ signs and symptoms of illness</li> <li>➤ reaction to treatment through communication with the client and the health team members</li> <li>➤ modify the plan as needed</li> </ul>	<p>70215. (c) The nursing plan for the patient’s care shall be discussed with and developed as a result of the coordination with the patient, the patient’s family, or other representatives, when appropriate, and staff of other disciplines involved in the care of the patient.</p>
<p><b>Comments/Notes:</b></p> <p>It is within the RN scope of practice to perform these functions without a physician’s order provided the RN is knowledgeable and competent.</p> <p>In some practice settings, facility-specific requirements dictate a physician’s order for the RN to perform these functions.</p>	<p><b>Comments/Notes:</b></p> <p>RN is continually making collaborative and independent judgments related to the appropriateness/effectiveness of the plan of care and makes modifications based on changes in patient condition, responses to treatment, and changes in treatment orders/plans.</p> <p>If revisions are needed in any phase of the nursing process, the RN is expected to ensure interventions are timely, appropriate/effective for the patient.</p> <p>RN plays the predominate role in the timely communication of the patient’s response or lack of response to treatment to others, i.e. collaborating,</p> <ul style="list-style-type: none"> <li>→ informing the physician.</li> <li>→ RN is accountable to oversee the appropriate timely movement through all phases of the nursing process in the delivery of care for assigned group(s) of patients.</li> </ul>	

<p align="center"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p align="center"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p align="center"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.</p>	<p>Section 1443.5 (6) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> <li>➤ Acts as a client’s advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client, the opportunity to make informed decisions about health care before it is provided.</li> </ul>	<p>70215. (d) Information related to the patient’s initial assessment and reassessments, nursing diagnosis, plan, intervention, evaluation, and patient advocacy shall be permanently recorded in the patient’s medical record.</p>
<p><b>Comments/Notes:</b> RN is responsible for independently:  interpreting/making judgments about the appropriateness/effectiveness of care.  initiating needed changes in treatment.  Using a series of complex information processing critical thinking/decision making skills to plan, coordinate, implement, and evaluate each aspect of care and patient response to treatment as listed on pg. 2.</p>	<p><b>Comments/Notes:</b> By virtue of education, skill, and experience, the RN is the designee accountable to oversee each phase of care delivery in collaboration with the physician.  RN is responsible/accountable to see actual and potential patient needs/health problems are addressed and get recorded on the plan of care.  The exhaustive monitoring and evaluation functions routinely performed by the RN for every aspect of care delivery enable her/him to act as an advocate. The RN is expected to demonstrate “big picture” knowledge of the care delivered and the patient’s needs and wishes.  Evidence that the RN has advocated for the patient includes: → Clarification of physician orders and comprehensive plan of care → Ensure informed consent for treatment/care → Appropriate/timely discharge planning → Ensure safe, timely delivery of all aspects of care → Recognize/record quality variance reporting of actual or “near misses” → Monitor and follow-up on patient response to treatment regimen → Ensure patient care assignments for self and others are appropriate and supervised properly</p>	<p><b>Comments/Notes:</b> Refer to BPC 2725 and CCR 1443.5</p>

<p style="text-align: center;"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p style="text-align: center;"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p style="text-align: center;"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>(c) "Standardized procedures," as used in this section, means either of the following:</p> <p>(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.</p>	<p>CCR Section 1474 Standardized Procedure Guidelines</p> <p>(a) Written description of the method used in developing and approving them.</p> <p>(b) Each standardized procedure shall:</p> <p>(1) Written, dated, and signed by the organized health care system personnel authorized to sign it.</p> <p>(2) Specify SP functions RNs may perform and under what circumstances.</p> <p>(3) State specific requirements which are to be followed by RNs performing particular SP functions.</p> <p>(4) Specify experience, training, and/or education requirements for performance of SP functions.</p> <p>(5) Establish a method for initial and continuing evaluation of the competence of the RNs competence to perform the SP functions.</p> <p>(6) Provide a method of maintaining written record of those authorized RN functions.</p> <p>(7) Specify the scope of supervision required for performance of the authorized function.</p> <p>(8) Set forth special circumstances which the RN is to immediately communicate with the patient's physician.</p> <p>(9) State the limitations on settings, if any, in where SP functions can be performed.</p> <p>(10) Specify patient record keeping.</p> <p>(11) Provide a method of periodic review of the SP(s).</p>	
<p>(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.</p>		
<p><b>Comments/Notes:</b> Only RNs may perform medical functions using the standardized procedure (SP) mechanism.</p> <p>Approved SPs may only be used in an organized health care system.</p> <p>Refer to BRN website advisory section for a detailed explanation of SPs: <a href="http://www.rn.ca.gov">www.rn.ca.gov</a>.</p>		

<p style="text-align: center;"><b>Nursing Practice Act Business &amp; Professions Code Chapter 6 Nursing Section 2725</b></p>	<p style="text-align: center;"><b>Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</b></p>	<p style="text-align: center;"><b>California Code of Regulations Title 22 Section 70215.</b></p>
<p>Article 2 Section 2732.1 Interim Permittee's</p> <p>Approval of the RN application, the board issues interim permits authorizing the applicant to practice nursing pending the results of the first licensing examination following completion of his or her nursing courses or for a maximum period of six months, whatever occurs first.</p>	<p>Section 1414: Interim Permittee (c) A permittee shall practice under the direct supervision of a registered nurse who shall be present and available on the patient care unit during all the time the permittee is rendering professional services. The supervising registered nurse may delegate to the permittee any function taught in the permittee's basic nursing program which, in the judgment of the supervising registered nurse, the permittee is capable of performing.</p>	
	<p><b>Comments/Notes:</b></p> <ul style="list-style-type: none"> <li>→ The supervising RN <u>must be on the patient care unit</u> with the IP, not simply in the building.</li> <li>→ Responsibility for meeting these conditions belongs to the director of nursing, supervising RN, and the permittee.</li> </ul> <p>Interim permits are not renewable and are in effect from 6 months of the date issued or until the results of the NCLEX-RN exam are mailed, at which time the interim permit is null and void (CCR 1414(b)).</p>	



# IV. STUDENT RESPONSIBILITIES

## **Academic Responsibilities**

- (1) **Academic Standards**
  - (a) Each student must receive a grade of "C" or better in subjects (as outlined in the catalog) to continue in the program. A "C" grade indicates the student achieved 75% of the total possible points for the nursing course.
    - A = 90% - 100%
    - B = 80% - 89%
    - C = 75% - 79%
    - D = 66% - 74%
  - (b) In order to achieve a passing grade in each course for progression, a student must earn a minimum of 75% average on all core theory tests and the final exam. After the criteria is met, required written papers, projects, and/or other exam grades will be averaged in to determine the final course grade. A minimum grade of C or 75% is required to progress to the next course.
  - (c) Each student receives an evaluation based on his/her clinical nursing performance. (See Clinical Evaluation Guidelines.)
  - (d) A student who has a "No Pass" (NP) as a final clinical grade will not be eligible to progress to the next course. A "No Pass" (NP) clinical grade nullifies the final theory grade.
- (2) **Make-up Tests**
  - (a) Missed exams are to be made up within one week of return to classes.
  - (b) The student will make arrangements with his/her theory instructor.
  - (c) A 5% penalty will be deducted from the total score for a test taken late.
- (3) **Class Assignments**
  - (a) Check with instructor for clarification.
  - (b) Late assignments are subject to penalty.
- (4) **Clinical Assignments**
  - (a) Students are responsible for obtaining his/her own clinical assignment as designated by their clinical instructor.
  - (b) There are evening and/or weekend clinical learning experiences.
- (5) Recording devices are allowed in nursing classes with permission of the instructor.
- (6) Calculators will be allowed for the medication administration tests *only*. Calculators are not permitted during theory tests.
- (7) Students are responsible for the information in those sections of the CSM college catalog as follows: **General Information, Admission, Registration, Grades and Scholarships, Student Rights and Responsibilities including Grievances and Appeals**. Students are also responsible for the contents of the Student Handbook in the catalog as well as related nursing pages.

### **Nursing Skills Laboratory and Use**

The Nursing Skills Center has been developed for students as a "hands on" area for clinical readiness and application of theory. Many pieces of equipment and models are there for skill practice. First experiences are basic learning, developing skills with manikins, simulations, and student "patients". During the labs skills competency will be assessed using textbook criteria. Students are required to attend the Open Skills Lab on an ongoing basis to review and practice skills. It may also be necessary for students to work with the skills lab instructor as a referral from the clinical instructor for strengthening skill competency.

05/27/15

### ***Ethical Responsibilities***

As a nursing student, you are entering a profession in which you are expected to demonstrate professional personal academic integrity. The highest of ethical standards are expected as demonstrated by the Gallup Poll: [www.gallup.com/poll/1654/Honesty-Ethics-Professions.aspx](http://www.gallup.com/poll/1654/Honesty-Ethics-Professions.aspx)

A nursing student is expected to:

- 1) Obtain and prepare own clinical assignment. Since it contains confidential information, it should be discussed only with the instructor and/or during pre and post conference.
- 2) Consult with instructor if student feels that circumstances regarding the assigned patient will interfere with giving effective care, e.g., personal friend.
- 3) Maintain professional behavior at all times in your student role.
- 4) Be mindful at all times of your ethical and legal responsibilities.
- 5) Channel any feedback, positive or constructive regarding an agency or individual through the instructor.
- 6) Recognize that ethics are very essential in the practice of nursing and strive to maintain them.
- 7) Maintain confidentiality of all information on your patient and any other patient or situation from the clinical area.
- 8) You will be given a copy of the "Protection of Privacy of Patients and Students Policy" at the end of this handbook to sign at your first class.

Link to NSA Code of Ethics:

[http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&sqj=2&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.nсна.org%2FPortals%2F0%2FSkins%2FNsna%2Fpdf%2FNsna\\_CoC\\_Academic\\_Clinical\\_Interp\\_Statements.pdf&ei=CgRmVcyvIYnboATAv4OADA&usg=AFQjCNGA-juFkoXKKLpqxuZybOb3axZsbg&sig2=b472Q0VPbZN4xtRP3mFUKQ&bvm=bv.93990622,d.cGU](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&sqj=2&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.nсна.org%2FPortals%2F0%2FSkins%2FNsna%2Fpdf%2FNsna_CoC_Academic_Clinical_Interp_Statements.pdf&ei=CgRmVcyvIYnboATAv4OADA&usg=AFQjCNGA-juFkoXKKLpqxuZybOb3axZsbg&sig2=b472Q0VPbZN4xtRP3mFUKQ&bvm=bv.93990622,d.cGU)

Rev. 02/03/16

### ***Legal Responsibilities***

The Board of Registered Nursing (BRN) recognizes students in their role as beginning nurses providing patient care based on skills previously learned in the program. The student is accountable and responsible for actions taken in their role as a nurse.

A nursing student is required to:

- (1) Be covered by malpractice insurance before entering the clinical area. **Registration in Nursing courses assures malpractice insurance paid by the San Mateo Community College District.**
- (2) Maintain health and safety for self and others when caring for patients and interacting with staff:
  - (a) Completed physical examinations and immunizations must be on file prior to clinical agency assignment.
  - (b) A passport size photo and copy of CPR certification must be on file prior to clinical agency assignment.
- (3) Report all injuries/incidents involving students and patients to the instructor immediately. The instructor will assist the student in obtaining medical care and completing the appropriate forms.

- (4) Copies of the forms at the end of this handbook must be signed by the student and submitted to the Nursing Department before entering the clinical agency. These will be discussed further when you start the nursing program.
- (5) Students are not allowed to enter the clinical agency to observe/provide patient care without prior approval from the instructor and agency.

Rev. 02/03/16

### **Academic Integrity**

Nursing students are expected to maintain high standards of integrity during their preparation for a nursing career. Dishonesty is not acceptable for nurses. This page is intended to be used as a policy guide for nursing students. In the case of differences between information presented here and the college catalog, college policy takes precedence.

#### **PLAGIARISM**

Plagiarism is defined by many sources as the use of someone else's words or ideas as if they were your own ideas or work. If you utilize a source for a paper, project, or essay question, you must reference it. What constitutes a source may vary but includes lectures, published articles and books, websites, conversations and interviews. The best way to avoid plagiarism is to accurately quote the original author's words, enclose the quotation within quotation marks, and correctly cite the source utilizing APA format. Paraphrasing or summarizing another author also requires in-text citations immediately following the paraphrase since the core of the original author's idea is being addressed. Using a paper partially or completely written by another writer (or from the internet) is academically dishonest.

#### **MULTIPLE SUBMISSIONS**

The same paper or substantial portions of the same work may not be submitted more than once in a course or used in a second course unless you have written permission from both instructors to do so.

#### **UNGRADED WRITTEN ASSIGNMENTS/LABORATORY EXERCISES**

Submission of data not actually gathered by you or collaborating with other students when that is not part of the assignment is not allowed. Refer to the written guidelines for assignments provided by the instructor. Sharing with other student(s) in person or by other communication devices the content contained in competency assessment and/or simulation activities is not allowed.

Misrepresenting or fabricating information or data in an academic exercise is also not allowed.

#### **CHEATING**

The following is prohibited:

1. Copying answers from another student.
2. Referring to notes, books, laptop computers, cell phones or other electronic devices.
3. Changing one's answers on a returned examination, booklet, scantron or other written assignment(s).
4. Without authorization, using another person's code, account, or password.

#### **PROCEDURES FOR VIOLATIONS OF ACADEMIC INTEGRITY**

Nursing instructors may elect to utilize a variety of measures to facilitate honesty during testing or other learning assignments. If a student has been observed or reported for academic dishonesty, the instructor will discontinue that student's learning activity or testing immediately.



The instructor will also consult with the other members of the teaching team, and in accordance with CSM policy may choose to utilize any one or more of the following:

- (1) Give the student a written warning that any future violation will be dealt with severely.
- (2) Require rewriting of an assignment containing plagiarized material.
- (3) Give the student zero points on that exam or assignment.
- (4) Impose a penalty unique to the particular situation.

A student who has been dismissed or exited the program as a result of plagiarism or cheating, will not be eligible for readmission to the program.

Academic Integrity 02/16

### **Duplication of Students' Clinical Evaluation Forms**

Your Clinical Evaluation Forms contain confidential information regarding your progress and ability to meet the objectives of each course. Students are encouraged to use them as a tool for professional growth. To receive a duplicate copy of your Clinical Evaluation form, you must submit a written request to the Nursing Department office. The copy will be ready for pick-up in three days.

Your evaluation forms are not to be used as a reference for a job application. This evaluation form is not to be given to a future employer without additional written permission of your instructor. If you need a letter of reference regarding your clinical performance, please request it directly from the instructor.

dupclevl.doc  
02/03/2016

## **Standards of Performance for Nursing Students**

### **THEORY PREPARATION:**

1. Review lecture objectives and complete all assigned activities such as readings, critical thinking activities, and videos before the lecture. Be prepared to answer questions regarding the content either as a written or verbal quiz.
2. Take the responsibility to clarify or get answers regarding the content from the theory instructor.

### **SKILLS LAB PREPARATION AND IMPLEMENTATION:**

1. Skills Labs have a theory component (cognitive level) associated with psychomotor skills development. Read the assigned readings and assigned pre-lab preparation materials.
2. Bring to the lab electronic devices, reference materials, your skills kit, and other items assigned to bring by the lab instructor. Read and follow the specific directions concerning required items to bring.
3. **If you are not prepared with these required resources, the instructor will have the option to ask you to leave the skills lab.**
4. Before the start of the lab select the equipment in your skills kit needed for the lab and remove it for use.
5. After 10 minutes, skills lab doors will be closed. You will be participating in teams (groups) for many of your skills lab time and it will be imperative that you arrive on time so as not to disrupt the individual groups.
6. If you arrive later than 10 minutes from the start, you may join another lab section with the instructor's permission or complete a make-up assignment during open lab hours.
7. If you cannot make it to the skills lab for any reason or are late, you must call the skills lab Instructor's office, or the Nursing Department Office prior to the start of the lab and leave a message stating the reason.
8. All absences must be made up by attending either another lab or the open lab. To make up a skills lab (if you cannot attend another scheduled lab) you must come to the open lab session for a make-up assignment. You will be required to submit verification of your attendance and work completed at that time, in theory class within one week. If you do not complete and submit the work, you will be given an unexcused absence. (Refer to Attendance Policy on page III of the Student Handbook.)
9. A Pass grade for each skills lab course is required to continue in the Nursing Program. An Incomplete grade will be given if you do not submit make-up work by the end of the semester. (See policy for Incomplete Course Work.)
10. At the end of the lab, assist in cleaning up the skills lab and returning it to the same order as when you entered.

### CLINICAL PREPARATION AND IMPLEMENTATION:

1. In preparation for the clinical assignment, follow the instructions of the course manager.
2. If selecting own patient assignment, select patients to match learning needs and be prepared to verbalize reason for patient selection to instructor.
3. Enter data collected onto the front of the CSM Patient Care Worksheet. Include Medical Diagnosis as well as Surgical or Diagnostic Interventions done during this hospitalization.
4. Before starting the patient assignment (unless designated not applicable in a course):
  - a. Research must be completed regarding the patient(s) Medical Diagnosis and the related Pathophysiology.
  - b. Write out the expected priority Nursing Diagnosis including the related Nursing Interventions.
  - c. List information on the Medications and Treatments ordered including routine, prn and patient allergies. Provide information on the action, major side effect, dosage parameters, expiration dates and describe “why” they were ordered for each patient.
    - 1) First year students are to prepare this in writing.
    - 2) Second year students must be able to verbalize this as well.
  - d. Identify and be prepared to verbalize any patient care changes that have occurred in the last 24 hours.
  - e. Identify the lab/diagnostic studies or pre and post-op preparation for the patient(s)
  - f. Develop an initial Time Management Plan by identifying the anticipated priorities of care. For each patient, identify Short Term Outcomes and priorities for each of these outcomes.

NOTE: c. and e. will not be required for Nursing 211.
5. The instructor has the option to ask the student who is not prepared to give safe care to leave the clinical area.
6. Before implementing care, review the patient and staff assignment schedule to see who is the charge nurse, who is the RN, LVN and CNA working on your patient care team. Identify your resource RN and discuss the expectations for responsibility for patient care.
7. Access the agency policies and procedures before performing any skill in the clinical setting.
8. At the completion of your patient care, documentation is to be reviewed with the instructor or resource nurse and entered on the appropriate forms.
9. A detailed verbal report to the nurse continuing the care for the patient is required before leaving the unit for breaks, or at the end of a the shift.

### **Building 5 – Nursing Space – Rules of Use**

The nursing program is now occupying space in the new Health and Wellness building, Building 5. The privilege of occupying this space includes a respectful use of the facilities.

The following rules are now effective. We appreciate your cooperation.

1. No eating, drinking or gum chewing is permitted in the nursing skills lab space or the classrooms. Water is allowed except in simulation labs.
2. The campus smoking policy permits smoking only in designated areas.
3. There is a student lounge on the third floor for gatherings and breaks. Also, there are tables and chairs on the second floor by the food kiosk.
4. At the conclusion of each lab, please clean your workspace by returning any equipment/media to its designated location. Be sure to remove your own personal supplies. The department cannot be responsible for lost items.
5. All patient rooms are stocked with linen and patient equipment. Please notify the faculty if an item is missing or the amount of linen items is low.

### ***Policy on the Use of Cell Phones and Other Electronic Devices***

Cell phones and other electronic devices such as Smart Watches, must be silenced and out of sight during classes, skills and simulation lab experiences, clinical experiences, and during required meetings in order to promote a positive learning environment and demonstrate respect for others. Text messaging related to clinical issues is allowed. During quizzes or tests, use of any electronic devices not approved by the instructor is considered cheating.

Audio recording and any exceptions to this policy must be discussed in advance with the instructor. Audio recorders, cameras, or any other audio/visual/digital recording devices may not be used in the clinical setting.



## *Standards of Performance for Nursing Instructors*

### THEORY METHODOLOGY:

1. Present nursing content to stimulate critical thinking and prepare the student for their future RN role in nursing.
2. Vary presentation to include a variety of teaching methods for the adult learner.
3. Provide an effective method of dealing with multiple questions and leveling the level of inquiry from basic to advanced application.

### SKILLS LAB METHODOLOGY:

**NOTE:** The course manager verifies that the lab cart supplies are correct as assembled by the nursing Lab Tech.

**NOTE:** Start lab at the designated time. Instruct any student who arrives 10 or more minutes after the start time to attend another lab, or to complete a make-up assignment during open lab hours. **\*See attendance policy for further information**

1. At the beginning of each lab, check to see if students have all of the necessary equipment (books and skills kits) to actively participate in the skills lab.
2. Follow the written directions of the course manager.
3. If students are coming to an alternative lab session or open skills lab, check with the students to see if any have brought a "Required Skills Lab Practice" form from their clinical instructor set up required resources, and arrange a work area for that student to practice the skills(s) identified.
4. Assign "Practice Partners" (on a rotating basis) to watch another student implement and practice the skills, and by using the checklist, give their practice partner specific corrective feedback.
5. Observe students practicing and give feedback to students on their performance, which may include those who may need additional practice.
6. Verify that student's checklists are signed off when competence is demonstrated.
7. Before the end of the lab, review with the students what equipment from their skills kits will be needed for the next skills lab.
8. At the end of the lab, with the assistance of the students, clean the physical environment and return supplies to where they were left by the course manager.
9. Give feedback in team meetings to assigned clinical instructors regarding student's performance in the skills lab.

### CLINICAL METHODOLOGY:

**NOTE:** In the first year, the instructor **must make the student assignments** prior to the clinical shift. Each assignment is based on the course learning objectives and individual student learning needs. (Exception is Nursing 222.)

In the second year, students are allowed to make and must post their own patient assignments based on the above criteria at the instructor's discretion. It is the instructor's responsibility to ensure that the students are making appropriate assignments based on the learning experiences available on the unit. If the assignment is not appropriate, the instructor will make the assignment.

1. At the start of the rotation, identify specific times that are preferential for pre-clinical preparation and times that the agency cannot accept students for pre-clinical preparation.
2. Assesses each student's preparation and understanding of their plan of care by using a variety of techniques including reviewing the worksheets for completeness.
3. For each patient, there must be a completed worksheet. Early in the shift, receive report from each student to relate all of the items listed in #4 of the "Standards of Performance for Nursing Students" which includes: Before starting the patient assignment:
  - a. Research must be completed regarding the patient (s) Medical Diagnosis and the related Pathophysiology. This research will expand to include nursing implications from N212 onward.
  - b. Write out the expected priority Nursing Diagnosis, the related outcome criteria, and the appropriate nursing interventions to achieve the outcome criteria with rationale and references. Rationales must be included with each intervention.
  - c. List information on all of the Medications listed on the MAR and Treatments ordered including routine and prn over a 24 hour period. Provide information on the action, major side effects, dosage parameters, stop dates and describe "why" they were ordered for each patient (s) Provide information on patients' medication allergies.. All students will be checked off on their first med pass in the clinical area according to the CSM Med Policy.
  - d. Identify and be prepared to verbalize any patient care changes that have occurred in the last 24 hours.
  - e. Identify the lab/diagnostic studies or pre and post-op preparation for the patient (s)
  - f. Develop an initial Time Management Plan by identifying the anticipated priorities of care.
  - g. For each patient, identify Short Term and Long Term outcomes and priorities for each of these outcomes.

NOTE: c, e, and g. will not be required for Nursing 211.

4. By mid-shift, check that initial assessments have been recorded on patient's record according to agency policy. Question students regarding the significance of these assessments including to whom they have been reported.
5. During the shift, communicate with students what skills require more practice in the nursing skills lab. Write these skills on the "Required Skills Lab Practice" form and review with student. Direct student to take form to lab, practice skill and bring written feedback from skills lab instructor back by assigned date.
6. At end of the shift, check charting to be entered or review that which has been completed.
7. During Post-Conference:
  - a. Discuss learning events of the week,
  - b. Relate focus of discussion to the lecture content and to the clinical objectives.

8. Instructors will evaluate students' performance and clinical preparation and give feedback and corrections in a clear and timely manner.

**College of San Mateo School Nursing Department**  
**Medication Administration Policy: Guidelines for Nursing Students**

**I. PURPOSE.**

To provide guidelines for safe medication administration to patients in the clinical setting.

**II. IMPLEMENTATION.**

- Students must take a timed medication administration test given in each nursing course (except Nursing 242) and achieve a score of 90%. Refer to the “math policy for nursing program” section in the student handbook and each individual syllabus.
- Faculty and students must receive appropriate orientation to the assigned clinical setting policies and procedures of their medications use process before their clinical rotation.
- Facility policies and procedures take priority regarding the administration of medications.

**BEFORE THE CLINICAL DAY**

- A. Research must be completed by nursing students regarding patient(s) medications prior to administering medications.
- B. Students must list information on all the medications listed in the medical administration record (MAR) including routine and PRN over a 24 hour period. Patient(s) allergies should be included. Provide information on the recommended dose, route, and process of administration; action, major side effects/ or adverse reactions, expiration dates, and describe “why” they were ordered for each patient. (Exception in Nursing 222.)
- C. All students must be checked off by their clinical instructor at a minimum of one medication pass in the clinical area.
- D. Students must only administer medications to his / her assigned patient (s).

**DURING THE CLINICAL DAY**

- A. Student and instructor / registered nurse must avoid any distractions during preparation and administration of medications.
- B. Students must practice the traditional seven rights of medication administration - right patient, right medication, right dose, right route, right time, right documentation, and right reason.
- C. Students must consult the pharmacist, medical provider, reference material (e.g., Lexi-Comp, Micromedex) or online database if there is any uncertainty regarding medication characteristics. Students must research any new ordered medications.
- D. Faculty and students may have access to portable electronic devices, such as PDAs, that contain pharmacological, drug calculation, and nursing software that could improve nursing care delivery if agency policy permits.

- E. Registered nurse and student must review MAR frequently to ensure that medications are administered as ordered.
- F. Supervision by the instructor of each medication pass by the student will be guided by the level of the student in the program, clinical agency policy, and the unit guidelines. First year students must administer medications only with the instructor.

### **III. IV PUSH FOR SECOND YEAR STUDENTS**

- A. The students will be taught using the guidelines for intravenous medication administration by IV push. Students will be advised that when administering medications via IV push in different facilities, they will need to adhere to the policy and procedure guidelines of that facility.
- B. Student administration of IV push requires supervision at all times by a faculty member.

(Refer to N241 – Advanced Medical/Surgical Nursing syllabus to review the complete IV push policy and see the list of approved IV push medications.)

### **IV. SIMULATION LABORATORY**

- A. Students are required to complete medication administration competencies every quarter/ semester. The scenarios will be appropriate to their nursing course level.  
  
Students are required to practice in computerized medication administration records.
- B. Students must complete designated trainings regarding computerized MARs.

### **V. MEDICATION ERROR/ INCIDENT REPORTS/ROOT CAUSE ANALYSIS**

- A. Faculty and students are required to complete the CSM medication error or incident report; these need to be reported within 48 hours for quality assurance and learning purposes.
- B. Faculty will interview the students who made a medication error in order to explore their perceptions of the incident and determine the factors that contributed to the error. The purpose of these interviews is to help students be part of a non-punitive reporting environment without the fear of being reprimanded or even expelled from the nursing program.
- C. A root cause analysis of the incident will be completed.



## **RN Responsibilities Regarding RN Students**

All patients assigned to RN nursing students are additionally co-assigned to an RN. The responsibilities of the RN do not change.

### **Board of Registered Nursing Title 16: California Code of Regulations**

#### **Article 4: 1443.5. Standards of Competent Performance**

*A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:*

*(1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.*

*(2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.*

*(3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.*

*(4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.*

*(5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and health team members, and modifies the plan as needed.*

*(6) Acts as the client's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.*

## **Student Services**

Narrative descriptions of all student services can be found in the CSM catalog as well as the various web pages.

Some pertinent student services information is listed below.

## **Library Information**

Information about the CSM library, its location, hours, holdings, databases, and information competency exam link can be found at [www.collegeofsanmateo.edu/library/](http://www.collegeofsanmateo.edu/library/)

## **Other Student Support Services**

### **1. CSM Bookstore**

Location: Building 10 on the 2<sup>nd</sup> floor adjacent to the dining hall

Phone: 650-574-6366

Email: [csmbookstore@smccd.edu](mailto:csmbookstore@smccd.edu)

### **2. Counseling Services**

Location: Building 10-340

Phone: 650-574-6400

### **3. Financial Aid and Scholarship Office**

Location: Building 10-360

Phone: 650-574-6146

Email: [csmfinancialaid@smccd.edu](mailto:csmfinancialaid@smccd.edu)

### **4. Learning Center**

Location: Building 10 – 2<sup>nd</sup> floor adjacent to dining hall

Phone: 650-574-6570

Email: [csmhc@smccd.edu](mailto:csmhc@smccd.edu)

### **5. Health Center and Personal Counseling and Wellness Services**

Location: Building 1-226

Phone: 650-574-6396

Email: [dambra@smccd.edu](mailto:dambra@smccd.edu)

# Sample Answer Sheet

KEY ERR VERIFY EVS RESCORE ERR

1	2	3	4								
00	01	01	01	01	01	01	01	01	01	01	01
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03	03	03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09	09	09

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- 14 (A) (B) (C) (D) (E) 64 (A) (B) (C) (D) (E)
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- 18 (A) (B) (C) (D) (E) 68 (A) (B) (C) (D) (E)
- 19 (A) (B) (C) (D) (E) 69 (A) (B) (C) (D) (E)
- 20 (A) (B) (C) (D) (E) 70 (A) (B) (C) (D) (E)
- 21 (A) (B) (C) (D) (E) 71 (A) (B) (C) (D) (E)
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- 44 (A) (B) (C) (D) (E) 94 (A) (B) (C) (D) (E)
- 45 (A) (B) (C) (D) (E) 95 (A) (B) (C) (D) (E)
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- 49 (A) (B) (C) (D) (E) 99 (A) (B) (C) (D) (E)
- 50 (A) (B) (C) (D) (E) 100 (A) (B) (C) (D) (E)

REScore

## 200AS

Firmware Ver. 2.3

**STUDENTS**

NAME: \_\_\_\_\_

EXAM: F

MAKE DARK MARKS

PLEASE COMPLETE TO CHANGE

MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS:**

1. Mark the correct answer with a dark mark.

2. Do not mark more than one answer.

3. Do not mark any other marks.

4. Do not mark any other marks.

5. Do not mark any other marks.

NAME \_\_\_\_\_

SUBJECT \_\_\_\_\_

DATE \_\_\_\_\_

PERIOD \_\_\_\_\_

SCORE \_\_\_\_\_

Machine does not recognize zeros and letters. Start from left to right omitting zeros and letters.

SAMPLE: G00001234

(Can't begin with "0" or "G")

## *Writing Guidelines for Nursing Students*

As a student in a professional program of study, the nursing faculty expects that your assignments will reflect the correct use of writing skills. The nursing faculty has chosen the American Psychological Association (APA) format as the required writing format for the nursing program. Use of APA format will be the foundation for all of your papers while in the CSM nursing program. APA will prepare you for continuing your education in nursing since most universities that you may transfer to require you to use the APA format for your nursing papers.

Directions for APA format can be found in the Publications Manual of the American Psychological Association (2010). (6<sup>th</sup> Ed.) Washington, DC: American Psychological Association. A copy is on reserve in the Library or a copy can be ordered for purchase from the College Bookstore. An example of the use of APA format required for your nursing papers is included in the seven pages following these guidelines.

### IMPORTANT GUIDELINES:

1. **Typeface.** The preferred typeface for APA publications is Time New Roman, with 12-point font size.
2. **Line spacing.** Double-space between all text lines of the paper. Double-space after every line in the title, headings, footnotes, quotations, references, and figure captions. **NEVER USE SINGLE-SPACING OR ONE-AND-A-HALF** spacing except in tables or figures.
3. **Margins.** Combined with a uniform typeface and font size, margins of at least 1 in. (2.54 cm) at the top, bottom, left, and right of every page.
4. **Line length and alignment.** The length of each typed line is a maximum of 6-1/2 in. **DO NOT JUSTIFY LINES.** Use the flush-left style and leave the right margin uneven, or *ragged*. Do not divide words at the end of a line, and do not use the hyphenation function to break words at the ends of lines.
5. **Paragraphs and indentions.** Indent the first line of every paragraph and the first line of every footnote. Tab key should be set at five to seven spaces, or 1/2 in. The default settings are acceptable. Type the remaining lines to a uniform left-hand margin.
6. **Title Page.** Should include the title of the paper, running head, your name, the affiliation of the institution for which you wrote the paper, course name and number, the instructor's name, and the date due. Identify the title page with the page number 1. The remaining pages should be numbered consecutively, using Arabic numbers (except for artwork and figures).
7. **Running head.** The running head is an abbreviated title that is printed at the top of the pages to identify the article. The running head should be a maximum of 50 characters, counting letters, punctuation, and spaces between words. It should be **flush left and in all uppercase letters at the top of the title page and all subsequent pages.**
  - Text (start on separate page, numbered page 2)
  - References (start on separate page, numbered page 3)
  - Tables (start on a separate page)
  - Figures (start on a separate page)
  - Appendices (start on a separate page)
8. **Page Numbers.** Number the pages consecutively, beginning with the title page. Type numbers in upper right hand corner. The number should appear at least 1 inch from the right-hand edge of the page, in the space between the top edge of the paper and the first line of the text. (See Sample)

9. **Grammar.** Sentence structure and spelling should be correct as points will be deducted if not satisfactory. Having someone proofread your paper will assist in identifying grammatical errors.
10. **Abbreviations.** An abbreviation should be written out completely the first time, followed by the abbreviation in parentheses. (See Sample). Then you may use the abbreviation throughout the paper.
11. **Direct Quotes.** You may not plagiarize or quote directly from a source unless you identify your source (APA Ethics Code Standard 8:11, Plagiarism). Quotation marks should be used to indicate the exact words of another.

**Plagiarism** means submitting work as your own that is someone else's. For example, copying material from a book or other source without acknowledging that the words or ideas are someone else's and not your own is plagiarism. If you use someone else's ideas, even if you paraphrase the wording, appropriate credit should be given. You have committed plagiarism if you purchase a term paper or submit a paper as your own that you did not write.

12. **References:** References as to the sources of your information should be referred to within the narrative by identifying the author and date of their work (See Below example). An **alphabetical list** of your references is to be included at the end of the paper using a separate page. Review the sample closely for directions on how to reference a book, a journal, and unpublished paper, a lecture, or a personal communication (See example APA, 2010. Page 41-59).

**Electronic Media:** Follow these general guidelines when you are citing a source you found on the web or in an electronic database (Section 6.31-32. APA style, 2010).

- Make sure the version you are citing is the most recent one.
- Include journal volume number and inclusive page numbers if this information is available.
- Type or use the copy-paste function of your word processor to capture, the article DOI and place it at the end of the reference.
- If there is no DOI, cite the home page URL.

E-mail communications from individuals:

- Should be cited as personal communications.
- Cite personal communications in text only. Give the initials as well as the surname of the communicator, and provide as exact a date as possible.

Example:

- J.L. Sample (personal communication, June 29, 2010)
- (J. Ryan, personal communication, June 10, 2010)

Reference a web page that lists no author move the title to the first position of the reference entry.

Example:

- New child vaccine gets funding boost. (2001). Retrieved March 21, 2001, from [http://news.ninemsn.com.au/health/story\\_13178.asp](http://news.ninemsn.com.au/health/story_13178.asp)
- Cite in text the first few words of the reference list entry (usually the title) and the year. Use the double quotation marks around the title or abbreviated title.: ("New Child Vaccine,"2001).

Instructions for formatting a reference to a conference proceeding (7.04):

- To cite proceedings that are published regularly, use the same format as for a periodical.
- To cite proceedings that are published in book form, use the same format as for a chapter in an edited book.

Title of Paper

Student's Name

College Name

Nursing Course Number

Instructor's Name and Credentials

Date



On September 14, 2004 at approximately 1945PM, I spent 15minutes interacting with N.S., 27 year old female while we were setting on the Patio of 3A/B. N.S. has a diagnosis of Axis I: Psychosis NOS, r/o Major Depression with Psychotic Features, r/o Schizophreniform Disorder; Axis II: Deferred; Axis III: s/p excision of benign left breast mass (1998); Axis IV: Problems with access to healthcare; Axis V: 35/0. Family support and willingness to attend group activities/therapy was her strengths. However; her weaknesses are a recent loss of her job and health insurance which may be due to her history depression and drug abuse.

#### PATIENTS MEDICATIONS:

Ativan 1 mg. PO TID. Indication: Patient exhibits and verbalizes high levels of anxiety. She is restless, unable to problem solve or follow directions. She has had several days of insomnia.

Paxil 20mg. PO QD. Indication: Patient has a history of depression which was treated effectively with Paxil. Upon admission her family states that she ran out of it months ago and never got another prescription. Her affect is san and tearful at times. Feels she is “unworthy” of food and that “people hate her”.

Risperdal 1mg. PO BID. Indication: Patient has positive symptoms of hallucinations, delusions, and paranoia; along with negative symptoms of withdrawal and blunted affect (Medline Plus, 2004). She states she hears whispers that she “must obey” and can read peoples minds. She has disorganized thoughts, impaired judgment, and poor impulse control. Episodes of catatonia by family history.

## DIRECT QUOTES

Health care agencies throughout the country are now implementing diverse computerized systems that tend to patient record keeping, accounting and billing, clinical monitoring, personnel staffing, and other administrative tasks (Grobe, 1984). Roles of nurses are changing in that they are becoming “care integrators” by coordinating the patient’s daily activities and ensuring that the services of different hospital departments come together at a time that benefits the patient (Hendrickson, Kelly & Citrin, 1991). Through the utilization of computer systems nurses are also able to enhance their roles as care givers. Hendrickson et. al., (1991) states this can be accomplished “through automated care planning, discharge planning, patient monitoring, and tracking of patients’ educational, therapeutic, comfort, or other needs”.

The potential for a computer information system encompassing a multitude of features is certainly attainable, but not easily found and readily available in the majority of hospitals today. Most nursing units have access to only a limited amount of information.

1. See Example of a **Title Page** (p.4 of this paper-above).
2. See Example of a **Page of Narrative** (p.5).
3. See Example of a **Direct Quote**.
4. See Example of a **Reference Page** (see p.7).

## References

- American Psychological Association. (2010). *Publications Manual for the American Psychological Association*, (6<sup>th</sup> Ed.). Washington, D.C.: American Psychological Association.
- Davis, B. (1993). *Tools for Teaching*. San Francisco, CA: Jossey-Bass.
- Medline Plus: Health Information Online. (2004). *Drug Information* [Online]. Retrieved from: <http://www.nlm.nih.gov/medlineplus/druginformation.html>. (10/06/2004).

## *Nursing Conference Guide*

### **PRE CONFERENCE:**

PRE CONFERENCE ALLOWS STUDENTS TO CLARIFY:

1. Why they have the assignment they have
2. What they are expected to learn and perform
3. What significance this assignment has for them as a nurse
4. What are the priorities of patient care
5. How classroom theory and clinical practice correlate
6. Review student's preparation (alternate assignments)

### **POST CONFERENCE:**

POST CONFERENCE IS HELD TO:

1. Analyze the clinical experience
2. Clarify relationships between theory and practice
3. Develop generalizations and guidelines in providing nursing care
4. Clarify both thinking and feelings
5. Keep the focus on patients as people
6. Align theory/skills lab content to clinical practice
7. Look at the nursing process as a whole

THREE BROAD AREAS IN POST CONFERENCE:

1. Nursing Process
2. Role of the Nurse
3. Affective experience

SUMMARY ON POST CONFERENCE INCLUDES:

1. Identification of major areas of discussion
2. Identification of specific and generalized nursing care measures
3. Identify evidence based practices, compare and contrast what is taught and what is seen in practice
3. Relating material to content covered
4. Identification of new learning needs
5. Identification of unanswered questions and unresolved issues

### *The Professional Dress Code of a CSM Nursing Student*

A nursing student is a representative of the College of San Mateo Nursing Program both at the hospital and on campus and conduct as well as appearance should be appropriate. Additional agency guidelines regarding students dress will be adhered to as necessary. When there are questions not specifically addressed in this policy, the instructor will determine what is professional appearance.

#### Guidelines for the student uniform and appearance includes:

1. Uniforms should be clean, neat, wrinkle-free, appropriately fitting, and in a good state of repair reflecting high professional standards at all times.
2. The uniform will be white with I.D. patch on left sleeve. CSM nametag with CSM photo ID are to be worn with the uniform.
3. The uniform style should be dress or slacks. Knits, stirrup pants and denim are not permitted. A plain white crew neck T-shirt must be worn under scrub style tops. Tops should be all white with pockets and preferably tunic length. White turtle necks or long sleeve shirts may be worn under the uniform top. No long sleeve sweaters are to be worn.
4. Fanny packs are permitted in white, navy or black and must be easily cleaned.
5. White or neutral underwear without print must be worn.
6. The uniform is not worn outside of the hospital except to and from the agency on a clinical day. Each student should bring a change of clothing to the hospital if the student is not going directly home from the hospital.
7. No jewelry is to be worn in the clinical area except for a plain wedding band and post type earrings no larger than 1/4 inch in diameter of silver, gold or pearl types. All other visible jewelry, including piercing jewelry, should be removed. Visible tattoos should be covered by clothing. A watch with a second hand is required.
8. White sweaters may be worn to clinical, but must be removed to give patient care.
9. Hair should be clean, neat, of moderate style and worn off the collar. Long hair should be pinned up securely enough so that it will not fall or may be put into a single back braid. Hair bands or bows should be white. Faddish hair color is unacceptable.
10. Makeup should be subdued. No false eyelashes, perfumes, after-shave, or any kind of scents, are to be worn while in the clinical area.
11. Nails are to be well-manicured, short, and not longer than the back of the finger pads. No artificial nails or nail decoration. No nail polish may be worn.
12. Good personal hygiene is required. Unclean, unkempt appearance, unpleasant body or breath odors, including smoke odors, are not acceptable. Male students must be clean shaven or have a well trimmed beard/mustache.
13. Nursing shoes need to be white, closed and clean without colored socks or laces. Canvas shoes or backless shoes are not permitted. Nylons or hose should be neutral tone or white. Socks should be solid white and cover above the ankle.
14. Chewing gum is not allowed when in the clinical area.

15. During pediatric clinical assignment, colored or print tops may be worn. White pants are still worn with the colored or print tops. The CSM insignia and patch must also be worn.

**DATA COLLECTION:** The student should wear sedate, appropriate attire when performing data collection. The lab coat with appropriate student ID must be worn. The student should introduce self to a charge person and identify purpose as data collection.

**NOTE:** Individual clinical instructors may stipulate further dress codes for particular units.



## *Student Nurse Activities*

### **STUDENT ADVISORY COMMITTEE**

**DEFINITION and GOAL:** The Student Advisory Committee is an ongoing, active committee consisting of students and faculty who meet to review program policies and discuss course concerns. The goal of the committee is to provide an avenue for student input into the program.

#### **RESPONSIBILITIES:**

This committee meets monthly to:

1. Review academic policies of the nursing program and provide input to revisions.
2. Discuss course concerns of the students and discuss possible solutions.
3. Recommend possible methods/procedures to enhance learning.
4. Relay information of Advisory Committee meetings to classmates.
5. Attend Nursing Department/Curriculum meetings as class representative.

#### **MEMBERSHIP:**

The committee consists of:

1. Two elected representatives from each class,
2. An officer of the Nursing Students' Association may attend.
3. The Nursing Director and the Assistant Nursing Director.

### **CSM - NURSING STUDENTS' ASSOCIATION**

**DEFINITION and GOAL:** The Nursing Students' Association is an organization which plans and sponsors a variety of activities for nursing students. The association provides an opportunity for the 1st and 2nd year students to work together in activities related to nursing education, social, and professional interests.

#### **RESPONSIBILITIES:**

The association was formed to:

1. Plan activities for all nursing students, these include but are not limited to: information for new students, joint class get togethers, donations for the needy, Employment/Information Fair, fundraisers and the Pinning ceremony,
2. Participate in campus activities as representatives of the nursing program.
3. Representative attends the Inter Club Council.

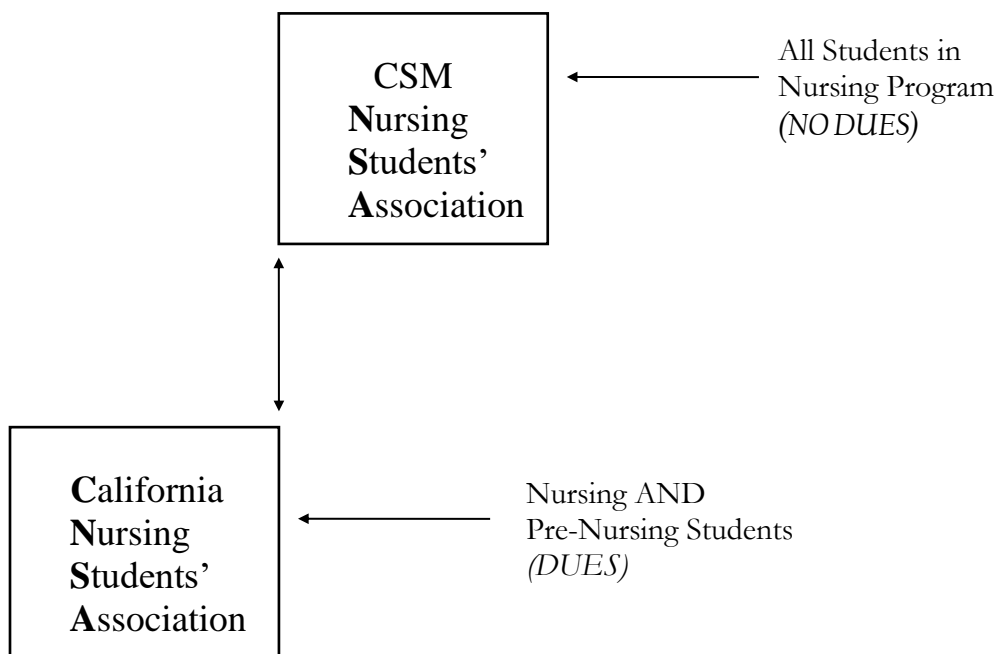
#### **MEMBERSHIP:**

The association is composed of:

1. All nursing students in the Nursing Program are members and are invited to attend the meetings.
2. Members are represented at the meetings by officers who are voted on yearly by each class.
3. A Faculty Advisor is required by campus policy.

## COLLEGE OF SAN MATEO

### CSM - NURSING STUDENTS' ASSOCIATION (CSM-NSA) & CALIFORNIA NURSING STUDENTS' ASSOCIATION (CNSA)



**CSM-NSA:** Plans activities for 1st & 2nd year students to work together in areas of nursing education, social interests and campus activities. NO DUES REQUIRED. Activities are supported by funds raised by Nursing Job Faire. All students in Nursing Program are members.

**CNSA:** A California Chapter of the National Nurses Student Association. Activities related to state and national professional nursing issues. YEARLY DUES ARE REQUIRED. Open to all Nursing and Pre-Nursing students.

### **Jury Duty Summons**

If a student receives a notice of an upcoming summons for Jury Duty the student must complete the section to request a postponement of the assigned time. The Nursing Department staff will not provide an additional letter.

Rev. 02/03/16

### **Information on Other Allied Health Careers**

For information on other allied health careers, visit:

<http://cte-smcoe-cte-ca.schoolloop.com/>

<http://www.dhs.ca.gov/>

Rev. 02/03/16

JURYDUTY.DOC

## Website Index

In the spirit of quick retrieval of information that the internet and WWW have come to personify, here by category, are sites suggested for use.

### **Nursing:**

allnurses.com  
nurses.com  
nursezone.com  
nursing.about.com  
nursingcenter.com  
nursingworld.org  
rnweb.com

### **Disease:**

americanheart.org  
arthritis.org  
cancernet.nci.nih.gov  
cancer.org  
diabetes.org  
immunize.org  
lungusa.org  
nephron.com  
neuroguide.com  
rarediseases.org  
rxlist.com

### **Alternative Medicine:**

drweil.com  
nccam.nih.gov

### **Career:**

careerbuilder.com  
hotnursejobs.com  
medcareers.com  
nurserecruiter.com  
aftercollege.com

### **Government Health:**

healthfinder.gov  
rn.ca.gov  
nlm.nih.gov

### **Resources:**

aacn.org  
aorn.org  
cdc.gov  
cmsa.org  
ena.org  
guideline.gov  
awhonn.org

### **Medical Literature:**

mayohealth.org



# V. NURSING PROGRAM POLICIES

### *Guidelines for Clinical Evaluation*

Students currently receive the clinical objectives and the clinical evaluation tool as part of each course syllabus. Students are to review this information at the beginning and throughout the course to become familiar with the objectives to be achieved. These objectives must be met to pass the entire course.

2. All nursing program core competencies and clinical objectives/criteria completed in previous courses must be performed satisfactorily in each successive course. e.g. competencies passed in Nurs 211 will be expected in later courses.
3. Completion of the course clinical objectives is determined as follows:
  - A. 100% of double starred (\*\*) criteria must be performed satisfactorily. 96% of starred (\*) criteria must be performed satisfactorily. The number required for the (\*) criteria is identified on each evaluation tool. e.g. (39/41) = 39 to be passed out of 41 criteria.

B. Criteria for Grading:

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<u>P</u> (Pass)	= Satisfactory performance
<u>NP</u> (No Pass)	= Unsatisfactory performance Requires explanation
<u>NI</u> (Needs Improvement)	= Requires description Reflected in Learning Goals Section

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4. "Pass" (P) or "No Pass" (NP) clinical performance is discussed with the student in conference and in written form. Each criterion must receive either a "Pass" or "No Pass." "Needs Improvement" is only to be used with a "Pass" grade.
5. Clinical performance is evaluated by:
  - A. Observation of clinical experience
  - B. Contributions in pre and post conference
  - C. Written assignments
  - D. Attendance and performance in skills lab
  - E. Community agency observation reports
  - F. Individual conferences with clinical instructors
  - G. Feedback from clinical staff



6. Throughout the clinical experience students are required to maintain a record of their own performance by making notations using the Clinical Evaluation Tool. Specific documentation of how objectives are met including skills should be noted on tool.
  - A. Instructor documentation will be added to student's notations, or instructor will initial student's notes if in agreement. Instructor will use different color ink than used by student.
  - B. The students are encouraged to meet with the clinical instructor to review their notations. Student problems will be pointed out as they occur. Please remember that the instructor can only evaluate what she/he observes you doing or saying, not what you were thinking.
7. A student who has not yet performed satisfactorily during clinical performance may receive a written summary listing the areas needed for improvement. A "Course Progress Notification Form" will be used to list the areas. This summary will serve as the basis for a discussion between the clinical instructor and the student. A copy of this summary will be given to the student and a copy will be placed on file in the Nursing Office. The student must remedy this behavior in order to pass the course. The student also has the option to withdraw by the approved date.
8. A student who has performed satisfactorily during the clinical experience and then demonstrates unsatisfactory performance during the last weeks will not pass the course.
9. Final evaluation conferences are held within the last week of the course to complete the evaluation tool and inform the students of their progress in meeting the clinical objectives. All completed evaluation forms are turned into the Nursing Office.
10. At the time of the final evaluation conference, learning goals are also reviewed with the student to update current goals and to identify new/continuing goals. Learning goals are a format for nursing students to identify their personal learning goals during each nursing course. This activity is to guide the student in their growth as a professional nurse who sets goals and evaluates them as they move through their careers.
11. A student who has a "No Pass" (NP) evaluation as a final clinical grade will not be eligible to progress to the next semester. A "No Pass" (NP) clinical grade will subsequently change the final theory grade to an "F." Students who receive a "No Pass" may reapply for a second admission to the program provided they have not failed in another nursing program. (See "Procedure for Re-admission to the Program.")

## **NURSING PROGRAM CORE COMPETENCIES**

As you progress through the nursing program, each course builds on the knowledge, skills, and abilities of the previous course. Therefore, you are expected to perform competently in the information already learned as you satisfactorily progress from course to course.

There are five specific nursing competencies or critical elements for which you are responsible: Asepsis, Emotional Well-being, Interpersonal Relations, Physical Well-being, and Professional Behaviors. You are responsible to competently implement these specific critical elements. Any violation of the following critical elements will result in a clinical failure. The areas listed below are examples, but are not all inclusive.

- A. **ASEPSIS:** The prevention of the introduction and/or transfer of organisms. Special consideration should be given to handwashing/hand hygiene.
1. Washes or degerms hands as appropriate.
  2. Protects self from contamination.
  3. Protects patient from contamination.
  4. Disposes of contaminated material in designated containers.
  5. Confines contaminated material to contaminated area.
  6. Establishes and maintains a sterile field where required.
- B. **EMOTIONAL WELL-BEING:** Any action or inaction on the part of the student which threatens the emotional well-being of the patient or significant others places that person in emotional jeopardy. This can occur through omission, imminent, or actual incorrect action by the student. Students must promote emotional well-being.
1. Maintains or respects patient confidentiality, including HIPAA guidelines.
    - a. Uses only patient initials on CSM worksheets and assignments.
    - b. Does not discuss patients data with anyone except healthcare staff. Does not discuss data with patient's family or significant other unless permission is given by patient.
    - c. Does not discuss patient data in public areas such as hallways, elevators, etc.
- C. **INTERPERSONAL RELATIONS:** The patient-focused verbal and nonverbal interaction between student nurse and patient and or significant other.
1. Establishes communication with patient at beginning of the implementation phase by using at least one (1) of the following actions:
    - a. Introducing self.
    - b. Explaining nursing actions to be taken, or
    - c. Using touch with the patient who is a nonverbal adult.
  2. Interacts verbally with patient by using at least one (1) of the following methods:
    - a. Asking questions at least once to determine patient's response to nursing care.
    - b. Asking questions at least once to determine patient's comfort.
    - c. Directing the focus of communication toward patient-oriented interests.
    - d. Able to communicate with a nonverbal patient.
  3. Uses language consistent with patient's level of understanding.
  4. Uses verbal expressions that are not excessively familiar, patronizing, demeaning, abusive, or otherwise unacceptable.
  5. Uses physical expressions that are not excessively familiar, patronizing, demeaning, abusive, or otherwise unacceptable.

- D. **PHYSICAL WELL-BEING:** Any action or inaction on the part of the student could threaten the patient's physical well-being. Students are accountable for the patient's safety. Physical well-being includes:
1. Maintaining the physical well-being of a patient such as reporting deterioration in the patient's clinical condition or imminent or actual incorrect action by the student.
  2. Appropriate use of physical restraints.
  3. Appropriate use of side rails.
  4. Correct use of procedures as learned in skills lab and/or identified in the Clinical Procedure Manual and/or facility policies and procedures posted online. .
- E. **PROFESSIONAL BEHAVIORS:** Maintains professional boundaries in all physical, written, and verbal interpersonal encounters including but not limited to patients, family, significant others, staff, peers, and faculty.

**COLLEGE OF SAN MATEO NURSING DEPARTMENT**  
*Course Progress Notification Form*

<b>STUDENT:</b>		<b>DATE:</b>	
<b>COURSE:</b>		<b>INSTRUCTOR:</b>	
<i>Nursing Student: Please review the "Guidelines for Clinical Evaluation" in your CSM Nursing Student Handbook</i>			
Description of Occurrence(s) or Issues(s):		Specific Feedback: Goal / Plan for Improvement / Outcome:	
Related Objective(s):			
Instructor Signature:		Date:	
Student Signature: (Signature indicated only that this form has been read)		Date:	

**STUDENT:** \_\_\_\_\_

<p>Description of Occurrence(s) or Issues(s):</p>	<p>Specific Feedback: Goal / Plan for Improvement / Outcome:</p>
<p>Related Clinical /Theory Objective(s):</p>	

## **Clinical Agency and Program Requirements**

- CPR
- Background Check and Drug Screen
- Physical Examination/Immunizations
- Health
- Pregnancy
- Illness
- Injury
- Functional Abilities Assessment
- Accommodations for Testing

### **The Joint Commission Requirements:**

A current valid CPR card (American Heart Association for Health Care Workers), current immunization status per CSM guidelines, required blood titers, Physical Qualifications Checklist form, and records of health exams must be on record in the Nursing Department office in order for any student to be cleared to participate in any clinical assignment.

### **Policy on Student Criminal Background Checks and Urine Drug Screening**

The Joint Commission Comprehensive Accreditation Manual for Hospitals requires that all staff members, students, instructors, and volunteers meet standards related to criminal background checks and freedom from drugs.

1. Criminal Background Check: Students must clear a criminal background check prior to registration into nursing courses. If the background check indicates criminal behavior, the student may not be cleared for clinical agencies and therefore may be dismissed from the program. Background check histories are considered on a case by case basis.
2. Drug Testing: Students must clear a urine drug test. If the drug test results are labelled dilute, the student will be allowed only one retest. If the student fails the second test, the student will not be admitted to the program.

Students are responsible for all costs associated with criminal background check and drug screening. Students must agree that all results are available to the program. Should a clinical agency refuse to place a patient based upon the result of the background check and/or the drug screen, the program has no responsibility for arranging alternate clinical placements.

Further information and directions for obtaining required background check and drug screening are provided to the student upon acceptance into the program. Students are responsible for following the directions as distributed.



### **Health, Pregnancy, Illness, and Injury**

A physical examination is required upon admission to the nursing program and upon re-entry after a year or more absence. Evidence of a negative 2-step PPD is required every year if there has been more than a 12-month lapse and a chest film if there is a positive PPD result.

Other requirements for immunizations, titers, and the flu vaccine are listed in the immunization form that is distributed to each student upon acceptance into the program. Students are responsible to keep personal copies of all laboratory results and immunizations in addition to uploading all forms to his/her Immunitrax account.

When a student becomes aware that she is pregnant, she needs to notify the nursing department and her clinical instructor. She needs to visit her health care provider and submit the “Health Care Providers Awareness of Pregnancy Form” to the nursing department office. In the event that restrictions to her activity in the clinical area are noted by the health care provider, the student may need to exit the program due to considerations of the health and safety of the student peers, nursing staff, and patients at the clinical facility.

Illness may interfere with the achievement of educational objectives and/or patient safety. A student may be asked to submit a “Change in Health Status Form” in order to assure that they are cleared to return to the clinical agency following a significant health alteration.

The San Mateo Community College District covers costs associated with emergency treatment of injuries to students that occur in the clinical facility. Related forms to complete in the event of an injury are located at: <https://smccd-public.sharepoint.com/Pages/humanresources.aspx?RootFolder=%2Fhumanresources%2FWorkers%27%20Compensation&FolderCTID=0x0120005890C8F888FBB34FAC29E7B9F975761B&View={3BE5A6E8-C49F-4D33-B0A6-66EB1D810D40}>

#### **DIRECTIONS:**

The clinical instructor must notify the nursing department as soon as possible following an injury and submit the forms for Workman’s Compensation to the District Office.

### **Functional Abilities**

Certain functional abilities are essential to provide safe, effective nursing care during clinical instruction and practice as a registered nurse. As part of the physical examination, the health care provider attests in writing that these functional abilities are active without exception. Any deficiencies in these abilities could result in a student’s dismissal from the nursing program.

### **Accommodations for Testing**

Students who are eligible for and are requesting accommodations for testing must submit relevant documentation to the Disabled Students Programs and Services office (DSPS), as well as an eligibility form to the course manager of the current nursing course. Students are responsible for informing DSPS of the time, date, and faculty contact at least one week in advance of each scheduled exam.

## **Attendance Policy**

*As stated in the CSM College Catalog:*

*"Regular attendance in class and laboratory sessions is an obligation assumed by every student at the time of registration. When repeated absences place a student's success in jeopardy, the instructor may drop the student from class.*

In all cases it is the instructor's prerogative to determine when absences are excessive. An instructor has the right to drop a student from class when such absences jeopardize the student's opportunity to successfully complete the class work or to benefit from the instruction. A guideline used by many instructors is that excessive absence is represented by twice the number of hours the class meets in one week for semester-long classes and one-ninth of scheduled meetings in classes which meet for less than a full semester."

- (1) Lecture: More than 2 absences from lecture per 8 week course may jeopardize the student's standing in the class. The instructor may issue a warning note after 2 missed lectures.
- (2) Clinical: Satisfactory completion of the clinical requirements of the nursing courses (clinical laboratory) is dependent upon meeting the course objectives. Make-up will consist of a variety of assignments depending upon the course and student need as identified by the instructor/student. (See Clinical Make-Up Policy.) If a student misses more than 2 clinical days, a No Pass grade in clinical will be given.
- (3) Skills Lab Courses: Each of the Skills Lab courses are required for completion of the nursing program, and must be completed with a Pass grade. Satisfactory completion requires adherence to the lab and regulations with the purpose of developing and refining the skill focus(es) of the course. If 2 or more labs are missed, the student will receive a No Pass grade.
- (4) Absence due to unforeseen health problems requires individual consultation and consideration by the faculty. Students with illness or injury that interferes with personal or patient safety may not be allowed in the clinical area until "Change of Health Status" and "Physical Requirements" forms are filed in the Nursing Department. Mature consideration of one's health status is expected.
- (5) Follow the directions of the clinical instructor of your course regarding reporting absences.

### **Preclinical Preparation Policy**

Students are assigned to facilities for clinical laboratory experiences. These assignments are subject to change every 8 weeks. Each agency has a different set of preparatory modules and training obligations to complete prior to or at the very beginning of each course.

Whether or not the students receive any hourly credit for this clinical preparation time is decided on a clinical by clinical basis. This decision is made at the discretion of the instructors in conjunction with final approval of the course manager and program director.

Students are required to comply with all agency compliance mandates regarding background checks, drug screenings, immunizations, and laboratory tests. The lack of compliance in meeting deadlines could potentially result in a non-clearance to enter the agency for clinical laboratory experiences.

### **Clinical Make-Up**

When a student misses a day of clinical experience the following guidelines will be used to complete the make-up requirement. The student will:

1. Contact the clinical instructor within one week of return from absence to discuss make-up assignment.
2. Makeup assignments may include but are not limited to case presentations, peer presentations, agency visits, simulated skills lab experiences and/or other assignments that are mutually negotiated between student and instructor.
3. Complete make-up assignment within 3 weeks of last day of absence. If absence occurs during the last two weeks of the course, and make-up assignment is not completed by the last day, an Incomplete grade will be given. (See Incomplete Policy.)
4. Make-up the time equal to the time missed, which may mean visiting 2 or more agencies, meetings or several projects.
5. Complete a written report for each agency visited and turn in to the clinical instructor. A verbal report will also be given to the clinical group.
6. Include the following information at the completion of an agency report:
  - a. Name of Agency
  - b. Date visited
  - c. Name and position of contact person
  - d. Purpose and functions of agency
  - e. Source of funding
  - f. Type of clients the agency serves
  - g. Describe the activities
  - h. Attach pamphlets/outlines or other handouts received from agencies
  - i. Describe how you would apply this information to your nursing care.
7. A student who misses two clinical days per course will be given a "Notification of Course Progress" form by their instructor and counseled regarding their progress in the course.

### **Clinical Placement Policy**

Part of your nursing education is the assignment to different hospitals/agencies to meet the learning objectives of the nursing program. The facilities selected are based on the course learning needs. Nursing class and lab hours vary each semester. All students must be prepared to adjust their work and personal schedule for each course based on agency availability. Students are also responsible for making their own arrangements for personal commitments such as child or adult care and part-time work schedules. As indicated on our pre-nursing information sheet, students are responsible for their own transportation to clinical assignments.

Due to the increasing complexity of regulations regarding student orientation to new facilities, one or more “dedicated student group(s)” may be created. This group or groups will remain at the same facility throughout the program, with the exception of some specialty courses.

Random number selection will be used first to develop the clinical groups. Nursing Faculty will then review and adjust the groups for balance. The following are examples of criteria that may be used to determine balance within the sections.

- 1) Previous nursing course grade(s) and clinical competency
- 2) Gender diversity - related to Maternity Nursing.
- 3) Repetitious clinical assignments or clinical instructors.
- 4) Employed at the assigned clinical agency. (\* all attempts will be made to place a student in an alternate agency)

Within two weeks after the rotations are posted, students who can offer a significant reason or unusual circumstance to switch sections must submit their request in writing to the Nursing Department. The request must be made as an equal switch with another student. Requests received without another student partner and/or after the deadline will not be accepted. Requests for a change in clinical assignment may also result in a corresponding change in skills lab assignment.

The request should include the names of both students agreeing to the switch and their reasons. The course instructors will review the requests to determine if balance will be affected within the sections. Based on the criteria listed above, not all requests can be granted. Once the registrations are finalized, students must register into and attend the section to which the student is assigned. Switch requests will not be accepted or approved on or after the first day of instruction for the semester.

Students will be notified of their clinical assignments at least a week before registration for the next semester.

Rev. 050516

### **Policy for Incomplete Coursework**

CSM college policy states that the “I” grade is used for unforeseeable, emergency and justifiable reason. The clinical instructor and the instructor of record will determine on a case by case basis if an “I” grade is justifiable. Since the prerequisite for each nursing course is completion of the previous nursing course, a grade of incomplete prevents the student from progressing to the next nursing course. To progress immediately to the next course all incomplete work must be completed within 10 working days after the end of the incomplete course. If incomplete work is not completed by that date, the student will be withdrawn from the program. If the work remains incomplete, the “I” course grade will revert to a grade of “F” within one year. Consideration for evaluation and re-entry to the program will be based on the Readmission Policy.

Rev. 0516

### **Change in Health Status/Pregnancy Policy**

A student who has a change in health status that might interfere with his/her ability to function in the clinical setting must submit the “Change in Health Status” form. (See Change in Health Status form.)

Rev. 0516

**COLLEGE OF SAN MATEO  
NURSING DEPARTMENT**

**Change in Health Status Form**

I understand that the curriculum of the CSM nursing program is rigorous and involves clinical experiences in health care agencies to provide direct patient care. I also understand that the clinical requirements cannot be redesigned to accommodate restrictions that may arise because of my present health condition without altering the essential functions of the program.

My alteration in physical/mental health is the result of the following condition: \_\_\_\_\_  
\_\_\_\_\_. I understand that certain complications may result if I continue my studies in the CSM nursing program. I have discussed these potential complications with my health care provider, whose signature appears below. We have agreed that I may continue in the CSM nursing program, including performance of all clinical and lab activities.

I understand that I may need to reevaluate potential conflicts between my best health interest and educational needs until this health physical/mental condition is resolved. Therefore, I will watch for and report any unusual symptoms promptly to my health care provider and to my CSM instructor.

I hereby absolve the college and clinical agencies from any responsibility in my health status during this altered health condition.

Student: \_\_\_\_\_ Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

I have discussed the potential health complications including their signs and symptoms with the following nursing student: \_\_\_\_\_. In my opinion, continuation of the nursing program at this time is not contraindicated.

Health Care Provider:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

# College of San Mateo

## Nursing Department

### Health Care Provider's Awareness of Pregnancy

\_\_\_\_\_  
Student's Name

The above-mentioned student is presently enrolled in the RN program at the College of San Mateo. Due to the nature of the Program, this student may risk exposure to potential health risks from other patients/staff/environment. In order to determine the appropriate precautions, we need the following information. The nursing department is committed to a healthy outcome for both student and baby.

1. Date of Expected Delivery/Scheduled C-Section: \_\_\_\_\_  
(approximate)
2. Present health status: \_\_\_\_\_
3. Will the patient be under your care during her pregnancy?                      Yes                      No
4. Have you informed her of the potential risks involved in continuing her present career goal while pregnant?                      Yes                      No
5. Do you recommend her continuation in the nursing program?                      Yes                      No
6. Do you recommend any limitation to regular duties? If yes, please specify. \_\_\_\_\_                      Yes                      No

\_\_\_\_\_  
Physician's / Health Care Provider's Name and Contact Information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Recommended date student may resume

clinical education \_\_\_\_\_

didactic lecture \_\_\_\_\_

Any limitations recommended?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Students: please submit this document as an update at the beginning of each trimester.



### **Leave of Absence Policy**

A temporary leave of absence is available on a one time only basis based on the following circumstances:

- 1) The birth of a child.
- 2) Student's own serious health condition.
- 3) The care of a spouse, domestic partner, or significant other, child, or parent with a serious health condition.

The student needs to notify the nursing department director in writing regarding his/her intention to step out of the program. Re-admission to the program is based upon space availability and the completion of a remediation plan, depending on the student's standing in the program.

If the student does not withdraw before the last day to withdraw (LDW) for the course, he/she may receive an F grade in the course. The student must notify the nursing department director in writing regarding his/her intention to return to the program. The student must complete skills competency demonstration, in addition to completion of math competency.

N816, N817, N818, or N819 may be required prior to re-admission. The student must complete the program within 3 years from the original program entry date.

Leave of Absence Policy 8/4/15

### **Deferral of Admission Policy**

A student who has been accepted to the nursing program but requests deferral of admission until the following semester will only be allowed to do so if the following conditions are met:

Documented circumstances based on the Family Leave and Medical Act (FLMA, 1995):

1. Birth of a child.
2. Students' own serious health condition.
3. The care of a spouse, domestic partner, or significant other, child, or blood parent with a serious health condition.

The student will be allowed only one deferral. If the student is unable to begin the program after one deferral, the student will be required to reapply to the nursing program.

Deferral of Admission Policy 8/4/15

**Policy on Background Check and Urine Drug Screening  
for Registered Nursing Students**

The Joint Commission requirements for criminal background checks (11/24/08) states that “staff, students and volunteers who work in the same capacity as staff who provide care, treatment, and services, would be expected to have criminal background checks verified when required by law and regulation and organization policy.” The policy affects all students enrolled in the nursing program. The two components of the background check process are: criminal background check and drug screening.



**1. CRIMINAL BACKGROUND CHECK**

Each clinical agency requires nursing students to meet security standards in order to enter into a clinical rotation. Each student who is offered a space in the program is required to submit to a criminal background check prior to the beginning of clinical rotations. If the background check indicates criminal history the student may be dismissed from the program. The clinical agency determines the student’s status based on the report.

**2. DRUG TESTING**

The RN nursing program maintains a no tolerance policy regarding substance abuse. Students must clear a urine drug test. Failure to undergo or pass the drug test results in dismissal from the program. If the drug screen results indicate diluted or adulterated, the student will be allowed one retest at his or her own expense. If the student fails the second test, the student is dismissed from the program.

The background check and drug screening is paid for by the student.

If a clinical agency refuses placement for a student based on the results of either the background check or drug screening, the program has no responsibility to arrange alternate clinical placements.

Directions for obtaining the required background check and drug screening are given to students upon admission to the program. If a student has more than a 6 month break in enrollment, the student must repeat the background check and drug screening.

**LICENSURE PROCEDURE:** As part of the Board of Registered Nursing Application for the NCLEX exam, the applicant must report felony and misdemeanor convictions along with submission of fingerprints. Licensure may be denied based on prior convictions. For questions please see the BRN website at [www.rn.ca.gov](http://www.rn.ca.gov) and pp. 41-45 of this handbook.

### **Math Policy for Nursing Program**

1. There will be a timed medication administration test given in each nursing course except Nursing 242.
2. To be eligible to continue in the course, or to pass medications, a score of 90% is required.
3. After the first semester, the score of 90% must be achieved in the first test. Refer to each individual syllabus for the dates of #2 retesting.
4. 1 point will be earned for each answer including the numerical value and label for each of the 10 items minimum. No partial credit will be given.
5. A credit or no credit grade will be given toward the course grade. No points will be awarded in the total course grade.
6. Three times is the maximum number of times the student can take the test without achieving the required score of 90% before being dismissed from the program.
7. Students are encouraged to work together with other students when preparing for the test or if having difficulty achieving a passing score. It is the student's responsibility to seek out and utilize remediation resources.
8. A copy of a practice test will be available in the course syllabus for each course.
9. Nursing 610 Basic Medication Dosage Calculations for Nurses is a highly recommended one unit course offered each summer as a resource.



## **Competency Validation Guidelines**

### **POLICY:**

Competency validation is a formal process used by the nursing faculty to assess and ensure clinical competency and identify learning needs of all CSM nursing students. Competency validation can include case studies and situationally-based scenarios that can be verified through written responses and simulation performance which can include using a web-cam, digital recording and/ or direct observation by the nursing faculty.

### **PURPOSE:**

The BRN statement on Standards of Competent Performance (1443.5) is as follows: “A registered nurse shall be considered competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process.” (See Nursing Student Handbook, p. 77). The nursing faculty has integrated competency validation into the curriculum. The nursing program defines competence as the lowest level of acceptable performance. It is our goal to develop a dynamic curriculum that will prepare the nursing student for entry into the challenging and ever-changing health care environment.

The overall purpose of competency validation is that the student will be required to perform situationally-based skills under simulation conditions at a competent level. These skills will include, but are not limited to psychomotor skills, medication dosage calculations, communication skills, prioritizing skills, delegation skills, nursing process skills, and critical thinking skills. Some courses will have competency performances. In those courses, competency will be achieved when the student performs the delineated behaviors from memory within a designated time period, correctly and in proper sequence. Each course manager will develop different clinical scenarios to simulate conditions typically seen by the professional nurse.

### **PROCEDURE:**

Competency validation is a double starred criterion on all clinical evaluation tools. The time frame in which a student may be deemed competent will be determined by the nursing course team prior to competency validation session. The teaching team will also determine the absolute critical points for each skill to be tested. The student is accountable and responsible to prepare and practice for the skill to be tested for each course. Students are encouraged to use the lab studios to prepare and practice for the skill to be tested if appropriate. The student is to sign up for one time slot only in advance. If the student is coming for competency check-off, the student may be required to have been checked off by five different students by signature prior to arriving for their scheduled appointment. A successful check-off means the student has done the procedure from memory, in the proper sequence and accurately and within the time limit. Each course will require equipment from the student’s Nurse Kit for the competency validation session.

All students will receive feedback by the instructor or instructor/digital recording, using the performance checklist/clinical scenario responses. If it is a written scenario, the instructor will review the scenario and give the student feedback on the scenario.

If competency is not immediately achieved on that day, time permitting, the student will have at least one additional opportunity to demonstrate competency. The student who does not pass after two tries will receive a notification of course progress that will identify the areas needing strengthening and a plan, developed by the instructor and student, to achieve competency on the subsequent attempt(s). To stay on schedule, students who do not pass must reschedule for a later time, after they have completed additional practice.

Receiving a passing grade on the competency validation session does not automatically determine that the student is competent in the clinical setting. The BRN Standards of Competency Performance states, “he/she consistently demonstrates the ability to transfer information...” Therefore, the nursing student must consistently demonstrate the designated skills competently in the clinical setting as well.

## **Mental and Physical Qualifications for Students in the Nursing Program**

The mission of the CSM nursing program is to educate competent entry level nurses who can provide care for the general patient population in current health care settings. The purpose of this document is to delineate the physical and mental qualifications necessary to ensure successful completion of this nursing program. If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation. In accordance with the nursing department's nondiscrimination policy, reasonable modifications and/or accommodations will be made for the student with a documented disability. Any requests for accommodation are subject to evaluation by the nursing faculty.

The student must demonstrate the following abilities:

1. Receive, interpret, and give information with accuracy.
2. Apply critical reasoning and independent decision making skills to a variety of patient situations.
3. Perform mathematical calculations for medication preparation and administration.
4. Maneuver physically as required in clinical settings to accomplish assigned tasks.
5. Perform cardiopulmonary resuscitation (CPR) competently using guidelines issued by the American Heart Association.
6. Push and/or pull on one or more occasions, with the ability to exert force against a small or large object up to 45 lbs. to move it closer or further away over an 8 – 12 hour period of time.
7. Document in charts, reports, and other forms of correspondence accurately and in a timely manner through use of legible writing.
8. Perform precision movements (i.e., venipuncture, catheterization, IV regulation, dressing changes, instrument usage, etc.).
9. Observe, through inspection and palpation, changes in an individual's health status (i.e., muscle tone, skin quality, subcutaneous tissues, pupil responses, and skin temperature, etc.).
10. Identify tiny markings and inscriptions (i.e., on syringes, thermometers, IV bags, etc.).
11. Auscultate and percuss for internal body sounds (i.e., heart, bowel, lungs, etc.).

## *Policy Statement and Guidelines for Students with Learning Disabilities*

The Americans with Disabilities Act encourages nurses, educators, employers and regulators to identify the essential abilities needed by nurses to practice safely (please refer to Mental and Physical Qualifications for Admission statement in your student hand-book). The student nurse must be aware of the abilities required for safe nursing practice and of any personal limitations with respect to these abilities. The student nurse is responsible for requesting the accommodations needed for learning in order to practice nursing safely.

**A learning disability (LD)** is defined as a presumed neurological disorder that affects the manner in which an individual learns. Some people experience difficulty reading (dyslexia), writing (dysgraphia), or computing arithmetic operations (dyscalculia) (Title 5, California Education Code).

As defined by the California Community College's learning disability eligibility process, a student may be eligible for services when despite on-going instruction in an educational setting, there is persistent difficulty processing, storing, or producing information, which results in a significant discrepancy between a student's ability and one or more achievements.

**A learning disability is not:**

- An intellectual disability
- An emotional disorder; or lack of motivation
- A physical disability that interferes with learning
- A language barrier, such as those which ESL (English as a second language) students might face

- Students with **an identified learning disability (LD)** who are enrolled in the Nursing Program at College of San Mateo and who request services and accommodation, must:
  1. Identify the learning disability to the nursing program. This can best be achieved through a meeting with the course manager or the nursing program director. If documentation regarding the learning disability exists, this information must be presented at the time of the meeting.
  2. Meet with the LD specialist to arrange for appropriate academic accommodations and services.
- If the student has had **no previous Learning Disability documentation**, or has never been evaluated, the student will be referred to the Learning Disability Program at College of San Mateo, by the student's course manager. Once the contact has been initiated the student **must complete the Learning Disability evaluation within 6 months or 2 semesters (to be determined by the LD specialist)**. It is the student's responsibility to arrange for this evaluation and to complete the whole evaluation process.

References: American's with Disabilities Act; California Community Colleges Policy for Learning Disabilities; California Code of Regulations – Sections 67310-12 and 84850

### **Procedure for Students with Learning Disabilities**

The nursing faculty believe that students with learning disabilities may need special assistance to succeed in the nursing program. For this purpose the following guidelines have been developed:

The student who has a learning disability should:

- (1) Provide written documentation to the faculty of the Nursing Department. This documentation may be obtained through diagnostic testing at the CSM Learning Disability Assessment Center.
- (2) Meet with the course manager at the beginning of each course to discuss any special assistance that may be needed for test taking or other course requirements.
- (3) Student is responsible to notify the instructor at least one week in advance of their scheduled testing time.
- (4) Note: The NCLEX application packet contains designated documents for the Learning Disability Center specialist to complete, followed by the Nursing Director's verification of accommodation.

Faculty Responsibilities:

- (1) Each course manager communicates with the Title 3 Program Services Coordinator to confirm arrangements in the Learning Disability Center.
- (2) The course manager conveys specific information to the coordinator regarding the type of test, method of testing, usual time allotted for the test, and method of delivery to and from the center.

### **Sexual Harassment Policy**

The nursing faculty are committed to providing a safe learning environment for students when they are assigned to clinical agencies for their learning experiences. If a student encounters an unwelcomed harassment from any employee, patient, or any visitor of the patient at a clinical agency they should discuss it as soon as possible with their clinical instructor.

It is the policy of San Mateo County Community College District and College of San Mateo to prohibit, in any and all forms, the sexual harassment of its students and staff. Sexual harassment of students by other students or staff, and/or the harassment of staff by students or other staff is considered intolerable behavior that will be investigated and acted upon immediately.

### **Policy on Children in the Classroom**

As members of the nursing profession, the faculty are supportive of families and children, as well as being concerned for their health and safety. The primary function of the college is that of an educational institution for adults. Infants and young children are incompatible with this institutional purpose. The presence of an infant or young child in the classroom or lab setting on a regular basis could pose a potential safety risk to the child and also be disruptive to the educational process for all of the students. Therefore infants and young children are not allowed in the classroom and lab setting on a regular basis.

At the invitation of the instructor in order to complete a course objective, infants and children will be allowed in the lab settings under the supervision of a responsible adult.



### **HIV/AIDS Guidelines and Policy**

Since the 1980's there has been a significant increase in AIDS deaths as reported to the U.S. Centers for Disease Control (ACOEM, 2000) HIV/AIDS is a global public health threat that continues to grow (ICN, 2000). The emergence of this blood borne pathogen is a major health problem and has an impact on all segments of our society. It is incumbent upon Registered Nursing educators to set down guidelines that protect the right of person with HIV/AIDS and those that interact with them in the course of their program of study. To this end, the following guidelines and policy are provided in order to prevent spread of the virus, to reduce fears and dispel myths, to protect the rights of persons with HIV/AIDS and to create an informed and supportive faculty and student community.

We may not exclude students with HIV/AIDS or AIDS-related conditions from our program if otherwise qualified. We can, however, request a physician's statement regarding risk to student or others if they enter the nursing program. Reminder: Confidentiality of a student's illness is protected by the Educational Code and HIPAA (Health Insurance Portability and Accountability Act of 1996).

HIV/AIDS infections are considered disabilities under the Americans with Disabilities Act (ADA) of 1990 (AOCEM, 2000). The international Council of Nurse (2000) "deplores the stigmatization of persons living with HIV/AIDS" and the social and health consequences of this stigma calls for competent and compassionate care. Nurses, including nursing students, must have a solid knowledge base of, and adhere to strict practice of Standard Precautions with known and unknown infected people. The association of Nurses in AIDS Care (1999) states, "Nurses have a moral, legal and professional responsibility to care for all persons with or without HIV infection". The California State Board of Registered Nursing (1993) believes that "the nurse is not expected to take life-threatening risks in caring for patients". It is not acceptable to abandon any patient, nor is it acceptable to refuse to treat any person on the basis of age, religion, sex, national origin, sexual orientation, or disability (CA BRN Statement on Delivery of Care – 1993). It is only under special circumstances that this mandate will be reconsidered.

Students caring for all patients shall comply with standard precautions. Established College of San Mateo and Agency Specific procedures appropriate for preventing the transmission of communicable diseases should be rigorously enforced. If exposure should occur, follow the directions outlined in the "Protocol for Exposure to Blood and Body Fluids".

The guidelines and policy are based on information obtained from several sources, including the Centers for Disease Control, the American Nurses Association Code for Nurses - 1985, and the California Board of Registered Nursing.

## REFERENCES:

*American Association of Nurses in AIDS Care (AANAC). Discrimination Protections for People with HIV infection. [www.aanacnet.org](http://www.aanacnet.org)*

*American Nurses Association (ANA). (1992) Position Statements: HIV infection and AIDS. [www.nursingworld.com](http://www.nursingworld.com)*

*American College of Occupational and Environmental Medicine (2000). Position Statement and Guidelines. [www.acoem.org](http://www.acoem.org)*

*Board of Registered Nursing: State of California. (1992). Statement on Delivery of Health Care.*

*International Council of Nurses (ICN). (2000). Position Statement: Acquired Immunodeficiency Syndrome (AIDS). [www.icn.ch](http://www.icn.ch)*

### *Standard Precautions for Use with All Patients*

Standard Precautions, Hand Hygiene, Personal Protective Equipment, and Isolation Techniques are presented during the first year of the nursing program and reviewed again in the second year of the program.

Nursing students are required to follow Standard Precautions Guidelines when providing patient care during clinical rotations. Failure to adhere to standard precautions could potentially result in a failure of the core clinical competencies of asepsis and/or physical jeopardy.

Standard precautions apply to blood, blood products, all body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes.

Perform hand hygiene before, after, and between direct contact with patients.

Perform hand hygiene after contact with blood, body fluids, secretions, and excretions; after contact with surfaces or articles in a patient room; and immediately after gloves are removed.

Perform hand hygiene before entering and upon exit from a patient's room.

When hands are visibly soiled or contaminated with blood or body fluids, wash them with either a non-antimicrobial soap or an antimicrobial soap and water.

When hands are not visibly soiled or contaminated with blood or body fluids, use an alcohol-based hand rub to perform hand hygiene.

Wash hands with non-antimicrobial soap and water if contact with spores (e.g, *Clostridium difficile*) is likely to have occurred.

Wear gloves if contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items or surfaces is likely. Remove gloves and perform hand hygiene between patient care encounters and when going from a contaminated to a clean body site.

Wear personal protective equipment when the anticipated patient interaction indicates that contact with blood or body fluids may occur.

Discard all contaminated sharp instruments and needles in a puncture resistant container.

Source: modified from Centers for Disease Control and Prevention (CDC) Hospital Infection Control Practice Advisory Committee: Guidelines for isolation precautions in hospitals, MMWP, Morb. Mortal. Wkly. Rep.57/RR \_ 16:39, 2007

## ***Procedure for Reporting Injuries to Student / Staff***

### **DIRECTIONS:**

- At the time of the injury the Nursing Instructor should assess the student to determine if the injury is serious enough to require immediate care, or would be considered a minor injury and could be seen at one of the San Mateo Community College District's designated medical facilities:

<p><b>Pacific Occupational Health Clinic</b> 3 South Linden Avenue South San Francisco, CA 94080 Tel: (650) 589-2647 Fax: (650) 583-5549 Monday - Friday: 7:30a.m. - 6:00p.m.</p>	<p><b>US HealthWorks Medical Group</b> 192 Beacon St. South San Francisco, CA 94080 Tel: (650) 589-6500 Fax: (661) 678-4564 Monday - Friday: 8:00a.m. – 5:00p.m.</p>
<p><b>Industrial Medical Clinic</b> 1663 Rollins Road Burlingame, CA 94010 Tel:(650) 697-0600 Fax: (650)652-7805 Monday - Friday: 8:00a.m. - 5:00p.m.</p>	<p><b>US HealthWorks Medical Group</b> 125 Shoreway Rd Suite A San Carlos, CA 94070 Tel: (650) 556-9420 Fax: (661) 678-2779 Monday - Friday: 8:00a.m. - 5:00p.m.</p>

The facilities listed below are optional 24- hour emergency facilities situated near our colleges that offer 24-hour emergency services. In an emergency situation you should go to the nearest emergency facility. An emergency situation is one that is LIFE THREATENING or which involves a severed member, permanent disfigurement, or risk of loss of eyesight.

<p><b><i>Seton Medical Center Emergency Dept.</i></b> 1900 Sullivan Avenue Daly City, CA 94015 Tel: (650) 692-4000</p>	<p><b><i>Peninsula Medical Center Emergency Dept.</i></b> 1783 El Camino Real Burlingame, CA 94010 Tel: (650) 696-5400</p>
<p><b><i>Mills Health Center Emergency Dept.</i></b> 100 South San Mateo Drive, San Mateo, CA 94401 Tel: (650) 696-4500</p>	<p><b><i>Sequoia Hospital Emergency Room</i></b> 170 Alameda de las Pulgas Redwood City, CA 94062 Tel: (650) 367-5541</p>

More information is available at: [https://smccd-public.sharepoint.com/humanresources/Workers%20Compensation/Medical\\_Authorizati on Form Designated Medical Facilities.pdf](https://smccd-public.sharepoint.com/humanresources/Workers%20Compensation/Medical_Authorizati on Form Designated Medical Facilities.pdf)

- The student and instructor should complete the Workers' Compensation Reporting packet. Download the packet from: [https://smccd-public.sharepoint.com/humanresources/Workers%20Compensation/Worker's\\_Comp\\_Ne w Injury\\_Illness\\_Reporting\\_Packet.pdf](https://smccd-public.sharepoint.com/humanresources/Workers%20Compensation/Worker's_Comp_Ne w Injury_Illness_Reporting_Packet.pdf)

3. As soon as the forms are completed and signed, fax the packet immediately to the District Office: (650) 574-6574.
4. Call the Nursing Office at (650) 574-6218.
5. The student/staff is to then take the copies with them to the department or agency where they will be seen for treatment. Complete the forms with the name of the physician seen and treatment received.
6. The student must bring the completed forms to the Nursing Department Office.

2/3/16



# MEDICAL TREATMENT AUTHORIZATION FORM

### To Be Completed by Employer:

<b>MEDICAL FACILITY:</b> <small>*See designated medical panel clinic listing</small>	<b>DATE:</b>
<b>ADDRESS:</b>	
<b>TELEPHONE:</b>	<b>FAX:</b>

This authorization is issued to you to provide initial medical treatment to the employee named below who has reported an occupational injury.

<b>EMPLOYEE NAME:</b>	<b>SS #:</b>	
<b>ADDRESS:</b>		
<b>OCCUPATION:</b>	<b>DATE OF INJURY:</b>	
<b>TIME OF INJURY:</b>	<b>TYPE OF INJURY:</b>	
<b>WAY INJURY OCCURRED:</b>		

#### Employer

San Mateo County Community College District  
 3401 CSM Drive  
 San Mateo, CA 94402  
 Tel: (650) 358-6724  
 Fax: (650) 574-6574  
 Attn: Ingrid Melgoza,  
 Human Resources Specialist

#### Workers' Compensation Administrator

Sedgwick Claims Management Services  
 P. O. Box 14479  
 Lexington, KY 40512-4479  
 Tel: (877) 809-9478  
 Fax: (510) 302-3264  
 Attn: Michelle Snyder,  
 Claims Examiner

### Instructions to Medical Provider:

1. Call the employer contact named above immediately to discuss availability of modified duty if the employee has any injury-related physical restrictions that may affect the employee's ability to return to full duty.
2. Send the completed Doctor's First Report (5021), all medical bills and corresponding reports to Sedgwick Claims Management Service at the address listed above.
3. Contact Sedgwick Claims Management Service immediately if any of the following apply:
  - Questionable Injury
  - Consultation Request
  - Diagnostic Imaging Request
  - Surgery/Hospitalization Request

Contact Sedgwick Claims Management Service Utilization Review (916) 851-8028,  
 Fax: (916) 851 8076 for authorization requests.

College of San Mateo Nursing Program  
*Nursing Student Occurrence Report*

DIRECTIONS	<ol style="list-style-type: none"> <li>1. Fill out form after incident occurs, preferably within 48 hours.</li> <li>2. Brief, concise and without use of unapproved abbreviations.</li> </ol>
WHAT	From the definition below, select the type(s) of event:
	<u>Error</u> : "The act of not completing a planned action as intended or achieving an aim by the means of an incorrect plan; it can occur even when the individual has the knowledge to perform a task correctly." (QSEN, 2012)
	<u>Near Miss</u> : "An incident that did not cause harm; events, situations, or incidents that could have caused adverse consequences and harmed a patient but did not." (QSEN, 2012)
	<u>Witnessing an error</u> : "A situation where a provider, family member, or other person observes an error or breakdown in practice." (QSEN, 2012)
	<u>Preventing an error</u> : "Any intervention that interrupts the occurrence of an error being made; prevention can occur in many forms." (QSEN, 2012)
Select all that apply:	<ol style="list-style-type: none"> <li>1. Error in medication administration</li> <li>2. Breakdown in communication (oral or written)</li> <li>3. Breakdown in attention and surveillance</li> <li>4. Faulty clinical reasoning or judgment</li> <li>5. Failure to prevent</li> <li>6. Failure to intervene</li> <li>7. Misinterpretations of orders</li> <li>8. Failure to advocate or breakdown in professionalism</li> <li>9. Other</li> </ol>
WHEN	Date and time of the occurrence:
	Describe the event:
WHO	Who did it affect or could have affected? (Patient, Staff, Visitor)



WHERE	<ol style="list-style-type: none"> <li>1. Where did it happen? (in patients room, Pyxis, hallway)</li> <li>2. What facility?</li> <li>3. What unit?</li> </ol>
WHY	<p>Factors, reasons, issues leading up to the event (busy assignment, change in patient's VS or LOC, distracted)</p> <p>Was help available? Did you ask for help?</p> <p>Did you look up the policy before/and or after event occurred?</p>
*How Serious	<ol style="list-style-type: none"> <li>1. Capacity to cause harm</li> <li>2. Event occurred but did not cause harm</li> <li>3. Required intervention to decrease adverse effects</li> </ol>
	Describe what should be done differently next time:
	Was instructor notified of occurrence? Yes or no? Please include date and time.
	What was the resolution of the occurrence?
Student Submitting	Name, semester, and year

## *Impaired Nursing Students*

- A. The Nursing Program at the College of San Mateo bases its policy on Impaired Nursing Students on the Board of Registered Nursing Policy and Board Statement from August of 2010.

“The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof. (B&P 2672)

Nursing students showing signs of mental illness or chemical dependency should be directed to a health care provider for diagnosis and treatment of the illness. Chemical dependency and mental illness are diseases and should be treated as such. The Board has established a diversion program for impaired registered nurses as a voluntary alternative to traditional Board disciplinary actions. (B&P 2770)”

- B. The policy of the Nursing Program at the College of San Mateo

Nursing courses include both academic and clinical components in order to provide concurrent learning for each nursing student. Safety of patients receiving nursing care from nursing students is a priority.

- Instructors have the authority and responsibility to take immediate corrective action with regard to the suspected impaired student’s conduct and performance in the clinical setting. The instructor has the right to remove the suspected impaired student from the clinical area. The instructor must document the incident in writing, including the behaviors and/or performance that indicate that the student is a potential threat to the health and safety of the patient by causing any physical or emotional jeopardy. A Notification of Course Progress Form will be completed in consultation with the course manager.
- The student will be referred to appropriate resources through campus health services or outside health care provider.
- The Director of Nursing Program will be notified of the above actions.

- C. The Nursing Program follows the guidelines for Student Conduct as established in the College of San Mateo catalog.

Referral to the College Disciplinary Officer is made and disciplinary actions are established according to college policy.

- The student must provide proof of treatment to the college and the nursing program.
- The student must comply with all college disciplinary actions.
- All student conduct matters are handled confidentially.
- The student has the right to appeal findings based upon college policy.

### **Dismissal Policy**

Students admitted into the College of San Mateo Nursing Program assume both the right and the responsibility to learn in accordance with the standards set forth in the program. A student who does not meet the standards of the College of San Mateo Nursing Program will be dismissed.

Each of the following is a deviation from the acceptable standards of the program and may constitute grounds for disciplinary procedure and dismissal. However, such action shall not be restricted to the particular cause listed:

- 1. A student may be removed from the clinical area without prior notice when personal behavior or physical, mental, or moral condition threatens the safety and welfare of the patient(s) or other colleagues.**
- 2. No Pass clinical performance**
- 3. Theory grade average below 75% after test 3 or the final course grade; less than 90% grade on any Medication Dosage Calculation test taken for the third time.**
- 4. Use of narcotics, habit forming drugs, or alcohol.**
- 5. Dishonesty in patient care, documentation, test-taking and written work.**
- 6. Conviction of a felony.**
- 7. Acts against the person or property of a patient.**
- 8. Fraud in securing admission to the Nursing Program.**
- 9. Disciplinary action by the Vice President of Student Services.**

### **Dismissal Procedure**

- 1. The instructor or director identifies the reason for dismissal.**
- 2. The instructor communicates a summary of the unmet clinical objectives to the teaching team and/or course manager. The teaching team and/or instructor is/are available for consultation as necessary. The instructor or course manager meets with the director to present the team recommendation(s).**
- 3. The instructor or course manager will meet with the student to present the decision.**
- 4. Instructor, course manager, or director will meet with the student to present recommendation(s) results, clarify status, review options and create a remediation plan if appropriate.**

Decisions regarding disciplinary actions and dismissal are the responsibility of the nursing program and the college administration. Information regarding student conduct and student disciplinary procedures can be found in the college catalog.

### **Incident Reporting Procedure**

The student has the opportunity to use the established appeal procedure as outlined in the College Catalog. In the event the student does not agree with the decision or the dismissal, reference is made to the student grievance procedure as outlined in the ‘Grievance Procedure for Nursing Students’”

If the health and safety of the patient is jeopardized by a student’s clinical performance, the following steps will occur:

1. **The student will be relieved of patient care responsibilities and may be asked to hand write their account of the events of actions as they occurred.**
2. **The instructor will conduct a preliminary inquiry into the unsafe/unsatisfactory clinical performance. The inquiry may include discussion with all persons involved. The instructor will write a summary note of the findings on a Notification of Progress Form.**
3. **The instructor will notify the program director of the student’s performance.**
4. **The student will be excused from the clinical setting.**
5. **The teaching team will meet to discuss the student’s performance to make a recommendation for the disciplinary action to be taken.**
6. **The program director will notify the appropriate college administrator(s) of the recommendation.**
7. **The student will meet with the program director and the appropriate college administrator(s) to review the action to be taken.**
8. **The nursing staff should be notified if the nursing student is being removed and will no longer be providing patient care.**

### **Grievance Procedure for Nursing Students**

The Nursing program of the College of San Mateo is committed to the concept that, in the pursuit of education goals, students should be free of unfair and improper actions on the part of any member of the nursing faculty. If, at any time, a student feels that he/she has been subject to unjust actions or denied his/her rights, a grievance may be initiated within the framework of the policy and procedure set forth by the college.

In accordance with the directions in the CSM College Catalog, the appropriate college channels must be utilized by a nursing student wishing to initiate a grievance. The grievance procedure should be activated in a timely manner. These steps as defined in further detail in the Student Handbook section of the College Catalog would include:

1. The student should attempt to resolve the dispute informally with the faculty member concerned.
2. If there is no resolution, the student may then make an appointment to meet with the Nursing Director of the program to discuss the issues.
3. After meeting the Nursing Director, if the student does not feel the issue is resolved, the student may ask for a meeting with the Math/Science Division Dean to review the issues.
4. If there is still no resolution, the student may ask for a meeting with the appropriate Vice President.

Students who wish further information concerning any additional aspects of student grievances or rights of appeal, should contact the Office of the Vice President of Student Services.

### **Procedure for Readmission to the Nursing Program**

Criteria for students applying for readmission to the nursing program are listed below. These provide a basis for readmission to the program when SPACE IS AVAILABLE.

#### **A. CRITERIA FOR ELIGIBILITY:**

1. CSM nursing students who previously exited the CSM Nursing Program for any reason are eligible only for one re-admission to the CSM Nursing Program.
2. Nursing students who have been enrolled in another nursing program prior to entering the CSM nursing program at the beginning (of the CSM Program) are eligible only for one re-admission. However, the student will not be admitted to the CSM nursing program if the student previously did not obtain a passing grade in a clinical course.
3. Transfer students who have not received a passing grade in one course in a previous nursing program will be eligible only for one re-admission to the CSM nursing program. Transfer students are not eligible to apply for entry into the last semester of the nursing program. A transfer student is defined as a student who transfers nursing courses into the CSM nursing program as equivalent to the CSM nursing courses in an advanced placement status.
4. If a CSM Nursing student exits the CSM Nursing program for any reason, upon exiting the student must meet with his/her instructor or the director to develop a Remediation Plan and strategies for improvement. A copy of the Remediation Plan will be given to the student and a copy will be placed in his/her file.
5. \* Exceptions to this policy are the following:
  - a. Previous CSM students who received a no-pass clinical grade at the time of exit are not eligible to return to the program.

#### **B. PROCEDURE FOR APPLYING FOR READMISSION:**

1. The student must submit an application to return to the program according to the required dates for the course that he/she needs to repeat.
2. The student must submit a written Progress Report of work done towards completion of the Remediation Plan with the application. Refer to #4 above.
3. If there is SPACE AVAILABLE in the course requested, the student will be admitted "on condition" that the Remediation Plan is completed before entry
4. If the Remediation Plan is not completed by the designated date, the student will not be allowed to re-enter the CSM nursing program during that academic year. **The student must reapply for the subsequent academic year.**
5. Application for readmission and the Progress Report must be returned to the Nursing Department and postmarked no later than:
  - March 1<sup>st</sup> for admission to the first or third semester (for Fall semester courses).
  - November 1<sup>st</sup> for admission to the second or fourth semester (for Spring semester courses).

**C. CRITERIA FOR SELECTION:**

1. If there is **SPACE AVAILABLE** applicants will be selected from the following categories and in the following priority:
  - Previous CSM nursing students who had a satisfactory theory grade and **PASS\*** clinical grade at the time of exit from the program, within the last 3 years.
  - Previous CSM nursing students who had an unsatisfactory theory grade and a passing clinical grade at the time of exit from the program, within the last 3 years.
  - Readmission is conditional until the completed Remediation Plan, if applicable, is submitted.

**NOTE:** If there are more equally qualified applicants than space available, selection will be made by random number selection.

**\* See Dismissal Policy and Incident Reporting Procedure in Student Handbook**



### Remediation Contract

Student:

Date:

Instructor/Director:

Theory       Clinical       Medication Calculation Test       Other

Objectives and Action Plan to Achieve the Remediation Plan:

- 1.
  
  
  
- 2.
  
  
  
- 3.

Expected Date of Completion: \_\_\_\_\_

\_\_\_\_\_  
Student Signature (Indicates understanding and agreement)

\_\_\_\_\_  
Date



Proof of Completion: (Items to be submitted before returning to program)

1. Course  (provide grade indicating successful completion)
2. Work-related Activities  (Provide letter of Verification with Signature, Title , Phone Number of Individual who can Verify Completion of Activity)

Upon return to the program, you must demonstrate clinical competency in the following skills:

1.  Dosage and calculation exam
2.  Physical assessment
3.  Medication Administration

*Above items submitted and Verified by Nursing Department:*

\_\_\_\_\_  
Signature of Person Receiving Proof(s) of Completion

\_\_\_\_\_  
Date

## Simulation Laboratory Policies and Procedures

Human simulators are intricate, complex models which represent human functioning mechanically and electronically, the following list of guidelines must be adhered to in order to safeguard all users and equipment.

### Policy

1. Simulation time is clinical time. Any absence or late arrival will be documented according to the absence policy.
2. CSM dress code policy is in force when using simulation.
3. No cell phone, PDAs, notes or textbooks are permitted in the simulation area.
4. Hand hygiene policy must be followed during simulation exercise.
5. All simulation exercises, scenarios, group activities are considered confidential in order to enhance the learning of all students involved. Refer to the academic integrity policy. Any violation of the confidentiality agreement is considered to be a violation of the academic integrity policy.
6. Simulation exercises involve video and/or audio recording. These recordings may be viewed by a variety of audiences for teaching purposes.

### Procedure

1. Arrive on time to the simulation exercise.
2. Plan to stay throughout the designated time frame.
3. The human simulator is a patient and should be greeted and identified as a patient.
4. Adhere to the CSM dress code during the simulation.
5. Bring all clinical related equipment with you to the simulation, such as a stethoscope, penlight, etc.
6. Follow the directions of the faculty member during simulation.
7. Work respectfully with your peers, the patients and other members present who might represent other health professionals or family members.
8. The instructor has the right and responsibility to remove a student from the simulation exercise if he/she is behaving inappropriately, not following directions, violating rules, is not prepared, etc. This would be considered a clinical absence.
9. No food or beverages are allowed in the simulation area unless it is for the simulation exercise.
10. No pens or markers are allowed near the simulation mannequin.
11. Adhere to the rules related to the use of the simulator-see rules posted in the simulation room.
12. Audio and video recording may take place during simulation exercises. An agreement form is in the student handbook and must be signed by all students.
13. If you are encountering any mechanical problem with the simulator, inform the lab technician and/or your instructor immediately. Under no circumstances should you attempt to make any adjustments or repairs yourself.

14. If you encounter any severe level of stress or anxiety and are unable to proceed with the simulation, stop and inform the instructor immediately.
15. If you are hurt or injured during the simulation, stop and inform your instructor immediately.

### Faculty Procedure

Use of the simulators must be confirmed through the Nursing Department office. Call the staff assistant, Judith Cheung, in order to book the use of the simulator(S). Give her the course number, section, date and time you wish to use the simulation equipment and she will confirm the approved use with the lab calendar.

I have read and understand the above expectations for use of the human simulators and agree to comply. This agreement extends through the entire time I am enrolled in the nursing program at the College of San Mateo.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

COLLEGE OF SAN MATEO  
Nursing Department

*Assessment Technologies Institute Testing Policy*

Types of ATI Testing

1. Admission Testing

All ATI testing taken by students prior to entry into the CSM RN program is admission testing.

- a. Admission Testing utilizes the ATI Test of Academic Skills (TEAS). This test has been approved by the California Community College Chancellor's Office for evaluating student preparedness for nursing program curriculum and as a predictor of their success in the program, based upon their individual scores.
- b. Students are required to achieve the CCCC approved cut score on the current version of the TEAS in order to be accepted into the CSM RN program.
- c. The current TEAS version and required minimum cut score is available on the website of the CSM RN program.
- d. Students who do not achieve the minimum cut score in their first attempt are allowed only one additional attempt to achieve the required score. Students must complete the designated remediation plan prior to taking the TEAS test for a second time.
- e. Students who do not achieve the minimum score on their first two Attempts become ineligible for program acceptance.
- f. Students who take the TEAS test at CSM or elsewhere must purchase an electronic transcript from ATI and have it sent to the program.

2. Admission Testing Responsibilities

Program Director or Designee

- a. Initiatives and maintains agreements with ATI for testing dates and fees
- b. Schedules testing sessions and locations
- c. Proctors or arranges proctoring of TEAS sessions
- d. Completes required TEAS reporting to CCCC.

3. ATI Curriculum Resources and Testing: Curriculum resources and testing include all those ATI resources utilized after students are formally accepted into the CSM RN Program. ATI curriculum resources include tutorials, practice assessments, proctored assessments, books and other resources.

ATI curriculum responsibilities are as follows:

Program Director or Designee

1. Orders ATI Testing resources for each semester, as needed
2. Arranges orientation for students to the use of ATI resources at the beginning of the program
3. Arranges for refresher orientations as needed for the higher level students

4. Arranges faculty orientation to ATI resources and testing processes as needed. Provides additional technical support as needed.
5. Distributes ATI resources to students as needed, including course specific Assessment codes.

#### Nursing Faculty:

1. Determine assignments from ATI resources and integrate those Assignments into their course syllabi.
2. Assignments may be assigned readings from the books, assessments, or Tutorials, e.g. skills modules, RN Learning System 2, Nurse Logic, or any other ATI resource that supports Student Learning Outcomes
3. Selects proctored test dates
4. Reserve the computer lab for identified dates and times
5. Proctors course assessment in the computer lab
6. Notifies appropriate student (s) of a make- up day and time if necessary for the proctored assessment.

#### Proctored Assessment Delivery Model

1. The ATI recommended delivery model for proctored assessments provides that students take the course proctored assessment when 90% of the course content has been delivered.
2. Practice assessments may be taken at any time, and are designed to guide students' reading, review, and study in the course content.
3. Following this model, the CSM RN program will provide proctored assessments at the following intervals.

	<b>COURSE</b>	<b>Weeks 3-4 - Midterm</b>	<b>Weeks 7-8 - Final</b>
NURS 211	Introduction to Nursing		
NURS 212	Concepts of Homeostasis		Proctored Fundamentals
NURS 221	Pediatric Nursing		Proctored Care of Children
NURS 222	Maternity Nursing		Proctored Maternal-Newborn
NURS 231	Psychiatric Nursing		Proctored Mental Health
NURS 232	Medical-Surgical Nursing		
NURS 241	Advanced Medical-Surgical Nursing		
NURS 242	Leadership/Management		Proctored Predictor Exam

Other Assignments					
		Assigned Readings	Homework	Skills Tutorials	Practice Forms
NURS 211	Introduction to Nursing	X		Plan to add tutorials for lab	
NURS 212	Concepts of Homeostasis	X	X	X - for skills lab	3 practice tests
NURS 221	Pediatric Nursing	X		Plan to add tutorials	1 practice test
NURS 222	Maternity Nursing	X		IM injection Comp IV start	2 practice tests
NURS 231	Psychiatric Nursing	X	X	-	3 practice tests
NURS 232	Medical-Surgical Nursing			Tutorials required	
NURS 241	Advanced Medical-Surgical Nursing			Tutorials required	
NURS 242	Leadership/Management	X	n/a	X - for skills lab	3 practice tests

# VI. CERTIFICATES OF STUDENT UNDERSTANDING & AGREEMENT



COLLEGE OF SAN MATEO  
NURSING DEPARTMENT

***Certificate of Student Understanding and Agreement***

By signing this form, I am acknowledging I have purchased and read the Nursing Student Handbook. I understand it is my responsibility to become familiar with this information and that failure to observe the rules and regulations as stated in the Nursing Student Handbook may be cause for withdrawal from the nursing program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agrmntfr.doc  
Rev. 08/07

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***Protection of Privacy of Patients and Students Policy***

College of San Mateo acknowledges both a legal and ethical responsibility to protect the privacy of patients and students. Consequently, the indiscriminate or unauthorized review, use or disclosure of personal information, medical or otherwise, regarding any patient or student is expressly prohibited.

Except when required in the regular course of business, the discussion, use, transmission or narration, in any form, of any patient information which is obtained in the regular course of your assignment is strictly forbidden.

Those individuals who also have access to student information are expected to respect and treat the confidentiality of such information in the same manner as that of patients information.

Any violation of this policy shall constitute grounds for severe disciplinary action, including possible expulsion from the College.

I have read and understand the significance of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS FORM IS TO BE SIGNED AND RETURNED TO THE NURSING DEPARTMENT OFFICE BEFORE THE STUDENT IS ALLOWED TO GO TO THE ASSIGNED CLINICAL AGENCY.**

**COLLEGE OF SAN MATEO  
NURSING DEPARTMENT**

**Permission to Send Recommendations and/or Transfer Records Policy**

In accordance with the federal regulations Family Education and Privacy Act, Section 438 of Public Law 93-380 as amended by Senate Joint Resolution on November 19, 1974 (Wm. Buckley), it is necessary for us to secure written permission from the student, ex-student or graduate of our Nursing Program in order that we can send recommendations and transfer records to possible employers, other state board facilities, other academic institutions and professional agencies.

In order to comply with this law and to more readily expedite the transfer of records we have compiled the following form. Please sign it, check where appropriate, detach and return it to the Nursing Department, College of San Mateo. This permission form will then be kept in your permanent file in the event that you need to have your records transferred at any time in the future.

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I, \_\_\_\_\_, give my permission to the Nursing Department at the College of San Mateo to send recommendations and/or transfer my records as listed above:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

### *NURSING PROGRAM RELEASE FROM LIABILITY*

During the course of the clinical experiences of the Nursing Program, students may come into contact with diseases, medicines, treatments, and equipment which are potentially hazardous to the student's health, or to the health of unborn fetuses, in the case of pregnant students. Examples of potential hazards to which exposure may occur include, but are not limited to bacterial, mycotic, and viral diseases as well as radioactive materials and x-ray machines. Although reasonable efforts are made to avoid and minimize these risks, the exact probability of exposure to these potential hazards is not known. The student may be required to enter areas where access is restricted due to the storage, transfer, or use of radiation sources.

Students in the Nursing Program are required to learn and practice nursing skills and procedures prior to performing them on patients in the clinical setting. The undersigned agrees that he/she understands that students may practice these skills on each other and this may be accompanied by potential dangers as identified above. Students will be required to learn skills required for nursing, including but not limited to fingersticks, injections and venipuncture. Further, nursing students may practice these invasive procedures on each other and that participation is voluntary.

In consideration of being allowed to participate use the Nursing Program at the College of San Mateo, I hereby understand and agree to this Release of Liability, Waiver of Legal Rights and Assumption of Risk and to the terms hereof as follows:

1. I understand and acknowledge that the activities connected with the Nursing Program have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I expressly and voluntarily assume all risk of personal injury sustained while participating in the Nursing Program, whether or not caused by the San Mateo County Community College District, and its colleges, trustees, officers, officials, agents and/or employees.
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation;
3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation in the Nursing Program. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest faculty or staff member immediately;

4. I agree that I will not sue or make a claim against the Released Parties for damages or other losses sustained as a result of my participation in the Nursing Program;
5. I agree to defend, indemnify and hold the Released Parties harmless from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in the Nursing Program;
6. I will take full responsibility for, and hold harmless the Released Parties, for any injury that I may suffer or inflict upon others or their property as a result of my participation in the Nursing Program;
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and waive all my legal rights with respect to the Released Parties in connection with any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such liabilities which any may be incurred as the result of such claim.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE RELEASED ANY AND ALL CLAIMS AGAINST THE RELEASED PARTIES RESULTING FROM PARTICIPATION IN THE NURSING PROGRAM BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By: \_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed name of participant)

# COLLEGE of SAN MATEO

## Photo and Video Release Form



I, \_\_\_\_\_, hereby signed, give my permission to the College of San Mateo to use my likeness (in still photography and/or video) in college promotional materials and commercials. I do not expect to be paid or compensated in any way for my role in the photography and I release all future rights to the images.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Parent Signature (if model is under 18):

\_\_\_\_\_

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

College use only:

## **Simulation Confidentiality Agreement**

I, the undersigned, agree to keep the contents of the simulation experience confidential. This means that I will not be sharing the experience and the related scenarios with anyone.

Any violation of this agreement is equivalent to a violation of the academic integrity policy and will be treated accordingly. This agreement is enforced for the duration of the program.

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Print Name

Signature

Date

ConfidentialityAgreement.doc