

# VERNON COLLEGE



## Licensed Vocational Nursing Program

### PROGRAM HANDBOOK

2018-2019

#### **Disclaimer**

This handbook is intended to provide guidelines and procedures for the LVN Program and does not create a contract between the student and Vernon College, nor confer any contractual right upon the student. Vernon College reserves the right to make changes to this handbook at any time without prior notice.

## Welcome

Vernon College's Licensed Vocational Nursing (LVN) Program extends you a warm welcome, and we wish you well in your chosen profession. The LVN Program is a clinically intensive one year or eighteen month certificate program that offers classroom instruction and related clinical practice in the four basic areas of nursing: care of adults, mothers and newborns, children and the elderly. Supporting courses and content include basic human anatomy and physiology, disease control and prevention, pharmacology, nutrition, growth and development, mental health and illness, personal and vocational adjustments, legal and ethical aspects of nursing practice, and nursing skills.

We believe that vocational nursing is an integral, essential part of all nursing, and the LVN's contributions to the health team are vital in providing, and improving health care services for the patient. Therefore, we will continually strive to ensure the Vernon College Program of Licensed Vocational Nursing remains one of sound educational principles through providing opportunities for excellence in your chosen career. It is hoped that this pursuit of excellence will permeate your every endeavor as you spend the next twelve or eighteen months in the program.

This handbook is provided to assist you in satisfactory adjustment to your newly chosen career. From time to time, there may be changes in the policies and regulations. Please note these changes in the handbook, keeping it current. The information in this handbook is specific to the Nursing Department's policies and procedures. The LVN Program Handbook should be used as a supplement to the current Vernon College Student Handbook and supercedes any similar policies outlined in the Vernon College Student Handbook. You are also encouraged to obtain a current Vernon College Student Handbook from the Vernon College website. These handbooks are intended as guides for questions and expectations that you may have concerning performance requirements and expectations for Vernon College and the LVN Program.

### **Vernon College Administration & Staff:**

Dr. Dusty Johnston, President  
James Nordone, Dean of Student Services  
Dr. Elizabeth Crandall, Vice President of  
Instructional Services  
Dr. Mary Rivard, Director of Nursing  
Pam Rotz, Assistant Director, Licensed Vocational  
Nursing  
Vicki Bradley, Faculty Assistant – Vernon  
Sonny Seyler, Faculty Assistant – Century City

### **LVN Faculty:**

Tracie Fulton, BSN, RN  
Zela Haney, ADN, RN  
Rachel Herrmann, ADN, RN  
Tom Hickey, BSN, RN  
Casey Kolacek, ADN, RN  
Kim Perkins, BSN, RN  
Pam Rotz, ADN, RN  
Mike Scott, ADN, RN  
Cassie Shaw, BSN, RN

In closing, I welcome you to the LVN program at Vernon College. If I can be of assistance to you while you are in the program, please stop by my office and visit with me. My door is always open to students. I want to wish the best of luck to each of you in your endeavors as a nursing student at Vernon College and in your future career as an LVN. I am confident you will share our optimism for the future of professional nursing and the impact that nursing has on the health of individuals and societies.

Best wishes for a successful and positive nursing educational experience at Vernon College,

Mary Rivard, PhD, RNC-OB  
Director of Nursing

## **Table of Contents 2018-19**

Welcome.....	2
Vernon College Mission and Vision Statement.....	4
Nursing Philosophy & Program Purpose.....	5
Program Objectives & Outcomes .....	6
Student Policies: General Information .....	8
Scholastic Requirements, Re-admission & Re-entry Requirements.....	10
Transfer Students.....	12
Drug & Alcohol Use Policies, CPR Certification, Physical Examination.....	13
Requirements for Graduation .....	14
Standards of Progress, Grading System, Testing Policy, Testing Accommodations, & Clinical Grading System .....	15
Nursing Assignments, Interrater Reliability Policy, & Clinical/Professional Incompetency .....	16
Voluntary Tutoring, Scholastic Requirements, Religious Day Absence, & Nursing Department Attendance Policy, Record of Attendance .....	17
Clinical Absence Policy, Administrative Withdrawals, & Student Initiated Drops/Withdrawals .....	18
Disciplinary Policies, BON Disciplinary Policy, Vernon College Disciplinary Policy, & Vernon College Student Civility Policy .....	19
Netiquette for Nursing Students .....	20
Demerit System & Dress Code.....	23
Professional Behavior & Dismissal/Administrative Withdrawal from the LVN Program.....	25
Tobacco Policy .....	26
Guidelines for Resolving Problems .....	28
Due Process/Student Grievance Procedure .....	29
Critical Thinking .....	30
Tips for Classroom Note-taking .....	31
Acknowledgment of Risks Policy & Department of Health & Human Services/CDC Standard Precautions .....	32
Simulated Lab (SIMS) .....	38
Clinical Policies.....	39
United Regional Clinical Student Policies .....	41
United Regional Parking Map.....	42
Policies for Nursing Students in all Clinical Agencies.....	43
Texas Board of Nursing (BON) Eligibility Questions.....	47
Declaratory Order & Texas Nursing Jurisprudence Exam .....	48
Student Advisement Form.....	50
LVN Program Handbook Acknowledgement .....	52

## Vernon College Mission Statement

The mission of Vernon College is teaching, learning, and leading. Vernon College is a comprehensive community college that integrates education with opportunity through our instructional programs and student support services by means of traditional and distance learning modes. Therefore, to fulfill its mission, the College will provide access, within its available resources, to Career technical/workforce programs up to two years in length leading to associate degrees or certificates;

- Career technical/workforce programs up to two years in length, leading to associate degrees or certificates;
- Career technical/workforce programs leading directly to employment in semi-skilled and skilled occupations;
- Freshman and sophomore courses in arts and sciences, including the new core and field of study curricula leading to associate and baccalaureate degrees;
- Ongoing adult education programs for occupational upgrading or personal enrichment;
- Compensatory education programs designed to fulfill the commitment of an admissions policy allowing the enrollment of disadvantaged students;
- A continuing program of counseling and guidance designed to assist students in achieving their individual educational goals;
- Career technical/workforce development programs designed to meet local and statewide needs;
- Support services for educational programs and college-related activities;
- Adult literacy and other basic skills programs for adults; and
- Such other programs as may be prescribed by the Texas Higher Education Coordinating Board or local governing boards in the best interest of postsecondary education in Texas.

*Approved by College Effectiveness Committee September 12, 2014*

*Officially approved and adopted by the Board of Trustees on October 15, 2014*

Mission as adapted from the Texas Higher Education Coordinating Board Strategic Plan for Texas Public Community Colleges 2011-2015, according the Texas Education Code, Sec. 130.003(e)

## Vernon College Vision Statement

Vernon College will promote a culture of success for our students and communities through learner-centered quality instructional programs and exemplary services.

## Nursing Philosophy and Program Purpose

The faculty of the LVN Program believe that education is a process involving active participation of both learner and teacher, which enables the individual to develop his or her potential in becoming a productive, responsible member of our existing and changing society and a member of the nursing community. We further believe that education should allow for upward and/or horizontal mobility according to the individual's capacity.

We believe that LVN education should build on a foundation of basic education, within the concept that nursing is an art and an expanding science, concerned with the provision of essential health services of a multi-cultural society fostering individual, family, and community health. The practice of nursing provides preventative, administrative, and rehabilitative measures relative to the individual and their total situation. We believe that the quality of nursing is dependent, in part, upon the intellectual and emotional maturity of the practitioner and upon the social and moral values evidenced in his or her behavior.

We believe that LVN education should prepare the individual to function cohesively with all members of the health care team, and that an organized program will prepare the individual to use sound nursing judgment based on knowledge and experience in selected nursing situations.

We further believe that LVN, under supervision of the professional nurse and/or physician encompasses the provision of direct patient care; the management and coordination of patient care utilizing observation, recording, and reporting to appropriate persons; the performance of treatments; the administration of medications and assisting with rehabilitation of patients. Licensed vocational nursing also involves participation in planning, implementation and evaluation of nursing care. We believe that the student has the right for a voice through appropriate channels.

## CONCEPTUAL FRAMEWORK

The conceptual framework for Vernon College's LVN Program is based on the belief that all persons have the same basic human needs. This theory developed by Abraham Maslow provides a framework by which the LVN student can evaluate and understand the needs of persons. Maslow described human needs in a hierarchal order, which provides vocational nursing with rationale for the organization of assessment data and for the determination of priorities for intervention. The degree of which a persons needs are met determines placement on the health-illness continuum. Within this framework and by using the nursing process, the LVN student can effectively act as a member of the health care team in providing care for persons in his/her environment with potentially, partially, or wholly unmet needs. Maslow's Hierarchy of Needs is represented in the program objectives established by Vernon College's LVN Program.

The **licensed vocational nurse** is a vital member of the health care team. Licensed vocational nursing is based on scientific principles and encompasses the provision of direct care to clients in structured health care settings who are experiencing common, well-defined health problems with predictable outcomes, practicing under the supervision of the professional nurse and/or the physician. It is essential that the LVN communicate with other members of the health care team to assist persons with unmet needs. In striving for self-actualization, the LVN will accept the responsibility for continued personal and vocational growth.

The health care team consists of any professional who assists persons with potentially, partially, or wholly unmet needs. The health care team includes, but is not limited to, physicians, nurses of all levels, nutritionists, and clergy.

Persons are a holistic entity with basic human needs. While interacting with their environment, persons fall at some point on the health-illness continuum. The environment is inclusive of all internal and external conditions and influences that affect the development, and therefore, the needs of persons. The health-illness continuum ranges from totally met needs to wholly unmet needs. Where persons lie on this continuum determines the type and extent of vocational nursing required. Basic human needs are classified as physiological, safety and security, love and belonging, esteem and self-esteem, and self-actualization.

In order to meet the needs of the patient while promoting the concept of planning, implementation, and evaluation, the LVN student learns to utilize a systematic problem solving approach to identify, prevent or treat partial and/or unmet needs of the individual.

To effectively utilize the systemic problem solving approach, the LVN student learns to develop good and effective communication skills. Communication is an interpersonal process involving both senders and receivers of messages. It incorporates all means of exchanging information between two or more people and is a basic component of human relationships. Persons communicate based on their perceptions of the information they receive from the environment.

The over-all conceptual framework was developed in conjunction with the Workforce Education Course Manual (WECM) published by the Texas Higher Education Coordinating Board (THECB), the Secretary's Commission on Achieving Necessary Skills (SCANS) and the Differentiated Essential Competencies (DECs) for Vocational Nursing. The SCANS examined the demands of the workplace and young people's capabilities of meeting those demands. The knowledge identified by SCANS is made up of five workplace competencies and a three-part foundation of skills and personal qualities that are needed for a solid job performance.

The DECs report identifies essential competencies of Texas graduates of education programs in nursing at the four levels of entry into practice. Competencies are defined as "effective demonstration, by time of graduation, of knowledge, judgments, skills, and professional values derived from the nursing and general education content." The competencies describe the expected outcomes for students at the time of graduation.

The competencies are organized according to four major roles of the nurse: Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. Broad competency statements describe the expected behavior of the graduate. The competencies are then further described in terms of "knowledge needed to achieve the competency" and "related clinical judgments and behaviors." The competency statements may serve as guidelines for preparation of statements regarding the utilization of new graduates in practice settings and the development of plans for building upon competencies. Periodic reviews are conducted to ensure that the competencies reflect changes in the nursing practice arena.

These competencies are integrated throughout the curriculum.

### **Program Objectives/Outcomes**

The Vernon College LVN Program Outcomes are based on the NCLEX-PN test requirements for licensure.

The 4 NCLEX-PN Client Needs and Sub-categories:

1. Safe and Effective Care Environment
  - Coordinated Care
  - Safety and Infection Control
2. Health Promotion and Maintenance
3. Psychosocial Integrity
4. Physiological Integrity
  - Basic Care and Comfort
  - Pharmacological Therapies
  - Reduction of Risk Potential
  - Physiological Adaptation

Program Outcomes:

1. Provide a **Safe and Effective Care Environment** - contributes to the enhancement of the health care delivery setting and protects clients and health care personnel. Provides **Coordinated Care** – collaborates with health care team members to facilitate effective client care.
2. Promote and support **Safety and Infection Control** – contributes to the protection of clients and health care personnel from health and environmental hazards
3. Incorporate **Health Promotion and Maintenance** practices - provides nursing care for clients that incorporates the knowledge of expected stages of growth and development, and prevention and/or early detection of health problems.

4. Foster and support **Psychosocial Integrity** - provides care that assists with promotion and support of the emotional, mental and social wellbeing of clients.
5. Promote and Support **Physiological Integrity** - promotes physical health and wellness by providing care and comfort, reducing client risk potential, and managing health alterations.
  - a. Provide **Basic Care and Comfort** - provides comfort to clients and assistance in the performance of activities of daily living.
  - b. Provide **Pharmacological Therapies** - provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.
  - c. Foster **Reduction of Risk Potential** strategies - reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.
  - d. Promote and support **Physiological Adaptation** - participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

**Highlighted** terms are representative of the content of the NCLEX-PN Test Plan and are organized into four major Client Needs categories. Two of the four categories are divided into subcategories.

## STUDENT POLICIES

### General Information

The LVN program is a certificate program that requires 44 semester credit hours (SCH). The day programs are full-time, 12-month programs. The evening program is a part-time, 18-month program. Applicants to the LVN program will be selected for admission based upon ranking according to point calculations derived from the Vernon College LVN Admission Point System. Any student applying for the LVN Program must also be accepted for admission to Vernon College and be TSI cleared.

Obtaining a criminal history check and registry clearance for all students prior to clinical assignment is a requirement for clinical affiliation with area health care facilities (Texas Administrative Code Chapter 414, Subchapter K, Criminal History and Registry Clearances). The College will be required to obtain criminal background checks for all students, directly from the Texas Department of Public Safety (TDPS). Additionally, the college must obtain criminal history information through the FBI, using a complete set of fingerprints on the official FBI card, for all students who have lived outside the State of Texas, at anytime during the two years preceding clinical rotation. The following convictions of criminal offenses which constitute an absolute bar per from employment in health care agencies per Texas Administrative Code Chapter 250 Section 250.006 include:

1. Criminal homicide
2. Kidnapping and unlawful restraint
3. Indecency with a child
4. Agreement to abduct from custody
5. Sale or purchase of a child
6. Arson
7. Robbery
8. Aggravated robbery
9. Aggravated sexual assault
10. Sexual assault
11. Aggravated assault
12. Injury to a child, elderly, individual, or disabled individual
13. Abandoning or endangering a child
14. Aiding suicide
15. Indecent exposure
16. Improper relationship between an educator and a student
17. Improper photography or visual recording
18. Deadly conduct
19. Terroristic threat
20. Exploitation of a child, elderly individual, or disabled individual
21. Online solicitation of a minor
22. Money laundering
23. Medicaid fraud
24. Obstruction or retaliation
25. Cruelty to livestock animals or non-livestock animals
26. A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice containing elements that are substantially similar to the elements of the offenses listed above
27. A felony or Class A misdemeanor conviction for the following that is less than five years from the current date:
  - assault
  - misapplication of fiduciary property of a financial institution
  - securing a document by deceit, securing execution of a document by deception
  - theft
  - burglary



After receiving the admission application, the Vocational Nursing Program will submit the necessary information to the Texas Board of Nursing in order to arrange for digital fingerprinting. The fingerprinting will be used to complete criminal background investigations for each student. As the background investigations are completed each student will receive a “blue card”. This card is to be delivered to the Vocational Nursing Program office by the student prior to the first day of program classes.

Students with any criminal history will be required to file a Declaratory Order with the Texas Board of Nursing. Student are required to provide the Nursing Department with either a copy of the Texas Board of Nursing blue card or documentation from the Texas Board of Nursing on his/her status of criminal background check. If your background is under review by the BON and you have not received the required documentation before the first day of school/program classes, you may start “conditionally” as long as proof of fingerprinting has been provided. If the process has not been completed within the first few weeks of the program, the student’s status in the program may be jeopardized. A criminal background check may be completed by the college.

**Students who do not deliver a blue card or copies of a Declaratory Order by the first day of clinical rotations will not be allowed to attend/complete the clinical assignment.**

If an applicant has a previous criminal history, there may be some question of eligibility for licensure as a Licensed Vocational Nurse. Students who have eligibility issues will be required to complete a Declaratory Order through the BON. The Declaratory Order process permits the Board to make decisions regarding an applicant's eligibility for licensure prior to entering or completing a nursing program. The following questions are asked by the BON during the application process

1. Have you been convicted, adjudged guilty by a court, plead guilty, no contest or nolo contendere to any crime in any state, territory or country, whether or not a sentence was imposed, including any pending criminal charges or unresolved arrest (excluding minor traffic violations)? This includes expunged offenses and deferred adjudications with or without prejudice of guilt. Please note that DUI’s, DWI’s, PI’s must be reported and are not considered minor traffic violations. (One time minor in possession (MIP) or minor in consumption (MIC) do not need to be disclosed, therefore, you may answer “NO”. If you have two or more MIP’s or MIC’s, you must answer “Yes”.)
2. Do you have any criminal charges pending, including unresolved arrests?
3. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
4. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
5. Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or Psychotic bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality Disorder?

Students who answer “yes” to any of these questions may be ineligible for licensure and should schedule an appointment with the program Director as soon as possible to obtain instructions on petitioning the State Nursing Board for a declaratory order to determine their eligibility.

North Texas State Hospital (NTSH) requires each student to complete the criminal background check through the Texas Board of Nursing. Clearance through the nurse aide registry and employee misconduct registry ensures compliance with 25 Tex. Admin. Code §414.504(d), which prohibits a DSHS facility from allowing an individual to be employed by, assigned volunteer status at, or serve as a professional clinical intern at the facility who has been listed as revoked in the Nurse Aide Registry (maintained by the Department of Aging and Disability Services), listed as unemployable in the Employee Misconduct Registry (maintained by the Department of Aging and Disability Services), or convicted of any offense identified on the bars to employment. This information shall be used to determine if an offense may be a prohibition or contraindication to students being eligible to participate in the clinical rotation at NTSH. Students who have not passed the criminal background check will not be permitted on NTSH premises and will be unable to complete the clinical portion of their nursing education, resulting in failure to complete the LVN program.

The Nursing Department requires that all students obtain his or her own health and accident insurance policy and provide verification of such coverage to the Nursing Department by the first class day of the first semester in the program. Insurance should be kept current for the duration of the program. Some clinical facilities require this documentation before allowing students into their facility. The Nursing Department reserves the right to request documentation of current insurance at any time during enrollment in the program.

A student's enrollment in the LVN Program may be discontinued at any time if, in the opinion of the faculty of the Nursing Department and documented to that effect, the student is not suitable for a nursing career.

Upon successful completion of the prescribed course of study, the student may participate in the commencement exercise and will be granted a certificate from Vernon College. In order to receive a diploma for a degree or certificate, and to facilitate planning for the graduation ceremony, students are required to apply for graduation before the published deadlines. The Application for Graduation is filed with the Office of Admissions and Records.

Students must provide their own transportation to clinical agencies. Students will be required to attend classes and clinicals in Vernon, Seymour, and Wichita Falls and may be required to complete clinical experiences in institutions outside the Vernon/Seymour/Wichita Falls area.

The students will purchase nursing liability insurance each year he/she is enrolled in nursing courses. Purchase of liability insurance is provided through Vernon College as a portion of the course fees.

A student must complete all nursing courses within a 3-year period beginning with the enrollment in the first nursing course.

### **SCHOLASTIC REQUIREMENTS**

A student must achieve or maintain a minimum GPA a grade of **78** in each course enrolled. A student will be notified at mid-semester if his/her average is below **78**. No extra credit exams or assignments will be administered. The Vocational Nursing program does not round up any grade. If a student receives a grade of 77.99 he/she will receive a letter grade of F in that course. The student will be advised on possible ways to remediate deficiencies and referred to the PASS center.

If a student does not maintain a **78** GPA in a course, he or she will be placed on scholastic suspension and not be allowed to continue in the program until successful completion of the failed course(s). At that time, a student will have to apply for re-entry.

#### **Options for students who are not successful in nursing courses:**

##### **RE-ADMISSION**

Re-apply as a new student in the LVN program (same process as new student). Selected applicants will retake all nursing courses required after admission to the program. Any college course taken for LVN course credit will need to be retaken if completed more than 3 years before the first day of class of re-admission. Note - If a student is accepted as a new/re-admission LVN student after failure of one course in the previous enrollment, the 2<sup>nd</sup> course failure rule continues to apply. The initial failure will count as the 1<sup>st</sup> failure and, if a student fails a course in the new enrollment, it will count as the 2<sup>nd</sup> failure and will result in dismissal/administrative withdrawal from the program. Re-admission will be granted no more than one time.

##### **RE-ENTRY**

Re-entry in the Nursing Program assumes that the applicant is eligible to return to the College. Only after such applicant eligibility is determined in the affirmative will the possibility of re-entry be reviewed. Various factors including the availability of classroom/clinical space, teacher/student ratios, and Board of Nursing (BON) recommendations, and accreditation status will determine the acceptance of re-entry students. There is no guarantee that students who have previously unsuccessful in the Vocational Nursing program will be granted re-entry. If re-entry is desired, the following application process should be followed:

1. Application for re-entry following withdrawal in good standing:
  - a. Obtain and return application from Vocational Nursing Department.
  - b. Submit application form and a request for re-entry, which explains previous failure/withdrawal and any remediation that has occurred. Also, include a reason for expected success if allowed to re-enter the program.
  - c. After receiving a request for re-entry, the director and the Admission & Review Committee for Vocational Nursing will review the student's records, class space availability, and appropriate placement for times and rotations.
  - d. Based on the total record and the criteria set down by the Vocational Nursing Admission and Review Committee, the Committee will make a recommendation to the program director.
2. Application for re-entry, following academic suspension:
  - a. Submit application and a request for re-entry.
  - b. Submit written evidence in a request for re-entry to document those deficiencies that may have influenced or caused the academic suspension have been remediated. This documentation should demonstrate that the student may be expected to succeed in a reasonably rigorous academic program.
  - c. Based on the total record including placement criteria the Vocational Nursing Admission and Review Committee will make a recommendation to the program director.
  - d. Any applicant who has failed two or more Vocational Nursing courses or the same course twice is not eligible for readmission for a period of three years.
3. Application for re-entry following administrative withdrawal:
  - a. Submit application and a request for re-entry.
  - b. Any student who has exhausted all of their allotted time and who has exhausted their extension of time will not be eligible for readmission for three years.
  - c. Any applicant who has been withdrawn twice is not eligible for readmission. Applicants with a course failure will receive lowest priority for re-entry.
  - d. Based on the total record, including placement criteria, the Admission and Review Committee for Vocational Nursing will make a recommendation to the program director.
4. All re-entry decisions will be made on a space available basis, based on course offering, space availability, Texas Board of Nursing requirements for faculty/student ration, current NCLEX pass rates as determined by the Texas Board of Nursing, and recommendation of the Admission and Review Committee for Vocational Nursing.
5. After the Vocational Nursing Admissions and Review Committee has rendered its decision relative to readmission/placement, a written notification of that decision will be sent to the applicant at his/her email/mailling address of record
6. Students re-entering the program through the readmission process have three (3) business days from time of confirmation of re-entry approval in which to contact the Vocational Nursing program and complete all needed paperwork. The approval will be emailed to the student at the conclusion of the Admission and Review Committee's evaluation.
7. It is the responsibility of the students to keep the Vocational Nursing Program apprised of any changes to their email addresses. If students desiring readmission do not contact the Vocational Nursing program within three (3) business days by email, telephone, or face to face contact the Vocational Nursing program will consider the offer of re-admission to be voided. In the event the applicant's request is rejected by the committee, the applicant may refer to the non-academic grievance policy in the Vernon College Student Handbook.
8. Any applicant who has chosen to withdraw more than once is not eligible for readmission until three years from the date of their last withdrawal
9. Any student readmitted to the program after withdrawing from a class or failing one course must purchase an NCLEX review approved by the program prior to re-entry.

## PLACEMENT IN THE CURRICULUM

As part of the re-entry process, the Vocational Nursing Admission and Review Committee will review the student's placement in the program for Vocational Nursing and the program director. Placement will be based on the following criteria:

1. Students not completing the first semester must enter at the beginning of the program unless Admission and Review Committee grant special provisions for Vocational Nursing.
2. Students who successfully complete any course can use the course grade for up to two years of withdrawal from the program. After a period of two years, the student may apply for a departmental challenge of the course(s) previously passed. This will include a technical skills examination to determine current clinical competence. If the challenge exam is failed, then that course will have to be repeated. The rationale for the competency exam(s) is to assure that the necessary competencies are met in order to successfully pass the NCLEX-PN, the national licensure examination.

### Transfer Students

Students are encouraged to take nursing courses in residence. An applicant seeking recognition of previously earned nursing credits at another college or university nursing program must meet all requirements for admission and be selected for admission. In addition, the applicant must submit:

1. Course syllabus containing course outline(s) and course objective(s) for all earned nursing credits which are to be evaluated. **A course description is not acceptable.**
2. A letter of recommendation from the Dean/Director of the nursing program previously attended.
3. Any nursing courses which have been successfully completed more than three (3) years prior to admission into the program will not be valid for re-admission. If nursing courses were transferred in from another school and they are over the 3 year limit, they must be retaken also. Students who have not been enrolled in the Vernon College LVN program for three (3) or more years will have the option to retake the course or will be required to attain a satisfactory score on a comprehensive exam for each nursing course completed before readmission and demonstrate clinical competency in selected nursing procedures.
4. A minimum GPA of 2.75 will be required for admission.
5. Transfer students selected for readmission will be required to perform the same criminal background check as newly admitted students.
6. Students who think they may be ineligible for licensure due to criminal convictions, mental or physical disability, and/or intemperate use of drugs or alcohol should schedule an appointment with the program Director prior to admission to obtain instructions on petitioning the State Nursing Board for a declaratory order to determine their eligibility.

### Academic Credit Courses

Academic (degree credit) courses can be applied to the Vocational Nursing program. The following courses can be used if the student has received a grade of "C" or better and the course is no more than 3 years old on the first day of LVN Program classes. The following courses may be substituted:

- 2 semesters of Anatomy and Physiology
- Nutrition
- General Psychology
- Human Growth and Development
- Microbiology

Upon receipt, the Nursing Admissions and Review Committee will review all materials to determine which, if any, credits will be considered transferable. Transferability is considered in terms of similarity in course content, course grades, course credits, and course sequence.

Applicants requesting consideration as a transfer student from another nursing program in which they could not progress will be considered on an individual basis.

After this review, qualified transfer students may be admitted on a space-available basis.

**The student involved is responsible for calling on or before the beginning of registration to determine eligibility for enrollment. All re-entry and transfer students will be required to provide proof of completion of a NCLEX review course approved by the Director of Nursing after completing program requirements and before the Director's Affidavit for licensure application will be sent to the Texas Board of Nursing.**

### **Drug and Alcohol Use Policy**

The Vernon College Nursing Department complies with the college policy regarding the use and/or distribution of drugs, such as alcohol, narcotics, and hallucinatory agents. Students who are found to be selling, distributing, or using illegal drugs or who have an indiscriminate use of legal drugs (including alcohol) will be "...subject to disciplinary suspension and referral for prosecution" as stated in the college handbook. Nursing students will also be referred to a counselor, and the mandatory referral to Texas Peer Assistance Program for Nurses (TPAPN) will be made. The use of alcohol and/or drugs in the clinical area is forbidden and will not be tolerated. The student who is suspected of being under the influence of alcohol (including the smell of alcohol on the breath) and/or drugs while in the clinical area is subject to the policies and procedures which direct that particular health facility and may be asked to participate in laboratory (blood and/or urine) testing at his/her own expense. The student will not be allowed to remain in the clinical environment if he/she is suspected of being under the influence of alcohol or drugs. Failure to comply with this request may result in the student's immediate dismissal/administrative withdrawal. Drug and/or alcohol testing will be required for entrance into the program. The student may be subject to random alcohol/drug testing while enrolled in the LVN Program. **The Vernon College LVN program will require drug-testing prior to registration for program courses. Positive drug screen results will result in immediate dismissal from the program.**

### **Cardiopulmonary Resuscitation Certification**

Students are required to provide written documentation of current completion of a CPR course for health care providers (e.g. American Heart Association's Basic Life Support or BLS). The CPR card must be kept current during the student's enrollment in the LVN Program. It is the student's responsibility to keep this requirement current. Failure to complete these requirements will impact your ability to attend clinicals which will result in accrual of demerits. Your status in the LVN Program may also be affected. **No student will be permitted in the clinical setting until fulfillment of this requirement is documented.**

### **Physical Examination**

The student must submit evidence of a physical examination (PE) that has been performed within 6 months of acceptance to the LVN Program. The PE must be performed by a licensed Health Care Provider, who will verify that the student is free of any communicable disease that would be detrimental to the patient while performing direct patient care. The Health Care Provider must also verify that the student is psychologically and physically capable of performing direct patient care. Included in the PE are results of a tuberculin skin test or chest x-ray.

The following immunizations are required by the law according to Section 2.09 of the Texas Education Code Revised effective May 16, 1999 for all students enrolled in higher education courses involved in direct patient care contact: **Tetanus/Diphtheria, Influenza, Measles, Mumps, Rubella, Varicella, & Hepatitis B Series.** The student must show proof of immunizations or documented immunity by either the Health Care Provider or a validated history or serologic confirmation. The first injection of the hepatitis B series (3 injections) must be received prior to any clinical assignment in the program, therefore the 4 - 6 month series should be begun by September 1<sup>st</sup> to ensure your eligibility for clinical assignment.

United Regional Healthcare System (URHCS) requires all students to have a current influenza vaccination. Employees, volunteers, students, etc. are required to have the influenza vaccine, unless they have an approved medical or religious exemption. The Vernon College LVN program will require documentation of vaccination or exemption for all students. Vaccinations must be obtained yearly to remain current. Failure to comply with this policy will result in an inability to attend clinical assignments and may result in dismissal/administrative withdrawal from the LVN program.

All first-time college students and returning students under the age of 22 must be immunized against bacterial meningitis, according to the Jamie Schanbaum and Nicolis Williams Act (Please refer to the immunization requirements in the college catalog or on the Vernon College website). Failure to complete these requirements will impact your ability to attend clinicals which will result in accrual of demerits. Your status in the LVN Program may also be affected. **No student will be permitted in the clinical setting until fulfillment of this requirement is documented.**

### **Requirements for Graduation**

1. Satisfy all admission requirements.
2. Satisfactorily complete all requirements specified for the certificate or degree as outlined in an applicable VC catalog.
3. Earn a minimum GPA of 2.00 or C on all college-level work presented for the certificate or degree. Students enrolled in LVN Programs are required to have a grade of C or better in all courses carrying the course prefixes “VNSG” and “BIOL”.
4. Be enrolled at VC for the semester during which the requirements for the certificate or degree are completed except as otherwise approved.
5. Apply for graduation prior to the published deadlines.
6. Return all properties of the College, including library books.
7. Pay or make satisfactory arrangements for payment of all financial obligations to the College and complete other pertinent record requirements, including exit interviews as required by financial aid programs.

## **STANDARDS OF PROGRESS**

### **Classroom Grading System**

While work is graded using a numerical system, grade reports are recorded using the standard alphabetical system. In order to achieve acceptable competency levels, the minimum passing score GPA (Grade Point Average) shall be **78**. The Vocational Nursing program does **NOT** round up any grade. Therefore, a grade of 77.99 is a failure of that course. The instructor will give each student, in writing, the requirements for each unit or course under his/her responsibility.

Number grades and corresponding letter equivalencies are:

A	=	90 -100
B	=	84 – 89.99
C	=	78 – 83.99
F	=	< 78

### **Testing Policy**

1. No cell phones or electronic devices will be allowed in testing area.
2. Nothing at desk area while testing. No purses, book bags, food, drinks, etc. These items will be placed against the wall at the door of the classroom.
3. No caps or hats worn in the testing area while testing.
4. No sunglasses worn during testing.
5. No writing on test booklets without faculty permission.
6. Handbook guidelines will be followed by all faculty. If 75% of students miss an exam question, the faculty will evaluate the validity of that question. Questions determined to be invalid will be omitted.
7. Refer to the Vernon College Handbook on violations of academic integrity and sanctions related to violations of academic integrity as listed in the Academic Integrity Policy. This includes cheating, plagiarism, collusion, other acts designed to give an unfair academic advantage to the student.
8. A student missing an examination must contact the instructor by the FIRST day he/she returns to school. All make-up exams will be given during finals week.
9. A student will not be allowed to miss class or clinical experience and then come in later in the day to take an examination without documentation of illness, etc. and instructors approval.
10. Examination papers may be returned to the student at the instructor's discretion. The student will always be aware of his/her academic progress during the school year. Final examinations will be retained by the College. Upon request, the student may examine the results of the final examination. The instructor will notify the student if his/her grades are low, or below scholastic standards. This communication may include:
  - a. Written and/or email notification
  - b. A scheduled conference with the instructor
11. Test reviews, including review of rationales, will be scheduled at the faculty's discretion.
12. If a student objects to a test question, the test question will be tabulated to determine if a minimum of **25%** of the students responded correctly. If they do, then this type of test question may be used on subsequent examinations in the course. If not, the material covered by the test question will be reexamined and additional information will be given to the students and the outline will be adjusted. In addition, a new test question may be written to cover the additional information presented to the student.
13. Smart watches will not be permitted during testing.

### **Testing Accommodations**

Students requesting alternative testing accommodations (under the American with Disabilities Act) in the LVN Program must be willing to come in early or stay late on the day the test is given. If accommodations are arranged and the student does not show proof of qualification for those accommodations, services will be suspended until the student consults with the Coordinator of the Office for Students with Disabilities (OSD) or their designee. Completed accommodations forms must be presented to the course faculty before accommodations will be provided. Failure to present these forms will result in lack of accommodations until required forms are received from the OSD.

## **Clinical Grading System**

Written reports of clinical progress will be issued to the student at regular intervals throughout the period of clinical experience, and will be signed by the student and the appropriate faculty members. These reports will be given in writing a minimum of 6 times; one will be given at the end of each semester in which the student has clinical experience. Students with unsatisfactory ratings must contact the instructor for advising within five days of notification.

The clinical evaluation is based on level I-III competencies. To progress to the next level, the student must have successfully completed the previous level. The clinical grades are Pass/Fail. The clinical evaluation form states the criteria for grading. The student will be informed at the beginning of each semester of the learning objectives to be met.

Student clinical performance forms will be completed by the instructor for a minimum of three rotations. A conference will be held between the program director, the faculty member and the student when the student's performance has not met expected learning objectives. Any student exhibiting unsafe practices or behaviors will be deemed clinically incompetent, will receive a grade of F for that clinical practicum, and will not be allowed to continue in the clinical practicum.

Students must have completed all relevant requirements prior to the first clinical day (provided blue card or a copy of the declaratory order letter and copy of immunization record to the LVN department). Any student that does not turn in all relevant paperwork may NOT attend the clinical setting. *Lack of clinical attendance puts the student at risk for failure in or dismissal from the program.*

## **Nursing Assignments**

All nursing assignments submitted to instructors must be legible. Concept maps may be handwritten or typed. If a concept map is handwritten it must be neat and legible. If it is not neat and legible, the student will receive an unsatisfactory grade and will be given the opportunity to type the concept map and submit it to be graded. As a result, all subsequent concept maps must be typed. Failure to abide by this policy will result in a demerit for unsatisfactory work.

## **Interrater Reliability Policy**

***Inter-rater reliability is the degree of agreement among raters. It gives a score or grade of how much homogeneity, or consensus, there is in the grades given by faculty. If there is a question of a student's performance or quality of course work, a method of interrater reliability will be instituted to ensure fairness to the student.***

Students are expected to achieve an average of 78% on all tests in every course. Test and assignment grades are NOT rounded up. Once the required test average has been earned, grades on other assignments (papers, projects, etc.) may be included with the tests to arrive at the final grade for a course. Papers and projects are graded based on specific criteria. Because some courses may be team taught, faculty use various means to assure consistent grading. For example, both faculty may grade the same paper as a check for interrater reliability, or faculty may divide the projects/papers so that one faculty grades all of the student work for a single assignment.

## **Clinical/Professional Incompetency**

Clinical/professional incompetence is the failure to satisfactorily meet objectives written for that particular course. The Clinical Evaluation Tool which defines student behavioral objectives will be utilized to assist the instructor in determining whether or not the student is a safe practitioner of nursing. The inability to successfully meet the course objectives indicates a failure to apply theory to practice. Also, a student may fail the course and/or clinical if he/she has received 3 demerits during a single semester. In either scenario the student will be administratively withdrawn from the LVN Program. See "Demerit System" section in handbook.



### Voluntary Tutoring

Tutoring is available for students requiring assistance. Arrangements can be made with the course instructor or through the Vernon College Tutoring Center. The PASS Department (Proactive Assistance for Student Success) provides services, including tutoring, at no cost to the student. Any student who is willing to serve as a peer tutor for the LVN Program should contact their instructor or the Director of Nursing.

### Scholastic Requirements

A student must achieve a grade of **78** in each course enrolled. Course grades are NOT rounded up. A student will be notified at mid-semester if his/her average is below **78**. The student will be counseled on possible ways to remediate deficiencies or referred to the PASS Department. The student will have until the end of the semester to remediate the course deficiencies. If a student does not achieve a **78** grade average in a course, he or she will **fail the course with an "F" grade and will** be placed on scholastic suspension and not be allowed to continue in the program. At that time a student would have to apply for re-admission to the LVN Program.

### Religious Day Absence

In accordance with Texas Education Code 51.911, students who are absent from classes for the observation of a religious holy day may take an examination or complete an assignment scheduled for that day within a reasonable time after the absence. However, the student must notify the instructor in writing of the dates of such religious holy days not later than the 15th calendar day of the semester or term. A student may not be penalized for the absence, but the instructor may appropriately respond if the student fails to satisfactorily complete the assignment or examination.

### Nursing Department Attendance Policy

The teaching faculty is responsible to the administration of Vernon College, clinical settings, Texas Board of Nursing, and the public to graduate only safe practitioners. There is a limited time in which to accomplish this goal. In order to achieve this during such a limited time, the student **MUST BE PRESENT**.

Uninterrupted attendance is **essential** to the student's progress in learning scientific principles, good nursing techniques, and professional attitudes. Not only does the student miss valuable information, but much time is expended in re-scheduling labs or examinations.

Classroom attendance is necessary to successfully meet the course objectives. The student will be in attendance and be punctual for lectures, labs, and meetings. No student will be allowed to enter the classroom/lab after the attendance roll has been called. If a student arrives after the attendance roll has been called, he/she must wait until break to enter the room, and the student will be considered to have a "Time Loss" (TL). If the student must leave during a portion of, or leave early from, a class/lab, the student will have a "TL". A student is allowed ONE "TL" **OR ONE** complete absence. After that, **one point will be deducted from the student's final grade for each class/lab absence and each "TL"**. There are NO extenuating circumstances which apply to this rule. After 3 class/lab absences or TL's, the student's attendance record will be reviewed by the Faculty Committee, and recommendations will be made regarding the student's status in the program.

More than 2 clinical absences constitute excessive absenteeism and may result in a student's failure or dismissal/administrative withdrawal from the program. Each clinical absence will result in 1-2 demerits depending on the length of the clinical experience (e.g., 6 hour clinical=1 demerit, 12 hour clinical=2 demerits). Simulation lab experiences are considered clinical assignments if done on a scheduled clinical day.

### Record of Attendance

The Department of Nursing must document the student's attendance and report absences according to the procedure established by the College. The student must call the Nursing Department to inform them of absence on a class day. If the student is absent on a clinical day, he/she must inform the clinical area (30 minutes prior to shift) unless

otherwise instructed, the faculty member he/she is assigned, and the Nursing Department. The first failure to notify the above will result in 1 demerit. Any subsequent failures to notify the above entities will result in 1 to 2 demerits as determined by the department.

The attendance record will be checked every week for punctuality. A student is allowed **ONE** absence/tardy/early departure for lecture. After that, one point will be deducted from the student's final grade for each class absence or "TL". There are **NO** extenuating circumstances to this rule. After 2 class absences, the student's attendance and class/clinical performance will be evaluated to determine whether he/she will be administratively withdrawn from the course and subsequently, the LVN program (see the Vernon College Student Handbook).

### **Clinical/Lab Absence Policy**

When absent from the clinical setting, the student is expected to notify the Nursing Department, the clinical site (where applicable), and their clinical instructor regarding the absence and any make up work that is required. Time lost or "TL" will be recorded when a student arrives late, leaves early, or leaves for any period of time from clinical. A "TL" is considered any period up to one hour. After 3 clinical "TL's", a demerit will be given. The demerit policy will apply for any absence whether the student calls in for the absence or is sent home by faculty. In addition, the student is required to make up this clinical time. Absence for clinical, including any partial day absence greater than 4 hours, will require the student to make up the day at the end of the semester. Make up clinical time is scheduled at the end of the semester prior to final exams. Written learning activities will be required, which the student must submit to their clinical instructor. Failure to attend the make-up clinical and/or failure to complete the written learning activities will constitute failure to meet objectives and failure of the clinical course. The student will not be eligible to progress in the LVN program.

The current policy of the Nursing Department regarding absenteeism states that clinical absenteeism should not exceed one (1) absence in the clinical setting during any semester. If a student misses more than one (1) day in a semester he/she may file an appeal in writing to the Director for an extension of the maximum absentee days for that semester. This request will be reviewed by the Nursing Faculty and extension granted only in cases where circumstances are extenuating (i.e. immediate family death, surgery, etc.). This request may be granted only if the student demonstrates clear documentation of the extenuating circumstances (doctor's slip, etc.) and if the student's motivation, academic, and clinical performances are satisfactory. (See Demerit System)

### **Administrative Withdrawals**

The College reserves the right to withdraw a student from the program if, in the judgment of College officials, such action is deemed to be in the best interest of the student and/or the College. Administrative withdrawal may be implemented for:

- A. Failure to comply with policies and procedures in the clinical area which may result in danger to the patients, students, staff, or faculty (**which includes a positive drug screen**).
- B. Failure to comply with policies and procedures in the VERNON COLLEGE Student Handbook.
- C. Excessive absenteeism and tardiness (see Record of Attendance).
- D. Failure to pay registration fees.
- E. Failure of nursing course.
- F. Accumulation of 3 demerits during a semester (see Demerit System)

### **Student Initiated Drops & Withdrawals**

Students may drop a part of their course load or withdraw from all classes anytime after they have registered and paid until the last day to withdraw as printed in the class schedule. Nursing students who drop or who are withdrawn from the nursing courses will not be able to progress in the program. Students are advised to meet with the Director of Nursing prior to initiating any drop/withdrawal.

## **DISCIPLINARY POLICIES**

### **Board of Nurse Examiners (BON) Disciplinary Policy**

These policies have been developed using the Disciplinary Sanction Policies defined by the Texas Board of Nursing. The Board has developed four Disciplinary Sanction Policies pertaining to substance abuse/dependency, lying and falsification, sexual misconduct, and fraud, theft, and deception. The policies address issues that arise in eligibility and disciplinary matters under Texas Occupations Code §301.452(b) and rules 213.27, 213.28, and 213.29 and attempt to clarify the Board's reasoning and the application and logic underlying the existing rules.

These BON policies may be obtained on the website at [www.bon.state.tx.us](http://www.bon.state.tx.us)

Disciplinary Sanctions for Sexual Misconduct

Disciplinary Sanctions for Fraud, Theft and Deception

Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder

Disciplinary Sanctions for Lying and Falsification

### **Vernon College (VC) Disciplinary Policy**

Students in the LVN Program are subject to the VERNON COLLEGE discipline codes. Each student is admitted to the program upon condition that should the student's conduct or character, in the opinion of the faculty, prove unworthy of the standards of VERNON COLLEGE or the nursing profession (including ANA Code for Nurses) the student may at any time be subject to disciplinary action that could result in the suspension from the LVN Program. Due to more stringent policies in the LVN Program, the Vernon College LVN Handbook takes precedence over the Vernon College Student Handbook.

### **Vernon College (VC) Student Civility Policy**

#### **CIVILITY IS BEHAVIOR THAT:**

1. Shows respect toward another,
2. Causes another to feel valued,
3. Contributes to mutual respect, effective communication and team collaboration.

Our primary commitment is to learn from the instructors, from each other, from the materials and from our work. We acknowledge differences amongst us in values, interests and experiences. We will assume that people are always doing the best they can, both to learn the material and to behave in socially productive ways. By sharing our views openly, listening respectfully, and responding critically to ideas, we will all learn. Most students exhibit appropriate behavior in class, but sometimes there is disagreement over the definition of "appropriate" behavior. Learning is a group activity, and the behavior of each person in class in some way or the other affects the learning outcomes of others. If we keep these thoughts and by following the rules, the classroom experience will be a much better one for everyone involved.

**Professional behavior is essential at all times.** This is an area of nursing practice that reflects who you really are. It will be evaluated at all times throughout the program in class, clinical, and lab. The areas to be evaluated include but are not limited to the following performance characteristics:

- Care of property
- Good work habits
- Cooperation with instructors
- Cooperation with other students
- Cooperation with affiliating agencies and staff
- Reliability
- Communication

Students are also expected to adhere to the American Nurses Association (ANA) Code of Ethics, available at the following web address:

<http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>.

### **Student Performance Expectations/Classroom Civility**

Students are expected to come to each class prepared with the assigned readings and assignments completed and ready to make valuable contributions to functional class learning. Respect for others within the classroom including fellow students and the instructor is essential. Academic incivility is defined as any action by a student or faculty member that interferes with a harmonious and cooperative learning environment. Examples of **academic incivility** and/or disrespect include but are not limited to:

- Cell phone not on vibrate or mute
- Leaving the class to take a page or phone call except in true emergency situations
- Sleeping during class
- Arriving late or leaving early
- Coming unprepared
- Not taking notes during class
- Carrying on side conversations
- Browsing the web, text messaging, playing games, etc. on laptop or cell phone
- Dominating discussions
- Belittling, taunting, or harassing comments toward other students and the instructor

**Uncivil or disrespectful behavior will not be tolerated and if it occurs, the student will be told to leave the classroom. Consequences will be identical to those given for class absence, tardiness, or leaving early. This includes the possibility of point deductions from the semester grade, TL's, and/or demerits. Repetitive and/or abusive behaviors may result in dismissal from the LVN Program and Vernon College.**

### **NETIQUETTE FOR NURSING STUDENTS**

Nursing faculty, staff, administration, and students are participants in a community of learning. Communities function best when participants follow community rules. Imagine what would happen, for example, if some drivers ignored red traffic lights. The online environment requires unique rules for its smooth functioning. Netiquette means the proper use of manners and civil behavior within an internet network. In the LVN Program, the internet network most often involves two areas: 1.) use of email for communication, and 2.) participation in online threaded discussions or social media. The following are guidelines for you to follow in these two areas.

1. **USE OF EMAIL TO COMMUNICATE WITH FACULTY, STAFF, ADMINISTRATION, AND STUDENTS:**
  - a. **Imagine your email message on a billboard.** Anything you send can be forwarded, saved and printed by people for whom it was never intended. Never send anything that will reflect badly on you or anyone else.
  - b. **Remember that company emails are company property.** Emails sent from your school account can be monitored by people besides the sender and reader, and are technically school property.
  - c. **Avoid offensive comments.** Anything obscene, libelous, offensive or racist does not belong in email, even as a joke.
  - d. **Keep your message "Cool."** Email messages can easily be misinterpreted because we don't have the tone of voice or body language to give us further cues. Using multiple explanation points, emoticons, and words in all capital letters can be interpreted as emotional language.
  - e. **Do not "flame."** It is never acceptable. Do not initiate an email or respond to one when you are angry. Write down your message on paper then put it aside. Review later when you may feel very differently about what has happened to you and are more able to write your email message in a respectful tone.
  - f. **Be careful about forwarding messages.** If you aren't sure if the original sender would want to forward the message, don't do it. Ask for permission to forward.
  - g. Although **faculty try to respond as quickly as possible** to student emails, don't expect an answer right away. Email messages may be delivered quickly, but your recipient may not read it right away.
  - h. **Don't sacrifice accuracy.** Don't send sloppy, unedited email. Check spelling and grammar. An occasional spelling mistake will be overlooked by your reader. However, when your readers have

to break communication to decipher a word or message, at best you'll look sloppy or illiterate. At worst, they may stop reading.

- i. **Don't type in all CAPS.** It's perceived as YELLING. However, don't write with only small letters, as this is perceived as you being lazy, because it makes it more difficult for people to read.
- j. **Write clear, organized messages,** with a subject line that gives enough information for the reader to file it and find it later.

## 2. USE OF SOCIAL MEDIA BY FACULTY, STAFF, ADMINISTRATION, AND STUDENTS:

Purpose:

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

### General Information:

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

While this policy may need to be modified as new technologies and social networking tools emerge, the spirit of the policy will remain the protection of sensitive and confidential information. Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and college reputations.

**As students you will want to represent Vernon College and the department of nursing in a fair, accurate and legal manner while protecting the brand and reputation of the institution.** When publishing information on social media sites remain cognizant that information may be public for anyone to see and can be traced back to you as an individual. Since social media typically enables two-way communications with your audience, you have less control about how materials you post will be used by others. **If you wouldn't put it on a flier, carve it into cement in the quad or want it published on the front of the Wall Street Journal, don't broadcast it via social media channels. Policy:**

- Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information about the college, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a Vernon College LVN Program student.
- Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the college.
- Do not use Vernon College or Vernon College LVN Program marks, such as logos and graphics, on personal social media sites. Do not use Vernon College's name to promote a product, cause, or political party or candidate.
- It is expected that during clinicals use of PDAs and other devices employed for social media will be used only as authorized by faculty. If a PDA is combined with a cell phone, it is expected that the cell phone aspect of the device is silenced.
- No personal phone conversations or texting are allowed at any time while in patient/client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom and respond as deemed necessary.
- Use of computers (PDAs, Notebooks, I Pad etc.) during class shall be restricted to note taking and classroom activities. Use otherwise is distracting for not only the student involved in the activity but those in the immediate area/vicinity.
- No student shall videotape professors or fellow students for personal or social media use without the express written permission of the faculty or fellow student. **At NO time shall patients/clients be videotaped or photographed. This is a HIPAA VIOLATION.**

- Be aware of your association with Vernon College in online social networks. If you identify yourself as a student, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. When posting your point of view, you should neither claim nor imply you are speaking on Vernon College's behalf, unless you are authorized to do so in writing.
- **HIPAA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.**
- **Ultimately, you have sole responsibility for what you post. Be smart about protecting yourself, your and others privacy, and confidential information.**

#### **PROCEDURE/CONSIDERATIONS:**

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

#### **CONSEQUENCES:**

- **Violations of patient/client privacy with an electronic device will be subject to the Health Insurance Portability and Accountability Act (HIPAA) procedures/guidelines and consequences. Consequences of HIPAA violation may include federal charges and civil and/or criminal penalties including but not limited to:**
  - **\$50,000 – 1.5 million dollar fine**
  - **Imprisonment for up to 10 years**
- Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal/administrative withdrawal from the program.
- **Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law.**
- Students may also be liable if individual postings include confidential or copyrighted information.

## DEMERIT SYSTEM

Three (3) demerits during a single semester will result in dismissal/administrative withdrawal from the program. In order to function effectively in a health care profession, certain personal and professional characteristics must be demonstrated. Non-compliance in the following areas will result in accrual of demerits.

### Dress Code

The uniform is a symbol of the profession of nursing, and the person who is wearing it should honor its significance. All nursing students will be required to abide by the Vernon College LVN Program **Dress Code** for each clinical site.

1. **Classroom/lab Dress Code:**

- a) All LVN students are required to wear “scrub” uniforms in the **classroom** setting.
- b) Jackets/coats and sweaters are allowed in the **classroom** setting only.
- c) All students are required to wear the Vernon College (blue) uniform for **simulation/lab** experiences.
- d) The clinical site dress code will be followed in the **simulation/lab** setting (see below).

2. **Clinical sites require the use of a uniform unless told otherwise:**

**Clinical Uniform Guidelines:**

- a) Pants cannot touch the floor and must be hemmed properly.
- b) When sitting down there can be no gap at the waist between uniform pant and top.
- c) When bending over or squatting down there can be no gap at the waist between the uniform pant and top.
- d) No cleavage can be showing. Students may wear a blue undershirt/t-shirt; no lace camisoles, turtlenecks or mock turtlenecks are allowed.
- e) Uniform top must be loose fitting.
- f) When raising arms above your head, no gap in uniform or bare skin will be showing (stomach or back).
- g) The official LVN student uniform is blue pants or skirt, with the designated blue uniform top required by the LVN program with the VERNON COLLEGE patch clearly visible on the left sleeve. A blue or white lab coat may be worn, providing it has the VERNON COLLEGE patch clearly visible on the left sleeve. The uniform must be well-laundered and pressed and fit appropriately. Professional appearance is required.
- h) A blue t-shirt may be worn under uniforms, no turtlenecks or mock turtlenecks are allowed. In specialty areas such as OR, L&D, and Nursery, no long sleeve t-shirts are allowed. No sweaters are allowed for those with direct patient care.
- i) Clean white leather nursing or athletic shoes. No high top shoes. No mesh/fabric inserts, must be close-toed, no open-back shoes, or backless with straps, no clogs or plastic “Croc” type shoes, soles must be enclosed (Nike Shox), no open “Z-coil” shoes. While in professional uniform, white shoes must be worn.
- j) Clean white socks or white hosiery with pants, and white hose with skirts.
- k) Skirts must be knee length or longer.
- l) All uniforms should be well-laundered and pressed, fit appropriately, and undergarments must not be visible.
- m) Appearance must be neat and clean.
- n) **Identification:** Proper VERNON COLLEGE patch must be worn on the left sleeve of the uniform and lab coat. Identification picture ID badge must be worn on the left side of the chest at the top pocket level of the uniform or lab coat.
- o) **Jewelry:** Excessive adornments are prohibited. Allowed are a plain band (ring) and a discrete watch with second hand on the arm. Earrings of any kind are prohibited. No ear gauges or spacers are allowed. Absolutely no necklaces, bracelets, or other body jewelry in the clinical area. Pins, stickers, or ribbons that promote or convey a message must be approved in advance by the Vernon College Director of Nursing and by the clinical institution. Body piercings are forbidden.

- p) **Watches:** All LVN students are required to wear a watch with a second hand during lab and/or clinical experiences. No digital watches will be used in the clinical and/or lab setting.
- q) **Hair:** hair must be a natural hair color, clean, neatly arranged out of the face as not to create a safety hazard to the student or the patient. Hair should be off the collar and pulled back, secured in a manner that does not allow hair to fall forward passed the shoulder/neck area during the performance of patient care. Hair longer than shoulder length must be pulled up/back into a bun. Hair ties/bands/barrettes/clips must be black or match hair color. Sideburns, beards, and mustaches must be clean and neatly trimmed.
- r) **Nails:** To comply with the Center for Disease Control guidelines, natural nail tips should be kept to ¼ inch in length with NO polish. Absolutely NO imitation fingernails are allowed in the clinical area.
- s) **Tattoos and Body Piercings:** Tattoos must be covered by appropriate clothing at all times. Tattoos must not be covered with band aids/bandages, tape, gloves, etc. If the student has a tattoo(s) that cannot be covered by clothing such as the upper neck or hands, the student must leave the tattoo uncovered. If the student gets a new tattoo that he/she is unable to cover up with clothing, the student will be dismissed from the program. Students may not wear visible piercings or spacers. Students are not allowed to cover piercings with bandages, tape, or band-aid. Body piercings are forbidden.
- t) **Make-up:** Make-up should be used in good taste and moderation. Perfumes and colognes are prohibited if performing direct patient care.
- u) **Hats and caps:** Unless required in specific clinical areas (i.e., OR), no hats or caps are allowed.
- v) **Personal Hygiene:** Students are expected to shower/bathe frequently as to prevent offensive body odor. Any student exhibiting offensive body odor will be asked to leave the clinical setting until the issue has been alleviated.
- w) **Other:** The Vernon College uniform and lab coat are not for street attire. Students should not be wearing the uniform while in social-type settings. The Vernon College patch and identification ID may not be worn while working for a salary. No chewing gum or use of tobacco products are allowed while in uniform. This includes the use of cigarettes, electronic cigarettes, smokeless tobacco, etc. Eating should be confined to appropriate areas. No food or drink at the nurses' station or work area.

Non-compliance with the above guidelines will result in the student being sent home from the clinical/lab. Demerits for absences will apply. The student will not be allowed to return until complying with the uniform guidelines.

### 3. Clinical sites requiring street clothes (North Texas State Hospital and other community sites):

#### **Street Clothing Guidelines:**

Appropriate, well-laundered and pressed professional-looking attire is mandatory. **Identification:** NTSB badge will be checked in and out during each clinical rotation. It must be worn at all times and students will not be allowed through the gates without it. Due to security measures, extreme care must be taken to prevent a badge loss.

- a) **Jewelry:** For safety of staff, students, and patients, hanging no jewelry except a plain band (ring) and discrete watch will be allowed.
- b) **Hair:** Hair must be kept neat and clean. Hair should be off the collar and pulled back, secured in a manner that does not allow hair to fall forward passed the shoulder/neck area during the performance of patient care. Hair longer than shoulder length must be pulled up/back into a bun. Sideburns, beards, and mustaches must be clean and neatly trimmed.
- c) **Tattoos & Piercings:** Tattoos must be covered by appropriate clothing at all times. Tattoos must not be covered with band aids/bandages, tape, gloves, etc. If the student has a tattoo(s) that cannot be covered by clothing such as the upper neck or hands, the student must leave the tattoo uncovered but the student may not get a new tattoo that he/she is unable to cover up with clothing. Except for earrings as described above, students may not wear visible piercings or spacers, nor cover them up with bandages, tape, or Band-Aid.
- d) **Hats and Caps:** No hats, bandanas, or caps are allowed. No exceptions.



e) **Other:**

- i. Large combs, hair clips, hair rakes, sharp tipped accessories, billfolds with chains, or any loose object that might be seen as a potential weapon by patients are prohibited. Extreme attention must be taken toward personal pens and pencils, as patients are allowed only special flexible pens inside the facility.
- ii. Cell phones are not to be carried inside the NTSH facility unless a request has been made and approved by NTSH security department. It is a violation of NTSH policy to carry a cell phone inside the facility without proper approval and consent, and therefore, might be confiscated as contraband.

The Vernon College Licensed Vocational LVN Program expects students to reflect professionalism and maintain high standards of appearance and grooming. Failure to comply with the dress code will result in the student receiving a demerit for each violation and the risk of being sent home from the clinical site, resulting in additional demerit(s).

**Professional Behavior**

Infractions will be evaluated on an individual basis and may result in immediate dismissal/administrative withdrawal for the LVN program. Demerits will be assigned for (as listed but not limited to):

1. Absence from clinical (6-8 hour clinical=1 demerit, 12 hour clinical=2 demerits).
2. Clinical tardiness: Greater than 1 hour of tardiness constitutes a demerit(s) for the clinical day.
3. Chewing gum or use of tobacco products. This includes the use of cigarettes, electronic cigarettes, smokeless tobacco, etc.
4. Obscene, rude, or crude language or gestures.
5. No personal phone use while in clinical area. The faculty's phone number should be given to family in case of an emergency situation.
6. Disrespectful/aggressive/bullying/demeaning attitude or behavior towards faculty, clinical staff, peers, and/or patients.
7. Disruption of class or clinical. Includes making or receiving calls/text messages from a cellular telephone while in class or clinical, sleeping in class, non-class related use of electronic device.
8. Not returning from meals or breaks at the assigned time.
9. Leaving clinical area without permission. **NOTE;** Leaving the area without notifying your Instructor constitutes patient abandonment and will result in immediate dismissal/administrative withdrawal.
10. Noncompliance with the notification policy due to absences or tardiness (faculty, hospital, and Nursing Department).
11. Failure to complete assignments or turn assignments in to instructor in a timely manner or according to assignment policy.
12. Failure to bring necessary supplies for assigned return demonstration in lab.
13. Coming to clinical/lab settings unprepared.
14. Smell of alcohol or smoke on breath or body.
15. An error in patient care.
16. Failure to comply with written or verbal instructions.
17. Failure to be at your assigned location at the scheduled time and date.

**Dismissal/Administrative Withdrawal from the Licensed Vocational Nursing Program**

(As listed but not limited to)

Any of the following situations will result in immediate dismissal/administrative withdrawal from the program. A student dismissed for any of the following situations will not be considered for readmission and the infraction will be considered a reportable incident to the Texas Board of Nursing:

1. Revealing confidential information.
2. Patient abandonment.

3. Cheating, collusion, plagiarism, lying or stealing. Cheating/collusion/plagiarism – cheating means intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise; collusion means the unauthorized collaboration with another person in preparing work offered for credit; plagiarism means intentionally representing the words or ideas of another as one’s own in any academic exercise.
4. Performing in an unsafe manner.
5. Failure to report a medication error or patient incident.
6. Physical or verbal abuse of patients, faculty or staff.
7. **Prohibited conduct as defined in the Vernon College Student Handbook.**

**As identified by the Texas Board of Nursing:**

1. Evidence of actual or potential harm to patients, clients, or the public;
2. Criminal behavior whether violent or non-violent, directed against persons, property or public order and decency;
3. Intemperate use, abuse of drugs or alcohol, or diagnosis of or treatment for chemical dependency, mental illness, or diminished mental capacity; and
4. The lack of good professional character as evidenced by a single incident or an integrated pattern of personal, academic, and/or occupational behaviors which indicates that an individual is unable to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice including, but not limited to: behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity

**Tobacco Policy**

**Vernon College Policy:** The use of smokeless tobacco on all College premises or smoking of tobacco products in other than designated smoking areas is prohibited. Designated smoking areas are located: 1. West side of Sumner Applied Arts Center and 2. West side of Wright Library. Smoking areas are spaces at least 60 feet from building doorways.

**United Regional Policy:**

Effective November 18, 2010, United Regional will strive to maintain a 100% tobacco-free environment. This policy applies to employees, patients, physicians, visitors, vendors and anyone who enters property owned or leased by United Regional, or off-campus employee worksites.

**Purpose**

As a health care provider, United Regional is committed to providing a healthy and safe environment for employees, patients, physicians, visitors and vendors and to promote positive, healthy behaviors.

With this policy, we hope to:

- Eliminate secondhand smoke so everyone on our campus can breathe clean air
- Demonstrate our commitment to improve the health of patients, employees and the community
- Increase hospital involvement in treating nicotine addiction
- Set an example that other organizations and businesses can follow

**Products Covered by the Policy**

Tobacco products include, but are not limited to:

- Cigarettes
- Cigars
- Chewing and smokeless tobacco
- Pipe smoking
- Simulated smoking devices

**Physical Boundaries of the Policy**

This policy shall apply to all indoor and outdoor spaces owned, leased or used by United Regional, including:

- Parking lots and driveways that are used by United Regional

- United Regional vehicles
- Vehicles on property that is owned, leased or used by United Regional
- All property, sidewalks and streets that are adjacent to United Regional owned or leased property

### **Employee Responsibilities**

All United Regional employees must observe and promote compliance with the tobacco-free policy. United Regional employees are expected to be good neighbors and refrain from using tobacco products on the property of nearby businesses and residences, including public streets and sidewalks.

Employees are not allowed to leave the workplace while “on the clock.” Hourly employees who leave United Regional property for non-work matters, must clock-out upon leaving and clock-in upon returning. Unauthorized leaving of campus during work time, excessive absenteeism, or exceeding the allotted time for breaks and lunch for any reason will be subject to disciplinary action.

Employees carpooling to and from work or to attend training classes or other work-related functions paid for by United Regional may not smoke in the vehicle with other employees present. This applies to travel where mileage is reimbursed by United Regional.

All employees are responsible for ensuring compliance by fellow employees. Employees observing co-workers violating this policy are requested to courteously remind the employee of the policy and ask that the tobacco product be extinguished or discarded. After the initial reminder, or if the violation continues, employees are encouraged to make a confidential, “good faith” report to a supervisor, manager or human resources representative.

As outlined in the Personal Appearance Policy, employees are asked to pay special attention to personal hygiene. This includes not having a strong odor of smoke when working.

Employees who violate this or any other policy are subject to disciplinary action (as outlined in the corrective action policy), up to and including termination.

Employees who smoke are encouraged to avail themselves of the smoking-cessation programs offered.

*For purposes of this policy only, “employee” refers to employees, contract employees, volunteers and students.*

### **Visitors**

Informational cards are available for staff to give visitors who are observed smoking on United Regional property. Staff can use the card to respectfully inform the visitor of United Regional’s policy and options to relieve withdrawal symptoms. Should a tobacco-use violation pose a potential safety threat to the property or to another person, employees should contact security.

### **Patients**

Prior to admission, if pre-admitting, or at the time of admission or registration, patients will be given information regarding the tobacco-free policy. Patients will be informed that leaving the campus while admitted will not be allowed. Leaving campus while admitted is classified as leaving “against medical advice.”

Patients will not be permitted to use tobacco or smoke under any circumstances. Patients’ tobacco items will be placed in a secure location until dismissal.

If the use of tobacco products continues after the first verbal reminder, management or security may be contacted for additional assistance and to reinforce the policy.

### **Physicians**

Physicians will be subject to the tobacco-free policy. Informational cards are available for staff to give physicians who are observed smoking on United Regional property.

### **Contractors and Vendors**

All contractors and vendors will be informed of United Regional’s tobacco-free policy as part of the contractual agreement. Vendors who sign-in at shipping and receiving to deliver items will be reminded of the policy. If you observe a contractor or vendor violating this policy you should inform them of United Regional’s policy or contact security.

### **Security**

Security is available to assist with anyone who does not comply with United Regional’s tobacco-free policy. If tobacco materials are not extinguished/discarded or if the person repeats the activity, security may ask the visitor to leave. If an employee violates the policy, Human Resources and the employee’s manager will be notified.

### **Guidelines for Resolving Problems**

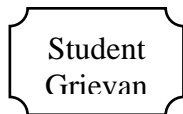
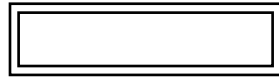
The Faculty strive to create an atmosphere conducive to learning. There should be mutual respect between faculty and students. If a problem should arise, the issue can usually be resolved by direct communication between the student and the professor. In order to facilitate the problem-solving process, it is suggested that the student take the following steps:

1. Speak with the professor and your academic advisor as soon as a problem or concern arises.
2. Ask questions in class.
3. Seek help from the professor on an individual basis.
4. Do not ignore the situation, wait until the last minute, or expect someone else to take care of the problem.

## Due Process/Student Grievance Procedure

Information concerning due process and the student grievance procedure may be found in the Vernon College Student Handbook.

Below is a matrix for the nursing students to follow for grievance consideration.



## Critical Thinking

Critical thinking is a systematic and organized method of analysis and interpretation of information gathered to develop a plan of care for an individual client. Base knowledge, reflection of past clinical experiences, asking pertinent questions, validation of information, consideration of available options, and the formulation of decisions are all key components utilized by the critical thinker. Critical thinking enhances clinical decision making to identify client needs and determine appropriate nursing actions to meet those needs.

Critical thinking involves the following cognitive skills and strategies.

### ***General skills used in all situations:***

1. Argument Analysis
2. Problem Solving
3. Prioritization/Delegation of Care

### ***Basic Thinking Skills***

1. Recall of Purpose, Procedure and Knowledge of Results of Diagnostic Tests
2. Understanding the Physiology of the Body Systems
3. Identifying the Signs and Systems
4. Ability to Identify Purpose of Pharmacological Interventions

### ***Gathering Data***

1. Distinguishing Relevant from Irrelevant Information
2. Gathering Complete and Accurate Data then Acting on That Data
3. Determining the Importance of Information
4. Assessing Systematically and Comprehensively
5. Checking Accuracy and Reliability
6. Recognizing Inconsistencies

### ***Providing Nursing Care***

1. Determining the Importance of Information
2. Applying the Nursing Process to Develop a Treatment Plan
3. Predicting and Managing Potential Complications

### ***Evaluating Data***

1. Evaluating Data
2. Supporting Conclusions with Evidence

### **Connecting Critical Thinking to Patient Outcomes**

These critical thinking skills and strategies are needed to: ↓ patient mortality and morbidity rates and ↓ failure to rescue rate.

### **Nurses are the Surveillance System**

Nurses use critical thinking skills in their role of surveillance, allowing for:

1. Early detection of problems
2. Interventions to prevent adverse occurrences
3. Interventions to decrease the mortality and failure to rescue rate
4. Improvement of patient outcomes

## Tips for Classroom Note Taking

Notes are a valuable tool--use a separate notebook for each course.

### Aids in Note Taking:

1. Review your Course Manual prior to class. Scan the course content outline.
2. Be sure you know what the class is going to cover.
3. Be alert to what the Instructor states is important to know.
4. Don't try to copy every word of the speaker.
5. Omit unimportant details--examples, statistics (unless the lecturer repeats slowly so that you may get accurate notes thereon).
6. Rework notes neatly before the facts get "cold." (As soon as possible following the lecture).
7. Use no abbreviations which you won't be able to translate.
8. Be accurate with direct quotations. An omitted "not" or a forgotten prefix may reverse the meaning of the statement.
9. Don't erase as you go. Cross out unimportant items or underline vital points.
10. Don't be a note "sponger:" (that is, interrupting other note-takers). Do not tolerate this form of indolence in others. Indicate in your notes to obtain the missed information after lecture. Post-lecture, round-table discussion, and interchange of information will frequently bring dividends.
11. Write legibly. Underline for special emphasis.
12. Don't repeat material you know is in your text.
13. Ask the instructor for clarification.

Most lecturers outline their material. You may:

1. Outline the lecture with conventional method:
  - A.
    1.
      - a.
  - B.
    - 1.
2. Use:
  - A. Direct quotation.
  - B. Paraphrase (implication of the lecturer's statements in your own words).
  - C. Citation (note the sources of the speaker's information--read later).
  - D. Topical items (select important points and list them).
  - E. Summaries (from remembered facts or notes, write up the idea of the lecture in a single paragraph as soon as possible).
3. Recognize important statements from these clues:
  - A. The instructor may repeat for emphasis.
  - B. He/she may say: "and this is significant."
  - C. In going to a new subject, he/she may state: "...which leads to the next important point..."
  - D. The purely factual lecture is ordinarily arranged:
    1. Chronologically
    2. Topically--in a series of points or ideas going from simple to complex.
    3. Logically--especially true of argumentative lecture or attempted proof of a proposition. Herein, the speaker states his condition, explains his ideas, presents his reasons, evidence, and authorities and then reiterates his summary.

## Acknowledgement of Risks Policy

Nursing Department requires that each student whose educational experiences (examples: clinicals/labs), involve working with the public be aware of the potential of exposure to contagious diseases and allergens, including latex. The Nursing Department teaches the “Standard Precautions” as recommended by the United States Center for Disease Control. It is the student’s responsibility to follow these procedures at all times. If student is aware of any allergies, i.e., latex allergy, the instructor should be notified at once. **If exposure to blood-borne pathogens or a reaction to an allergen does occur-the student is responsible for contacting the instructor immediately (within 30 minutes of incident).**

## Department of Health and Human Services/ Centers for Disease Control and Prevention (CDC) Standard Precautions

### Background

**III.A. Standard Precautions** combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient). The application of Standard Precautions during patient care is determined by the nature of the HCW-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure. For some interactions (e.g., performing venipuncture), only gloves may be needed; during other interactions (e.g., intubation), use of gloves, gown, and face shield or mask and goggles is necessary. Education and training on the principles and rationale for recommended practices are critical elements of Standard Precautions because they facilitate appropriate decision-making and promote adherence when HCWs are faced with new circumstances. An example of the importance of the use of Standard Precautions is intubation, especially under emergency circumstances when infectious agents may not be suspected, but later are identified (e.g., SARS-CoV, *Neisseria meningitides*). Standard Precautions are also intended to protect patients by ensuring that healthcare personnel do not carry infectious agents to patients on their hands or via equipment used during patient care.

**III.A.1. New Elements of Standard Precautions** Infection control problems that are identified in the course of outbreak investigations often indicate the need for new recommendations or reinforcement of existing infection control recommendations to protect patients. Because such recommendations are considered a standard of care and may not be included in other guidelines, they are added here to Standard Precautions. Three such areas of practice that have been added are: Respiratory Hygiene/Cough Etiquette, safe injection practices, and use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures (e.g., myelogram, spinal or epidural anesthesia). While most elements of Standard Precautions evolved from Universal Precautions that were developed for protection of healthcare personnel, these new elements of Standard Precautions focus on protection of patients.

**III.A.1.a. Respiratory Hygiene/Cough Etiquette** The transmission of SARS-CoV in emergency departments by patients and their family members during the widespread SARS outbreaks in 2003 highlighted the need for vigilance and prompt implementation of infection control measures at the first point of encounter within a healthcare setting (e.g., reception and triage areas in emergency departments, outpatient clinics, and physician offices). The strategy proposed has been termed Respiratory Hygiene/Cough Etiquette and is intended to be incorporated into infection control practices as a new component of Standard Precautions. The strategy is targeted at patients and accompanying family members and friends with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering a healthcare facility. The term *cough etiquette* is derived from recommended source control measures for *Mycobacteria tuberculosis*. The elements of Respiratory Hygiene/Cough Etiquette include 1) education of



healthcare facility staff, patients, and visitors; 2) posted signs, in language(s) appropriate to the population served, with instructions to patients and accompanying family members or friends; 3) source control measures (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues, using surgical masks on the coughing person when tolerated and appropriate); 4) hand hygiene after contact with respiratory secretions; and 5) spatial separation, ideally >3 feet, of persons with respiratory infections in common waiting areas when possible. Covering sneezes and coughs and placing masks on coughing patients are proven means of source containment that prevent infected persons from dispersing respiratory secretions into the air. Masking may be difficult in some settings, (e.g., pediatrics, in which case, the emphasis by necessity may be on cough etiquette. Physical proximity of <3 feet has been associated with an increased risk for transmission of infections via the droplet route (e.g., *N. meningitidis* and group A streptococcus and therefore supports the practice of distancing infected persons from others who are not infected. The effectiveness of good hygiene practices, especially hand hygiene, in preventing transmission of viruses and reducing the incidence of respiratory infections both within and outside healthcare settings is summarized in several reviews.

These measures should be effective in decreasing the risk of transmission of pathogens contained in large respiratory droplets (e.g., influenza virus, adenovirus, *Bordetella pertussis* and *Mycoplasma pneumoniae*. Although fever will be present in many respiratory infections, patients with pertussis and mild upper respiratory tract infections are often afebrile. Therefore, the absence of fever does not always exclude a respiratory infection. Patients who have asthma, allergic rhinitis, or chronic obstructive lung disease also may be coughing and sneezing. While these patients often are not infectious, cough etiquette measures are prudent.

Healthcare personnel are advised to observe Droplet Precautions (i.e., wear a mask) and hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection. Healthcare personnel who have a respiratory infection are advised to avoid direct patient contact, especially with high risk patients. If this is not possible, then a mask should be worn while providing patient care.

## **Recommendations**

### **IV. Standard Precautions**

Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of health care.

#### **IV.A. Hand Hygiene**

**IV.A.1.** During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.

**IV.A.2.** When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a nonantimicrobial soap and water or an antimicrobial soap and water.

**IV.A.3.** If hands are not visibly soiled, or after removing visible material with nonantimicrobial soap and water, decontaminate hands in the clinical situations described in IV.A.2.a-f. The preferred method of hand decontamination is with an alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water. Frequent use of alcohol-based hand rub immediately following handwashing with nonantimicrobial soap may increase the frequency of dermatitis. Perform hand hygiene:

**IV.A.3.a.** Before having direct contact with patients.

**IV.A.3.b.** After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.

**IV.A.3.c.** After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).

**IV.A.3.d.** If hands will be moving from a contaminated-body site to a clean-body site during patient care.

**IV.A.3.e.** After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient .

**IV.A.3.f.** After removing gloves.

**IV.A.4.** Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if contact with spores (e.g., *C. difficile* or *Bacillus anthracis*) is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

**IV.A.5.** Do not wear artificial fingernails or extenders if duties include direct contact with patients at high risk for infection and associated adverse outcomes (e.g., those in ICUs or operating rooms).

**IV.A.5.a.** Develop an organizational policy on the wearing of non-natural nails by healthcare personnel who have direct contact with patients outside of the groups specified above.

**IV.B.** Personal protective equipment (PPE) (see [Figure](#))

**IV.B.1.** Observe the following principles of use:

**IV.B.1.a.** Wear PPE, as described in IV.B.2-4, when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.

**IV.B.1.b.** Prevent contamination of clothing and skin during the process of removing PPE .

**IV.B.1.c.** Before leaving the patient's room or cubicle, remove and discard PPE.

**IV.B.2.** Gloves

**IV.B.2.a.** Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur.

**IV.B.2.b.** Wear gloves with fit and durability appropriate to the task.

**IV.B.2.b.i.** Wear disposable medical examination gloves for providing direct patient care.

**IV.B.2.b.ii.** Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.

**IV.B.2.c.** Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient. Do not wash gloves for the purpose of reuse since this practice has been associated with transmission of pathogens.

**IV.B.2.d.** Change gloves during patient care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).

**IV.B.3.** Gowns

**IV.B.3.a.** Wear a gown, that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.

**IV.B.3.a.i.** Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.

**IV.B.3.a.ii.** Remove gown and perform hand hygiene before leaving the patient's environment.

**IV.B.3.b.** Do not reuse gowns, even for repeated contacts with the same patient.

**IV.B.3.c.** Routine donning of gowns upon entrance into a high risk unit (e.g., ICU, NICU, HSCT unit) is not indicated.

#### **IV.B.4.** Mouth, nose, eye protection

**IV.B.4.a.** Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.

**IV.B.5.** During aerosol-generating procedures (e.g., bronchoscopy, suctioning of the respiratory tract [if not using in-line suction catheters], endotracheal intubation) in patients who are not suspected of being infected with an agent for which respiratory protection is otherwise recommended (e.g., *M. tuberculosis*, SARS or hemorrhagic fever viruses), wear one of the following: a face shield that fully covers the front and sides of the face, a mask with attached shield, or a mask and goggles (in addition to gloves and gown).

#### **IV.C.** Respiratory Hygiene/Cough Etiquette

**IV.C.1.** Educate healthcare personnel on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (e.g., influenza, RSV, adenovirus, parainfluenza virus) in communities.

**IV.C.2.** Implement the following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in a healthcare setting (e.g., triage, reception and waiting areas in emergency departments, outpatient clinics and physician offices).

**IV.C.2.a.** Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within ambulatory and inpatient settings with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.

**IV.C.2.b.** Provide tissues and no-touch receptacles (e.g., foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.

**IV.C.2.c.** Provide resources and instructions for performing hand hygiene in or near waiting areas in ambulatory and inpatient settings; provide conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing.

**IV.C.2.d.** During periods of increased prevalence of respiratory infections in the community (e.g., as indicated by increased school absenteeism, increased number of patients seeking care for a respiratory infection), offer masks to coughing patients and other symptomatic persons (e.g., persons who accompany ill patients) upon entry into the facility or medical office and encourage them to maintain special separation, ideally a distance of at least 3 feet, from others in common waiting areas.

**IV.C.2.d.i.** Some facilities may find it logistically easier to institute this recommendation year-round as a standard of practice.

#### **IV.D.** Patient placement

**IV.D.1.** Include the potential for transmission of infectious agents in patient placement decisions. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) in a single-patient room when available.

**IV.D.2.** Determine patient placement based on the following principles:

- Route(s) of transmission of the known or suspected infectious agent
- Risk factors for transmission in the infected patient
- Risk factors for adverse outcomes resulting from an HAI in other patients in the area or room being considered for patient placement
- Availability of single-patient rooms
- Patient options for room-sharing (e.g., cohorting patients with the same infection)

#### **IV.E. Patient-care equipment and instruments/devices**

**IV.E.1.** Establish policies and procedures for containing, transporting, and handling patient-care equipment and instruments/devices that may be contaminated with blood or body fluids.

**IV.E.2.** Remove organic material from critical and semi-critical instrument/devices, using recommended cleaning agents before high level disinfection and sterilization to enable effective disinfection and sterilization processes.

**IV.E.3.** Wear PPE (e.g., gloves, gown), according to the level of anticipated contamination, when handling patient-care equipment and instruments/devices that is visibly soiled or may have been in contact with blood or body fluids.

#### **IV.F. Care of the environment**

**IV.F.1.** Establish policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.

**IV.F.2.** Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms).

**IV.F.3.** Use EPA-registered disinfectants that have microbiocidal (i.e., killing) activity against the pathogens most likely to contaminate the patient-care environment. Use in accordance with manufacturer's instructions.

**IV.F.3.a.** Review the efficacy of in-use disinfectants when evidence of continuing transmission of an infectious agent (e.g., rotavirus, *C. difficile*, norovirus) may indicate resistance to the in-use product and change to a more effective disinfectant as indicated.

**IV.F.4.** In facilities that provide health care to pediatric patients or have waiting areas with child play toys (e.g., obstetric/gynecology offices and clinics), establish policies and procedures for cleaning and disinfecting toys at regular intervals. *Category IA*

- Use the following principles in developing this policy and procedures:
- Select play toys that can be easily cleaned and disinfected
- Do not permit use of stuffed furry toys if they will be shared
- Clean and disinfect large stationary toys (e.g., climbing equipment) at least weekly and whenever visibly soiled
- If toys are likely to be mouthed, rinse with water after disinfection; alternatively wash in a dishwasher
- When a toy requires cleaning and disinfection, do so immediately or store in a designated labeled container separate from toys that are clean and ready for use.

**IV.F.5.** Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently (e.g., daily).

**IV.F.5.a.** No recommendation for use of removable protective covers or washable keyboards. *Unresolved issue*

#### **IV.G. Textiles and laundry**

**IV.G.1.** Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.

**IV.G.2.** If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

#### **IV.H. Safe injection practices**

The following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems

**IV.H.1.** Use aseptic technique to avoid contamination of sterile injection equipment.

**IV.H.2.** Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.

**IV.H.3.** Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.

**IV.H.4.** Use single-dose vials for parenteral medications whenever possible.

**IV.H.5.** Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.

**IV.H.6.** If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.

**IV.H.7.** Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.

**IV.H.8.** Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

**IV.I.** Infection control practices for special lumbar puncture procedures Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.

**IV.J.** Worker safety Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens.

### **Simulated Lab (SIMS)**

The faculty realizes that one of the most effective learning techniques in nursing education takes place in the clinical area. The student involvement in the learning process strengthens the problem-solving approach to quality nurse care and the student's ability to operationalize the nursing process. The faculty believes that clinical experience is where you can find it, not just in the clinical setting of a health agency.

The faculty believes that simulated lab experience is one where the student is placed in a practice situation with all elements being as realistic as possible to the real clinical setting. The student should be confronted with realistic client problems and given the opportunity to explore and select options for problem-solving by thinking the nursing process for the client.

### **Simulated Lab Purpose**

To provide a bridge between base concepts and the application of these concepts in the realistic clinical practice area.

### **Simulated Lab Techniques Provides the Student with**

1. Skills mastering
2. Practicing social-emotional skills
3. Developing effective communication
4. Developing interaction skills
5. Solving clinical problems
6. Establishing self values
7. Providing satisfactory content learning
8. Learning behaviors and concepts

### **Guidelines for Simulated Lab**

1. Written student behavioral objectives must be provided.
2. The design must be as close as possible to the identical clinical situation.
3. The nursing process must be the clinical tool used by the student.
4. Theories of learning identified in our philosophy must be implemented.
5. The sessions must be structured situations.
6. The holistic approach must be used for problem-solving.
7. The instructor's role is one of a catalyst in the student's learning process.
8. The students must have immediate feedback.
9. Scientific principles must be identified.
10. Elements involved in the simulated lab must be clear to the student and observers.
11. Completion of lab assignment by pre-assigned date.
12. Supplies for clinical simulation must be brought to lab by the student on the assigned day of return demonstration.
13. If a student is unprepared for assigned lab return demonstrations - 1 demerit will be given.
14. Make-up labs must be scheduled with the course instructor.

### **Evaluation Criteria of Simulated Lab**

1. Oral feedback from instructor.
2. Self-evaluation of performance.
3. Written evaluation from instructor.
4. Mastery demonstration.

## Clinical Policies

I. TITLE:  
Clinical Policies

II. PURPOSE:  
To provide guidelines for the student during clinical experience.

III. GENERAL INFORMATION:

A. During the clinical experience the student will participate in learning experiences at designated clinical sites.

This is an adult program, and there is much you can do to enhance your learning experience on an individual basis. Some suggestions are:

1. Establish good interpersonal relationships with Unit personnel.
2. Take advantage of the information found in the Unit teaching and orientation manuals.
3. Use the Library to expand your knowledge.
4. Refer frequently to the Unit copy of the "Standard Procedures and Practices Manual," "Diet Manual," and "Teaching Standards."
5. Watch the monthly in-service schedule and ask to attend those meetings concerned with patient care.
6. Proof of CPR certification is required.
7. Personal possessions.
  - a. Books are labeled and kept in conference room.
  - b. Please bring only absolute necessities to Unit.
  - c. Do not leave money or valuables lying around.

B. Hours of Clinical Experience:

1. Hours may vary with individual Unit assignments.

C. Reporting for Clinical Experience:

1. It is your responsibility to report to your assigned Unit on time. Please be on the Unit approximately five (5) minutes prior to report.
2. Report for work in complete uniform, which includes personal cleanliness, uniform cleaned and neatly pressed, white hose with no runs, shoes neatly polished, and college picture ID badge in place (REVIEW DRESS CODE POLICY). This includes OR/RR.
3. White lab coat with a Vernon College patch on the left sleeve and a college picture ID badge may be worn over your uniform.
4. Any written assignments should be ready prior to clinical experience. Come prepared for clinical day. Review learning objectives for the clinical rotation area and be prepared to achieve those learning objectives.

D. Breaks:

1. You may be given a fifteen (15) minute coffee break in the morning or afternoon.
2. Organize your work to allow for this break. Do not interrupt the continuity of patient care (e.g., do not leave a patient during his bath.)
3. Report to your Staff nurse/Charge nurse.
4. Smoking, eating or drinking beverages on the Unit is not permitted.

E. Meal Time:

1. One-half (1/2) hour is allotted for meal time. Check with your staff /charge nurse for your scheduled meal time.
2. If you are unable to leave the Unit at your assigned time (e.g., feeding a patient), check with your Staff nurse/Charge nurse to allow for other arrangement to be made.

F. Leaving the Unit:

1. Students leaving the unit for any reason must report to the Staff nurse/Charge nurse. Be sure that your whereabouts is known at all times.
2. Students are not permitted to visit other unit while in clinical.

- G. Telephone on the Unit:
1. You are not permitted to use the unit telephone for personal calls (incoming or outgoing.) All outside calls will be channeled through your Instructor.
  2. Never use the telephone on the unit during a hospital emergency situation.
  3. If you are alone in the Nurses' Station and the phone rings, it is your responsibility to answer immediately. Be courteous at all times when answering the phone. When you pick up the receiver, use the standard procedure: "4B, Miss Jones, Nursing Student." When you are unable to answer the request, refer the matter to a Staff nurse/Charge nurse or the P.S.C. (Ward Clerk)
  4. Nursing students may not receive phone or verbal orders from physicians, residents, interns, or medical students.
  5. Nursing students may not take lab reports or orders for preoperative medications over the phone.
- H. Attendance:
1. Absence:
    - a. If you are to be absent from clinical for illness or any other reason, call your Instructor, the Hospital and the Nursing Department:
      1. Call your Instructor at least thirty (30) minutes prior to report.
      2. Call your assigned unit as least thirty (30) minutes prior to report.
      3. Call the Nursing Department (940) 552-6291 ext. 2252 (Vernon/Seymour), (940) 696-8752 ext. 3221 (Centruy City Center) by 9:00 a.m. to report your absence.
      4. Be sure to state your name clearly and obtain the name of the person to whom you are speaking.
    - b. Review student contract.
    - c. After illness, a physician's documentation may be required.
    - d. Students are responsible for content missed during postconference.
  2. Late Arrivals:
    - a. Students anticipating late arrivals will be expected to have called in to the unit or to have notified the Instructor thirty (30) minutes prior to shift change.

NOTE: Students may be asked to leave if morning report has been missed, as arrival time is incongruent in providing appropriate patient care (REVIEW ATTENDANCE AND DEMERIT POLICY).
- I. Parking Facilities:
1. Students should park in those areas designated by the Hospital administration.
- J. Accident or Injury while in clinical:
1. In the event of an accident or injury during the clinical rotation, contact your Instructor, who will then report to the nurse manager and/or employee health nurse.
  2. An accident and/or incident report must be completed for any injuries incurred on Hospital property (REVIEW INCIDENT REPORT POLICY).
  3. The Hospital is not responsible for any injury to the student. You are required to carry your own hospitalization insurance.
- K. Illness occurring during clinical rotation:
1. Students who become ill while in clinical are to notify the Instructor.
  2. If illness is acute, the Instructor will help make arrangements for the student to go home or see his/her physician.
  3. Students are not to contact the doctor personally in the Hospital.
- L. Fire/Disaster Procedures:
1. Make it your responsibility to know the location of fire extinguishers on your unit and to understand how they operate.
  2. Refer to Fire Procedure and disaster Manuals located on each unit.
  3. These policies are required reading for each student.



- M. Clinical Evaluation Tools:
1. Refer to evaluation tool frequently during the semester for objectives to be achieved for the semester.
  2. Schedule a conference with your clinical instructor regarding clinical objectives if you identify issues concerning achievement of clinical objectives.
  3. Students will complete self-evaluation form in the evaluation tool, PRIOR to scheduled clinical evaluations at midterm and end of each rotation.
- N. Evaluations:
1. Timely written notification of unsatisfactory clinical performance will be given to the student by the instructor.
  2. Performance will be evaluated on a pass/fail basis and must consistently meet the identified critical clinical criteria/objectives.
  3. All simulated clinical experiences in the Nursing Lab will be evaluated on a pass/fail basis.
- O. Conferences:
1. Preconference.
    - a. Students are responsible for giving oral reports to the Instructor.
    - b. Students who are unprepared will not be allowed to participate in patient care.
  2. Postconference.
    - a. Students are to be on time for postconferences. Students are responsible for notifying the Instructor thirty (30) minutes before postconference if assistance is needed to complete on time.
    - b. Students are to be prepared for scheduled demonstrations.
- P. Assignments:
1. Students will receive patient assignment prior to clinical experience (assignments posted on nursing units).
  2. Students are required to bring a charged PDA to the clinical area.
  3. Review.
    - a. Guidelines for clinical conferences.
    - b. Charting guidelines.
    - c. Time management sheet.
- Q. Privacy Policy:
1. HIPAA Laws
    - a. May not discuss or repeat information acquired in the clinical facility.
    - b. Violation of confidentiality rules or privacy laws will constitute immediate dismissal/administrative withdrawal from the LVN Program.

## United Regional Student Parking Requirements

1. All students engaged in clinical assignments at United Regional **MUST** park only in the designated student parking lots.
2. Any student not following this policy, will be subject to an unannounced tow, and citation.
3. Notification will be sent to the University or College for other disciplinary action.
4. Please See Policy #2402-A, (part pertaining to where to park is listed below) and attached map for further information on the parking lots and regulations.
5. Students may call Security at 940-764-8357 for a security escort during hours of darkness, or as situation permits.

### **Extracted from the Student Parking Policy:**

#### **Vehicle Parking:**

Student vehicles must only park in the designated student parking lots located at 8th street and Brook (Donut Shop Lot), or overflow lots west of the 8th street campus, designated as the Warford Lot and the Brook Street Lot.

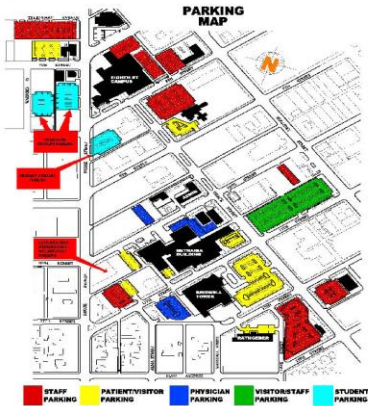
Students may never park in any other lot owned or leased by United Regional.

If students are found in any other lots, other than the student designated lots, their vehicles will be towed, without notice, a citation issued, and other disciplinary action may follow.

**On 08/23/2010, our tow policy will be enforced, and all vehicles illegally parked will be towed or booted, at owner's expense, without notice.**

Parking gates have been installed on this lot to ensure only students have access to it.

**Students may call 940-764-8357 for a security escort during hours of darkness, or when needed. I suggest you program this phone number into your cell phone.**



## **Policies for Nursing Students in all Clinical Agencies**

### **Venipuncture:**

Level I (VSNG 1161, VSNG 1162, VSNG 1263) nursing students may not perform venipuncture.

Level II & Level III (VNSG 1362, VNSG 1363, VNSG 1460, VNSG 1163) nursing students may perform venipuncture for the administration of intravenous solution under the supervision of the clinical instructor..

### **I.V. and I.V. Push Medications:**

Level II & Level III students may administer IVPB medications under the direct supervision of the clinical instructor. Only those medications approved by the hospital administration as safe for Licensed Vocational Nurses to give may be administered by the student.

### **I.V. Oncological Chemotherapy:**

These medications may not be administered by nursing students.

### **Blood Transfusions:**

May not be administered by LVN students.

### **Phone and Verbal Orders:**

Nursing students may not receive phone or verbal orders from physicians, residents, interns, or medical students.

### **Routine Orders:**

Nursing students may not use routine orders until the charge nurse transfers them to the chart and signs them.

### **Permits:**

Nursing students may not witness the signing of permits.

### **Medications Administered by others:**

Nursing students may not supervise any other students in the administration of medications.

### **Hand Hygiene/Hand Washing Policy in Compliance with United Regional System:**

As a student of Vernon College, you will be accountable for the appropriate nursing care while at this health care facility or any other facility that you will be assigned. Failure to abide by this policy will result in the following actions taken by the Nursing Faculty at Vernon College:

First offense of noncompliance      A written advisement form will be completed by the Nursing Faculty, signed by the student and placed in the student's file.

Second offense of noncompliance      A demerit will be given for nonprofessional behavior and an advisement form will be completed by the Nursing Faculty, signed by the student and placed in the student's file. Any further incidents of noncompliance will also result in a demerit being given.

These demerits will be tracked throughout the student's tenure in the LVN Program. Three demerits for violation of the hand hygiene/hand washing policy will result in dismissal/administrative withdrawal from the LVN Program.

## UNITED REGIONAL SERVICES HAND HYGIENE/HANDWASHING STANDARDS

### PURPOSE

- Effective hand hygiene removes transient microorganisms, dirt and organic material from, the hands and decreases the risk of cross contamination from patients, patient care equipment and the environment.
- Hand hygiene is the single most important strategy to reduce the risks of transmitting organisms from one person to another or from one site to another on the same patient. Cleaning hands promptly and thoroughly between patient contact and after contact with blood, body fluid, secretions and excretions, equipment and potentially contaminated surfaces is an important strategy for preventing healthcare-associated infections.
- It is important to educate family and visitors on the importance of use of hand hygiene to decrease infection and increase community awareness of transmission.

### POLICY INFORMATION

The UR infection control program is designed to protect patients, employees, visitors, and others from infections. Proper hand hygiene is essential to that goal.

*Hand hygiene* is a general term which applies to either hand washing with a plain soap, hand washing with an antimicrobial soap, the use of an alcohol hand gel, or surgical hand antisepsis.

*Hand antisepsis* refers to either hand washing with antimicrobial soap or the use of an antiseptic alcohol hand gel. *Decontaminate hands* means to reduce the bacteria on hands by either an antimicrobial hand wash or by using an alcohol based hand sanitizer.

### POLICY

- I. All people in direct contact with patients are expected to decontaminate hands before and after contact with patients, equipment or the environment, including when entering and leaving a patient room and after changing gloves.
- II. The choice of alcohol based gel, soap or surgical asepsis
  - A. The degree of contamination
  - B. The degree to which reduced bacterial burden is required according to activity (see table Guide for hand hygiene)
  - C. Transmission and patient risk factors:
    - i. Area (risk population)
    - ii. Confirmed or suspected resistant organisms
    - iii. Confirmed or suspected *Clostridium difficile* infection
    - iv. Invasive or surgical procedure
    - v. Rings other than plain bands are discouraged for healthcare workers because of risk of transmission.
    - vi. Artificial nails or enhancements on staff that have direct patient contact, prepare instruments or who prepare sterile pharmaceuticals is prohibited.
      1. Nails should be short (1/4 inch above the quick)
      2. Nails are kept clean
      3. Nails polish is allowed but must be intact without chips or cracks
  - D. Approved hand lotion may be used to prevent skin dryness and damage.
    1. Lotion may promote growth of bacteria. Do not refill containers.
    2. Petroleum and mineral oil- based lotions degrade latex.
    3. Petroleum-based lotions negate the persistent antimicrobial effect of CHG
  - E. Hands and forearms must be free of open lesions or breaks in the skin.

**Table A:** Guide for hand hygiene

<b>TYPE</b>	<b>PRODUCT</b>	<b>METHOD</b>	<b>PURPOSE</b>
Hand decontamination	Alcohol gel	Rub gel over all surfaces of hands until dry, at least 15 seconds. Hands cannot be visibly soiled (Total time=20 seconds)	To destroy transient and resident organisms on UNSOILED hands
Antimicrobial hand antiseptis	Antimicrobial soap	Rub soap over all surfaces of the hands and wrists for at least 15 seconds. Rinse with water and pat dry with paper towels. (Total time=1-2 minutes)	To remove soil and destroy transient microorganisms
Surgical hand asepsis	CHG based or approved scrub	Antimicrobial soap and water and sponge to achieve friction for at least 120 seconds; or as recommended by the manufacturer.	To remove or destroy transient microorganisms and reduce resident flora

**PROCEDURE**

- I. HOW TO CLEAN HANDS (REFER TO TABLE B)
  - A. Use alcohol based gel for routine hand decontamination when hands are not visibly soiled.
  - B. Use antimicrobial soap for hand washing before invasive procedures such as IV insertion, bronchoscopy or urinary catheter insertion.
  - C. Use soap and water for visibly soiled hands.
  - D. Use soap and water after contact with patients with *C. difficile* or their environment
  - E. Use surgical hand preparation before performing surgery
- II. WHEN TO DECONTAMINATE HANDS
  - A. At the beginning of work
  - B. Upon entering and exiting the patient environment
  - C. Before and after patient contact, including dry intact skin
  - D. After removing gloves
  - E. Before performing invasive procedures
  - F. Before and after contact with wounds
  - G. After contact with body substances
  - H. After handling equipment, supplies, or linen contaminate with body substances
  - I. Before handling sterile or clean supplies
  - J. After using the rest-room
  - K. After touching or blowing your nose
  - L. Before leaving the unit

**Table B:** Methods of hand decontamination indicated for reducing bacterial burden based on activity

<b>METHOD/ ACTIVITY</b>	<b>ROUTINE PATIENT CARE</b>	<b>HIGH RISK PATIENT CARE</b>	<b>INVASIVE PROCEDURE</b>	<b>RESISTANT ORGANISMS</b>	<b>CLOSTRIDIUM DIFFICILE</b>	<b>SURGERY</b>
Hand decontamination <i>Gel on visibly clean hands</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		
Antimicrobial hand washing <i>Antimicrobial soap and water</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
Surgical hand sepsis <i>CHG based or approved hand asepsis product.</i>						<b>X</b>

**United Regional Services Actions:**

When hand hygiene is observed as not being performed the observer will verify the individual by name on the observation tool. The observer will also call/page the Manager and notify of the noncompliance. If the observer notifies a manager cross covering a unit, the observer will email the appropriate Manager and Director the individual's name. In the event the observation is performed after manager hours the observer will email the appropriate Manager and Director the next working day. **(If this is a nursing student, the instructor will be notified of the noncompliance.)**

**Corrective Action**

**Failure to comply with the hand hygiene policy is considered “unsatisfactory work performance” and will be treated as a performance issue. Each incident of failing to comply with the hand hygiene policy will result in advancing to the next level of the corrective action process.** (If UR sees a particular trend with noncompliance of a student, UR may ask that the student no longer perform clinical at the facility.)

## Texas Board of Nursing Eligibility Questions

**After graduation, in order for the Board to determine eligibility to receive a Graduate Vocational Nurse Permit, with or without stipulations, a student must answer the following questions. If you answer yes to any or all of the questions, additional information will be required by the BON prior to your taking the licensure examination. A student who must answer yes to any of the questions is encouraged to file a declaratory order with the Texas Board of Nursing.**

For any criminal offense, including those pending appeal, have you:

- ❖ been convicted of a misdemeanor?
- ❖ been convicted of a felony?
- ❖ pled nolo contendere, no contest, or guilty?
- ❖ received deferred adjudication?
- ❖ been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- ❖ been sentenced to serve jail or prison time?
- ❖ court-ordered confinement?
- ❖ been granted pre-trial diversion?
- ❖ been arrested or have any pending criminal charges?
- ❖ been cited or charged with any violation of the law?
- ❖ been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

**NOTE: Orders of Non-Disclosure:** Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

- ❖ Are you currently a target or subject of a grand jury or governmental agency investigation?
- ❖ Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
- ❖ Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?\*
- ❖ Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? If “YES” indicated the condition: [ ] schizophrenia and/or psychotic disorders, [ ] bipolar disorder, [ ] paranoid personality disorder, [ ] antisocial personality disorder, [ ] borderline personality disorder

If you answered “YES” to any of the questions listed above, attach a letter of explanation that is dated and signed indicating the circumstance(s) you are reporting to the Board.

*\* If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer “NO” to questions regarding substance abuse and/or mental illness.*

**The student will be notified of his/her status to receive a GVN permit after all documents and applications have been received and reviewed, and a decision has been made regarding the student's eligibility.**

### **Declaratory Order**

A Declaratory Order is a decision by the BON regarding an individual's eligibility to take the NCLEX-PN exam. A Declaratory Order may be issued to any individual who believes that he/she may be potentially ineligible to take the licensure exam prior to entering or during a program of nursing education. If there is a question of your eligibility, you may refer to the eligibility questions as listed under the Texas Board of Nursing eligibility questions in the nursing handbook.

Until the 1991 legislative session, the Board had authority to determine eligibility only after an individual **graduated** from a Nursing Program. As of fall 1991, the Board has been authorized to investigate and make decisions regarding eligibility for any petitioner. The Declaratory Process is **VOLUNTARY**.

The reason the Board has this new authority is to clarify eligibility to individuals before they have vested extensive time and resources in attending Nursing Programs.

Once you have applied to the LVN Program, a criminal background check will be completed. If you have issues that present on this check, the BON will notify you of what actions to take. The BON may request that you apply for a Declaratory Order from the Texas Board of Nursing. The Declaratory Order process may take 6 months to one year for completion. If you do not apply for the Declaratory Order, this same time frame for investigation may be applicable when you apply to the Board for licensure after graduation. It could delay your taking the licensure exam for an extended period of time. This may calculate into time and money for you after graduation. There is a fee for the Declaratory Order. Please see the Director of Nursing, for more information or application for the Declaratory Order.

### **Texas Nursing Jurisprudence Exam**

**You must pass the jurisprudence examination before the Texas Board of Nursing will issue the authorization to test (ATT) if you are taking the examination to become licensed in Texas. Instructions on taking the Texas nursing jurisprudence examination:**

- a. File an examination application with the Texas Board of Nursing
- b. Wait fifteen business days
- c. While you wait, prepare for the exam. We recommend that you:
  1. view a copy of the Nursing Practice Act (NPA) and Board Rules and Regulations on our website. You may also purchase a hard copy of the NPA and Rules and Regulations by downloading the Publications Order Form from our website. The books will be mailed within fifteen business days of the Board receiving the completed form and appropriate fee.
  2. take the online jurisprudence prep course on the Board's web site. This course is voluntary and contains information about the NPA and Rules and Regulations of the Texas BON.
- d. After fifteen business days, follow the instructions to log on and complete the online nursing jurisprudence exam. The examination takes a maximum of two hours in length. If you are not successful in passing the examination or if the system locks up, you may retake the examination again after 24 (twenty-four) hours have elapsed from the previous attempt. The cost of the examination is included in your application fee.



**LVN Student Advisement Form**

**LVN Student Advisement Form**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The above named student has been advised in the area of:**

---

---

---

---

**Advisor's recommendations to the student:**

---

---

---

---

**Remarks:**

---

---

**Student's acknowledgment and/or suggestions for self-development:**

---

---

**NOTE: If the results of an advising session indicate that a warning should be given to the student or that a student's position is in jeopardy, the advisor shall so state his/her recommendations. He/she shall use the terms "This is an official warning" and/or "Your position is in jeopardy".**

\_\_\_\_\_  
**Faculty/Advisor Signature** **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Student's Signature** **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**LVN Program Handbook Acknowledgement**

## LVN Program Handbook Acknowledgement

### Acknowledgement & Risk Policy Statement

- ❖ I have read and understand the LVN Handbook and agree to abide by the rules and regulations contained within.
- ❖ I am also aware that by participating in a health care occupation that there is an inherent risk of infection & exposure to latex products.
- ❖ In being allowed to participate in LVN classroom/clinical/lab experiences, I release from liability and waive my right to sue Vernon College, their employees, officers, volunteers, and/or agents from any and all claims, including claims of the negligence, resulting in any physical injury, illness and/or death, or economic loss I may suffer or which may result from my participation, travel to and from, or any events incidental to these activities.
- ❖ I understand that I may be required to purchase a current course manual for designated nursing courses in which I am currently enrolled.

\_\_\_\_\_ Initial

### Release of Information

- ❖ I am aware that a criminal investigation **and/or FBI fingerprinting** will be performed and the results will be released to the clinical sites requesting such information.
- ❖ I, hereby, give my consent for this investigation and the subsequent release of such information to the clinical sites.
- ❖ Students who are enrolled in Clinical Practicum sections will be required to provide to the health care facility prior to orientation or clinical experience their social security number and/or other personal information which will include health records and evidence of verification of personal health and accident coverage.
- ❖ I am aware that my social security number and/or personal information may be provided to any health care facility that is used as a clinical site for the LVN Program. I agree to this release of personal information.
- ❖ I am aware that I will be required to provide documentation of health & accident insurance information and the subsequent release of such information to the clinical sites.

\_\_\_\_\_ Initial

### Medication Administration

- ❖ I understand that as a student in the Vernon College LVN Program, I will only be allowed to administer medications to patients while under the **DIRECT SUPERVISION OF THE INSTRUCTOR** during **DESIGNATED PATIENT CARE ASSIGNMENTS** in the nursing clinical practicums. The instructor will visualize the medication to determine correct medication and dose prior to the student administering the medication to the client.
- ❖ Under no circumstances will medications be administered in any specialty areas.
- ❖ Medication administration will **only** be performed during designated patient care assignments. I also understand that failure to comply with this policy may constitute administrative withdrawal from the LVN Program.

\_\_\_\_\_ Initial

### **URHCS Policy Regarding BBG Testing by Nursing Students and Faculty**

- ❖ No glucose testing (BBG) will be performed by the nursing student and/or faculty at URHCS. When in a preceptored experience the student WILL NOT, under any circumstances, perform BBG's at URHCS. Students MAY NOT use the preceptor/nurse's badge to obtain access to the BBG machine to perform BBG testing.
- ❖ I understand this policy and that failure to comply may result in dismissal/administrative withdrawal from the LVN program.

\_\_\_\_\_ Initial

### **Re-entry or Advanced Placement**

- ❖ I understand that as a re-entry or transfer nursing student that I will be required to provide proof of completion of a review course that is approved by the Director of Nursing, before the Director's Affidavit for licensure application will be sent to the Texas Board of Nursing.

\_\_\_\_\_ Initial

### **Integrity and Honor Code**

A fundamental quality of all successful nurses is integrity and a genuine concern for the well being of the patient. Quality professional patient care requires a relationship built on trust, trust requires honesty, and honesty is the foundation of integrity.

Academic Integrity is expected of students and faculty at Vernon College. Students are expected to abide by the Vernon College student code. Vernon College takes a very serious view of violations of academic integrity. As members of the academic community, the college's administration, faculty, staff, and students are dedicated to promoting integrity essential to the educational process. Inherent in this commitment is the belief that academic dishonesty in all forms violates the principles of integrity and impedes learning.

Students in the Vernon College LVN Program have a responsibility to the public and to the nursing profession; thus, it reserves the privilege of retaining only those students who, in the judgment of the faculty, demonstrate high academic standards. These academic standards include honesty, accountability, and responsibility for one's own work. Academic dishonesty is an unacceptable mode of conduct and will not be tolerated in any form. Academic dishonesty includes, but is not limited to, plagiarism, cheating, collusion, falsification, copying another student's work, and soliciting unauthorized information about an exam. Students who know about any form of cheating or academic dishonesty and do not report it to appropriate individuals are equally guilty of academic dishonesty and may face the same consequences. Students who violate the student code of conduct or rules of academic integrity may be subject to dismissal/administrative withdrawal from the Vernon College LVN Program and college according to college policy.

- ❖ I commit myself to acting honestly, responsibly, and above all, with honor and integrity in all areas of the LVN Program including classroom, lab, and clinical.
- ❖ I am accountable for all that I say and write.
- ❖ I am responsible for the academic integrity of my work.
- ❖ I pledge that I will not misrepresent my work nor give or receive unauthorized aid.
- ❖ I commit myself to behaving in a manner which demonstrates concern for the personal dignity, rights and freedoms of all members of the Vernon College community.
- ❖ Recognizing my responsibility to protect the integrity of the nursing profession, I will report other students' dishonest behavior to faculty or the Director of Nursing.
- ❖ I accept responsibility to maintain the Vernon College Code of Student Conduct and LVN Program Integrity Statement.

\_\_\_\_\_ Initial

### Social Media Policy

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

- ❖ I will protect confidential, sensitive, and proprietary information.
- ❖ I will respect copyright and fair use.
- ❖ I will not use Vernon College or Vernon College Nursing Program marks, such as logos and graphics, on personal social media sites.
- ❖ I will not use Vernon College’s name to promote a product, cause, or political party or candidate.
- ❖ I will not have personal phone conversations or text at any time while in patient/client areas or in the classroom.
- ❖ I will not use computers (PDAs, Notebooks, I Pad etc.) during class except for note taking and classroom activities.
- ❖ I will not videotape professors or fellow students for personal or social media use without the express written permission of the faculty or fellow student.
- ❖ I will not videotape or photograph patients/clients.
- ❖ I will not claim nor imply I am speaking on Vernon College’s behalf.
- ❖ I will follow HIPPA guidelines at all times.
- ❖ I will not post identifiable information concerning clients/clinical rotations on any online forum or website.
- ❖ I will not use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace.
- ❖ I accept sole responsibility for what I post. Be smart about protecting yourself, your and others privacy, and confidential information.

\_\_\_\_\_ Initial

---

Student Name Print

---

Student Signature

---

Date