

COPPER MOUNTAIN COLLEGE

**HEALTH SCIENCES/NURSING PROGRAMS
DEPARTMENT**

REGISTERED NURSING PROGRAM

STUDENT NURSE HANDBOOK



TABLE OF CONTENTS

Dear Registered Nursing Student	3
Compliance Agreement.....	4
SECTION 1	
Philosophy of Nursing Program	5
Conceptual Framework & Unifying Theme	6
Organizing Concepts.....	6
The Nursing Process.....	7
Program Learning Outcomes	8
SECTION 2	
Course Syllabus Format Information	9
Nursing Program Curriculum.....	11
Theory Instruction	12
Clinical Instruction	12
Course Grading.....	12
Online Study Materials, Books, Tests	14
Progression and Retention.....	14
Credit for Coursework	15
Petitioning for Credit by Examination.....	15
Graduation.....	16
Filing for the NCLEX-RN	16
Withdrawal from the Program	17
Dismissal from the Program.....	17
Student Departmental Complaints	17
Grievances	17
Re-Admission Policy	18
SECTION 3	
Attendance, Tardiness and Absences	19
Uniform and Appearance Standards.....	19
Standards of Professional Behavior.....	21
Impaired Student Policy	22
Health Standards	23
Healthcare Worker Mandates	24
Cardio-Pulmonary Resuscitation	24
Nursing Resource Lab	25
Student Class Council and Faculty Meetings	25
Appendices	
AP-1 American Nurses Association Code	27
AP-2 Hospital Drug and Hazard Awareness Form	28
AP-3 Clinical Make-Up Form.....	29
AP-4 Student/Faculty Meeting Record.....	30
AP-5 Required Exit Summary	31
AP-6 Unsafe Practice Acts Clinical Experience	32
AP-7 BRN Standards of Competent Performance 1443.5.....	32
AP-8 BRN Impaired Nursing Students EDP-B-03.....	35
AP-9 BRN Abandonment of Patients NPR-B-01.....	36



Dear Registered Nursing Student:

Welcome to the Copper Mountain College Registered Nursing Program. Nursing is a challenging, exciting and rewarding profession and you are embarking on a career with unlimited possibilities. You, as a student, bring unique qualities and experiences to your nursing education and you will work with dedicated, caring and inspiring faculty and staff to achieve your dream of becoming a Registered Nurse.

This Handbook has been prepared to provide you with information about the RN Program. Included are an overview of the curriculum, policies and procedures governing your educational experience, both theoretical and clinical. This Handbook explains what is expected of you and what you may expect of the faculty and staff.

Please read this handbook carefully and if there are any areas that are unclear to you, please seek clarification from your instructor or the Program Director. Keep this Handbook available for reference as you progress through the Program. Notice of revisions will be provided to you as changes are made and you will always be able to access the most current version on the RN page of the CMC website: <http://www.cmccd.edu/Registered-Nursing-Program>.

You are responsible for understanding and complying with all of the information in this Handbook in addition to the academic policies stated in the College catalog. You will be required to sign the form (see next page) indicating that you have received this Handbook, that you understand all of the information, and that you will comply with all of the requirements contained therein.

Best wishes as you embark on your journey.

Notice Regarding Service in Underserved Facilities:

This RN Program resides in a declared medically underserved area. This status indicates that there is a shortage of healthcare services provided to the local population. We encourage our graduates to consider working in local healthcare facilities to improve the region's healthcare delivery systems. This may be a way of paying back to the communities that provide the nursing education opportunity via this community college. There are student loan repayment grant opportunities available for students who accept employment in designated underserved facilities. For more information, contact the CMC Health Sciences/Nursing Programs Department.



Copper Mountain College
Health Science Nursing Department
Student-Nursing Program Compliance Agreement

I, _____, have received a copy of the Copper Mountain College
Print Name

Registered Nursing Program Student Handbook.

I acknowledge responsibility for knowing, understanding and complying with:

- (1) All of the information in the Registered Nursing Program Student Handbook.
- (2) The academic policies stated in the Copper Mountain College Catalog and the Schedule of Classes. These policies include, but are not limited to: admission, retention, readmission, transfer, challenge, petition, repeat, and grievance policies.
- (3) The College and Registered Nursing Program pinning ceremony, graduation requirements, obtaining timely counseling related to meeting those requirements, and submitting necessary petitions and applications for graduation and licensure in a timely manner.
- (4) Course registration, purchase of required textbooks, online testing and resource materials, maintaining current American Heart Association CPR skills and certification as evidenced by documented completion of an approved course for Healthcare Providers according to the requirements of the agency, Universal/Standard Precautions, health and safety requirements, drug dosage mathematics competency, adherence to Program uniform policy, attendance, and behavior standards in accordance with all policies and deadlines.
- (5) Submitting complete and appropriate class and clinical written assignments, including self-evaluations as stated in the course syllabi.

Student Signature

Date

1st 2nd 3rd 4th
Semester (circle one)

SECTION 1

Philosophy of Nursing Program

CMC affirms the principle that individuals should have opportunities to develop to their full potential. The purpose of the College is to provide members of the community learning experiences which will enable them to perform effectively and contribute to diverse communities.

The philosophy of the Nursing Program is based on the premise that students bring a uniqueness of learning abilities, goals and support systems, and recognizes the variations in their cultural, ethnic and psychosocial milieu. This philosophy, consistent with the mission of CMC, is an expression of commitment to Associate Degree Nursing as a vital component in meeting the health needs of diverse communities.

Faculty believe that *Nursing* is art and science and seen as actions, processes, and activities that seek to restore a person to their desired optimal health. The *Person* is seen as an individual with biological, psychological, social and spiritual components in constant interaction with the environment. The *Environment* is seen as the sum total of internal and external influences in interaction with the person. *Health/Illness* is seen as a continuum with the highest state of health occurring in accordance with the person's own preferences, values, beliefs and perception of well-being. *Nursing* is seen as those activities with preventive and anticipatory interventions that seek to restore the person to optimal health.

Faculty also believe learning/scholarship is a continuous, lifelong process which influences and promotes advancement in the profession. Scholarship is facilitated by professional role modeling, and by an environment conducive to the exchange of ideas, nursing judgment, clinical reasoning, creativity and innovation. Inherent in the teaching-learning/scholarship process is the reciprocal responsibility of faculty and students in influencing the process of learning outcomes. In recognition of the varied learning styles, goals and support systems of individuals, faculty provide a program of learning based upon previous learned knowledge and the progression from simple to complex. Faculty agree that concept-based learning is applicable to generic and career mobility nursing students, and accept that nursing students build upon previous and concurrent learning from other academic disciplines and life experiences.

Nursing Education at CMC is a structured progression from simple to complex and supports the learner by providing a student-centered, culturally sensitive learning environment. Students are provided an education utilizing principles and algorithms which involve trust and safety, invoke a philosophy of caring, and looking out for one another, while promoting patient safety and quality nursing care. The Program provides opportunities necessary for the student to acquire an essential body of knowledge, and the ability to function within an interdisciplinary team in the role of a Beginning Nurse Generalist.

Conceptual Framework and Unifying Theme

The CMC Program has integrated a concept driven theoretical and clinical framework which includes: Organizing Concepts and Content Concepts while integrating the Nursing Process, and Quality and Safety for Education in Nursing (QSEN) concepts. Although the program's courses are generally organized into the traditional content areas of Foundations of Nursing, Medical-Surgical Nursing, Maternal-Child and Family Health, Pediatric Nursing, Psychiatric Nursing and Mental Health, Gerontology, and Nursing Management, Leadership and Preceptorship, the Program's Organizing Concepts unify all course content.

The primary conceptual framework are Organizing Concepts which integrate the QSEN model of excellence within a concept driven format. The Organizing Concepts of the Program are: *Coordination and Collaboration of Care, Safety and Quality Improvement, Evidence-Based Practice, Nursing Judgment, Culture, Professionalism and Leadership, and Informatics and Technology*. These Organizing Concepts are used to define the competencies required for graduates. These concepts are consistent with CMC's Program philosophy, program learning outcomes, and guide the process of selection, planning and implementation of content concepts, organization of learning experiences and the evaluation process.

The "Nursing Process," the Program's unifying theme, consists of *Assessment, Diagnosis* (nursing analysis and nursing diagnosis), *Planning* (outcomes), *Interventions, Evaluation, and Reevaluation (ADPIER)*. The Nursing Process is integrated into each Program course and focuses on patient outcomes, prioritized nursing interventions, and collaborative care within the interdisciplinary team.

A. Organizing Concepts

The Program incorporates seven Organizing Concepts which guide and organize theory and clinical content concurrently within each course while utilizing the Nursing Process and integration of QSEN concepts.

1. Coordination and Collaboration of Care:
 - a. Ensures the patient's needs and preferences are met with respect to health services and information sharing across people, functions, and sites.
 - b. Deliberate organization of patient care between the interdisciplinary team, patient and family to facilitate appropriate delivery of health care services to achieve positive patient outcomes.
 - c. Integrates the concepts of supervision, leadership, communication, teamwork, planning, and patient education into direct patient care.
2. Safety and Quality Improvement
 - a. The prevention of harm to patients from unintended health outcomes and defects in the delivery of care to patients (www.npsf.org).
 - b. Minimize the risk of harm to patients, families, and providers through system effectiveness and individual performance (www.qsen.org)
 - c. Ensure students are provided a *Just Culture* learning environment which:
 - i. Balances the need for a non-threatening learning environment with the equally important need to hold persons accountable for their actions.
 - ii. Seeks to judge the behavior, not the outcome, through a process driven, evidence-based outcome and evaluation.
 - iii. Fosters a learning environment that encourages the identification and review of all errors, near-misses, adverse events, and procedural difficulties and or limitations.
 - d. Decrease the risk of harm to patients and families through interdisciplinary team communication and integration of National Patient Safety Goals, QSEN concepts, and health care systems and policies.
3. Evidence-Based Practice
 - a. Proof of the usefulness of an intervention, the projected course of a disease, or the link between environmental causes and illness.
 - b. Integration of the best evidence possible regarding current standards of nursing practice and expertise, patient preferences and values, to create a plan of care that promotes positive patient outcomes and maximize effects of clinical judgment.
4. Nursing Judgment

- a. Analyze and interpret patient data using the nursing process, to form both a critical and rational evaluation.
 - b. Identify, associate, and interpret the signs or symptoms of a given alteration in health to include a rational and relevant intervention and/or plan of care.
 - c. Incorporates clinical judgment when collecting and analyzing data to formulate a patient centered plan of care that promotes cultural competence.
5. Culture
- a. Pattern of shared beliefs, social norms, expected roles, and values that occur among specific groups of people that speak a particular language or live in a defined geographical setting.
 - b. Ethnicity is a common ancestry that shares beliefs and values.
 - c. Cultural competence is demonstrated by exhibiting awareness, acceptance, and respect for patient preferences and cultural norms.
6. Professionalism and Leadership
- a. Having a unique or special knowledge and the self-imposed obligation to serve the community.
 - b. Continuing pursuit of knowledge, a sense of responsibility for human concerns, preparation through higher education, peer accountability, autonomy, and altruism.
 - c. Advocacy is part of the professional nurse's responsibility to all communities and the patients they serve.
 - d. Leaders provide guidance by directing and sharing their vision and knowledge, and offering support to achieve goal attainment
7. Informatics and Technology
- a. Usage of the Electronic Health Record (EHR) and integration of other sources of medical technology to promote patient and provider safety, improve patient outcomes, while maintaining privacy.
- B. The Nursing Process
- 1. The nurse integrates the nursing process with the Organizers and Content Concepts to plan and implement patient plans of care.
 - 2. The steps of the nursing process are integrated in all courses
 - 3. Nursing process components are:
 - a. Assessment: a systematic method of collecting and analyzing patient data including physiological, psychological data, and sociocultural, spiritual, economic, and life-style factors.
 - i. Assessment of patient needs utilizing curriculum Organizers as a guide for pertinent patient data.
 - ii. Gordon's Functional Health Patterns are used as a tool to organize assessment data.
 - iii. Identification of potential risks that may create future alterations in health.
 - b. Diagnosis/Analysis/Planning
 - i. Statement of nursing diagnosis, identified relevant medical diagnosis, and collaborative problems.
 - 1. North American Nursing Diagnosis Associations Taxonomy (NANDA) is used to identify accepted nursing diagnoses.
 - ii. Create plans of care and interventions utilizing core measures and National Patient Safety Goals.
 - iii. Statement of expected patient outcomes to include measurable criteria and time parameters.
 - c. Implementation/Prevention
 - i. Implementation of prioritized collaborative nursing interventions and plans of care.
 - d. Evaluation
 - i. Evaluation of effectiveness of interventions and anticipated patient outcomes.
 - ii. Create modified plans of care to address any noted deficits in plan of care or expected patient outcomes.
 - e. Reevaluation
 - i. Reevaluation of modified plans of care.
 - ii. Adjust plans of care based on anticipated outcomes and identified results.

PROGRAM LEARNING OUTCOMES

COMMUNICATION SKILLS

Coordination and Collaboration of Care

Perform within an interdisciplinary team utilizing effective communication skills, collaborative decision making, and mutual respect to promote quality patient care.

CRITICAL THINKING SKILLS

Safety and Quality

Devise plans of care that minimize risk of harm to improve safety and quality for diverse patients across the life span utilizing system processes.

Evidence Based Practice

Integrate current best evidence utilizing clinical reasoning, nursing judgment and patient preferences to achieve optimal health.

Nursing Judgment

- Demonstrate judgment in practice, supported by evidence that integrates knowledge, skills, and attitudes of a beginning nurse generalist to provide safe quality of care.
- Utilize the nursing process in providing nursing care.

ETHICS

Culture

- Provide patient centered nursing care to meet the healthcare needs of patients with unique cultural attributes within diverse communities.
- Manage an environment that promotes patients' self-esteem, dignity, safety and comfort.

PERSONAL DEVELOPMENT

Professionalism and Leadership

Demonstrate integrity, ethical standards and principles of leadership and professional practice, personal growth, accountability for adherence to policies and procedures, and advocacy for patients and the profession of nursing.

INFORMATION COMPETENCY

Informatics and Technology

- Manage information and technology to communicate with the interdisciplinary team, make informed clinical decisions, and minimize patient and personal harm.

SECTION 2

Course Syllabus

During your participation in the CMC RN Program, you will have many questions. It is important to get the correct information from a reliable source. Rumors, hearsay and word-of-mouth may cause considerable concern and difficulties. The faculty and staff in the Health Sciences/Nursing Programs (HSNP) Department are available and happy to answer any questions you might have. The primary source of information regarding RN Program courses is the course syllabus.

The course syllabus is designed to provide the student with the information and guidelines necessary to internalize critical thinking theory with implementation as critical action in clinical practices. All theory and clinical learning objectives, methods to facilitate the learning, and how the learning will be measured are included. This format encourages the student to become active in the learning experience and presents a variety of methods for achieving program success.

All Program course syllabi have a similar format to facilitate student transition through the Program for continuity, are reviewed at least every two years, and include the following elements/information:

COURSE NAME: As listed in College catalog.

COURSE DESCRIPTION: As stated in College catalog.

UNITS: States number of theory and clinical units assigned to each course. Each semester of eighteen (18) weeks is equal to [1 unit of theory per 1 hour] and [1 unit of lab per 3 hours of clinical experience]. Therefore 15 hrs of lab = 5 units. In each class, each one hour of lecture is worth 0.5 semester units and each three hours of clinical is worth 1.0 semester units. The units and hours of each course are determined in conjunction with every nursing course in the curriculum and cannot be changed at will.

PREREQUISITES: These are determined from the entire curriculum plan. Prerequisites include those required by the College for Associate Science Degree (ASD) and those required by the Board of Registered Nursing.

COURSE OBJECTIVES: These are course sequenced with criteria-referenced testing and are written as stated in the College course description.

METHODS OF INSTRUCTION: Methods of instruction may be delineated in this section and may include lecture, class discussion, group discussion, guest speakers, oral reports, group assignments, case studies, written assignments, skills lab, demonstrations, audio-visual and computer assisted instruction (CAI). A variety of methods of instruction ensures optimum learning for a large number of students.

COURSE ACTIVITIES: This describes the specific activities required or recommended to meet the course requirements both in theory and clinical.

Reading: Required and highly recommended are included. Required and recommended readings in texts, websites and from outside sources are listed. References may include title of book, author, edition, specific chapters or pages, and/or website.

Media: Specific audio-visual, computer software, websites, and videos are listed.

Written: A description of required written assignments and a grading criteria is used when the assignment is graded. Others may exist as pass/fail only.

Clinical Activities: Specific activities in the Nursing Resource Lab and clinical sites are required to meet the requirements of the courses and are listed. Assignments and nursing care plans for each course of instruction correlate with topics taught.

EVALUATION: The method of theory and clinical evaluation is clearly stated in each course syllabus. Scoring for written assignments and/or math testing is delineated. Theory passing grade is 75%. Theory tests are criterion-referenced to the course objectives. This information will be presented as required for each course.

CLINICAL OUTCOMES: Clinical objectives are stated in measurable terms and indicate level of achievement needed to successfully complete the course. These clinical outcomes are congruent with the Clinical Evaluation Tool used for the course.

THEORY OBJECTIVES: Theory objectives are stated in measurable terms and are used as the basis for the criterion referenced tests. The theory objectives are specific enough to guide the student to the information needed but broad enough to foster critical thinking and eventually critical action.

APPENDIX: Information needed for the course and not available elsewhere may be included in the appendix. Included here may be focused assessment guidelines, Nursing Care Plan format, video or CAI assignments, clinical skills lists, Clinical Evaluation Tool, etc.

The Nursing Program Curriculum

A. Program Pathways

The RN Program offers two options to generic students and three options to Licensed Vocational Nurses (LVNs). Generic students may complete the courses required for an Associate Degree and/or challenge nursing courses for grades. LVNs may enter the generic path, qualify for advanced placement or select the 30-Uunit Option. All required transfer courses are accepted as below. Please note that all qualified/official students may challenge all nursing courses.

B. Support Courses

Anatomy (BIO-022) and Physiology (BIO-023)	9 units
Microbiology (BIO-015) or approved General Micro course	4-5 units
General Psychology (PSY-001)	3 units
Sociology 1 (SOC-001) or Anthropology 2 (ANTH-002)	3 units
College Composition (ENG-003A)	3 units
Speech 1 or Speech 7 or Speech 4 or Speech 15	3 units
Developmental Psychology (PSY-003)	3 units

C. Requirements for ASD for Vocational Preparation

Intermediate Algebra (MATH-040)	4 units
Reading 51 or Reading Competency Test	3 units
Social Science and Behavioral Science requirement	3 units
Humanities requirement	3 units

(See College Catalog or Schedule of Classes for more detailed information.)

D. The Registered Nursing Courses:

All supportive courses are integrated into nursing courses, see next section.

	<u>THEORY</u>	<u>CLINICAL</u>
First Semester		
N-010 Nursing Foundations	2.5 U Theory	2.0 U Clinical
N-015 Concepts Nursing Practice I	2.0 U Theory	2.5 U Clinical
These courses are sequential. N-010 must be passed before proceeding to N-015.		
Second Semester		
N-020 Concepts of Nursing Practice II	2.50 U Theory	2.50 U Clinical
N-025 Concepts of Mental Health Nursing	1.25 U Theory	1.75 U Clinical
N-027 Concepts of Gerontological Nursing	0.80 U Theory	0.70 U Clinical
These courses are offered twice a semester.		
Third Semester		
N-030 Concepts of Nursing Practice III	2.50 U Theory	2.0 U Clinical
N-035 Concepts of Obstetrical Nursing with Family Health	1.25 U Theory	1.0 U Clinical
N-036 Concepts of Pediatric Nursing	1.25 U Theory	1.0 U Clinical
These courses are offered twice a semester.		
Fourth Semester		
N-040 Concepts Nursing Practice IV	2.5 U Theory	2.5 U Clinical
N-045 Nursing Management, Leadership and Preceptorship	1.5 U Theory	2.5 U Clinical
These courses are sequential. N-040 must be passed before proceeding to N-045.		

E. Instructor Office Hours

Each instructor has specific office hours for student advisement. These hours are posted at the instructor's office. Students are encouraged to meet with their instructors whenever there are concerns regarding the course, learning problems, policies and/or procedures. The student must make every effort to seek appointments during office hours. When this is truly not possible, instructors will make special arrangements upon request.

Additionally, each student is assigned an advisor. The student is required to make an appointment with the advisor in the first 3 weeks of each course and to meet with the advisor at least once during each course. It is the responsibility of the student to initiate the contact with their advisor and set the appointments.

Theory Instruction

- A. Theory is presented in scheduled classes using a variety of teaching/learning methods which may include, but are not limited to, lecture, case scenario presentations, multi-media and computerized online instructional programs.
- B. The student will receive a syllabus of each course which contains specific learning objectives, assignments, grading criteria, clinical objectives and the evaluative process.
- C. Students are expected to be prepared for class by completing assigned readings and activities **prior to the class**. Activities may include the use of computerized online instructional programs and multi-media.

Clinical Instruction

- A. Clinical instruction shall be provided in hospitals and/or other healthcare facilities which provide experiences related to current theory and course objectives.
- B. An instructor shall be assigned at each facility and shall be responsible for the student orientation, learning experiences and performance evaluation.
- C. The students may be required to rotate to different facilities and instructors in order to have well-rounded experiences related to the various courses.
- D. Students may be transferred to a different clinical group when deemed necessary. The decision will be made by the instructors involved in collaboration with the Program Director (Director).
- E. Students must follow policies and procedures of the clinical facility. Failure to do so may result in the student being denied clinical privileges by the clinical facility and/or continuation in the Program by the Director.
- F. Clinical assignments shall increase in complexity and integrate clinical reasoning skills, critical thinking and nursing judgment methods and exercises.
- G. Clinical hours may be scheduled in the afternoon, evening and/or on weekends. Students must be prepared to adjust their schedules when this is necessary. Every effort is made to give adequate notice.
- H. Students must provide their own transportation to the sites of the clinical experiences.

GRADING

NOTE: THE RN PROGRAM DOES NOT ROUND ITS POINTS OR GRADES.

For example, if you received a 74.99 on a test, or grade for the class your points or grade would be a 74. Or if you received an 89.75 on a test, your grade would be an 89 NOT a 90. We are not using any numbers to the right of the decimal point, we only use whole numbers. We do not round up or down.

The following grading scale is followed throughout the RN Program:-

90 - 100	= A
82 - 90	= B
75 - 81	= C
Below 75	= Below 75 is considered failing

A. Testing – Test Review Policy (Including quizzes)

Tests/quizzes which are given in any format (i.e. *online or paper and pencil*) the following procedures will apply and be followed:

1. Instructor will supply scratch paper, pencil and calculator for student use.
2. Nothing will be allowed on tables or desks. Items such as: books, backpacks, papers, pencils, cell phones (turned OFF), drinks, cups, glasses, water bottles, food, hats, caps, coats, jackets, hoodies, AND watches will NOT be allowed in the testing area. ALL ITEMS will be required to be moved to a designated area. NO EXCEPTIONS.
3. Students should use the restroom prior to an exam or quiz.
4. If there is a situation with family issues, please inform your family that you will be taking a test and that you cannot be disturbed during testing.
5. At the end of the exam or quiz, the student is to return the pencil, all scratch paper, and calculator to the instructor.
6. Faculty understand the importance of reviewing tests and learning. However, NO tests will be given back in class. Reviewing will take place at the end of the class (or after a test or quiz), and at the discretion of the instructor. The instructor will review the top questions that the class got wrong. If additional help is needed, the student may setup a private appointment with the instructor at a mutually agreed upon time. At NO time will the student have access to a test, unless with instructor. No books, paper or pencil will be allowed during said meeting.
If the test is in an online format, and if opportunity for review of the test is available, the student may review the test prior to leaving the testing area and room. This will be the ONLY time the student will have access to review certain online tests. It should be noted, with some online tests students have the ability to review on their own and at any time. Faculty recognize this, and encourage students to review their results when they are able.

B. Cheating

1. Cheating is defined as:
 - a. any behavior during a test that the instructor could interpret as questionable;
 - b. any alteration of a test paper after the answer form has been submitted;
 - c. any collaboration with another student during testing;
 - d. any collaboration with another person on a take home test or paper where instructions are to submit your own work.
3. The faculty may use a variety of methods to prevent cheating.
4. The following are considered dishonest: 1) reconstructing test questions after a test and sharing or selling them to other students; 2) soliciting or buying test questions; 3) copying another student's workbook, research paper or care plan. Students are strongly urged to study and seek an honest evaluation of their knowledge. The safety of their practice depends on being knowledgeable with integrity.
5. When cheating is observed an incident report will be filed with the Director and disciplinary action will be taken as appropriate. Students are also referred to the CMC college catalog to review the College policy and to Appendices of this handbook.
6. Plagiarism is to take another's idea and/or writings and claim them as your own and is dishonest. Students not in compliance with CMC rules/ policies will be considered to be cheating.

C. Clinical Evaluation

1. Students will receive the clinical objectives and have the clinical evaluation procedure explained no later than by the end of the first week of the course.
2. Students are evaluated on an established set of behavioral objectives for each course. Also refer to Appendix for Unsafe Practice Acts.
3. Students are evaluated each day. Students are expected to maintain the level of performance achieved in previous courses, and are expected to make progress towards the implementation of all objectives for the course in which they are enrolled.
4. The student will receive an evaluation by the instructor mid-rotation and during the last week of the course with an opportunity to discuss any ratings.
5. The evaluation form must be signed by both the instructor and the student. If the student does not agree with everything, the student may write "I have read this but I do not agree with the following..." and sign.

6. The final evaluation is rated Satisfactory-Pass or Unsatisfactory-Fail.
7. If the final clinical evaluation is unsatisfactory, the student is given an "F" and fails the course regardless of the theory grade. Students must practice at a safe level and at the level appropriate to the performance objectives and expectations of the current course in the clinical area. A student may pass the written test but if the knowledge and skills cannot be transferred to clinical situations at a safe and competent level, a passing grade will not be given.
8. A student's unsatisfactory performance on a particular objective during the clinical rotation will be described on the evaluation.
9. When there is an incident of unsafe or inappropriate behavior, the instructor will remove the student from the clinical area and immediately schedule a meeting with the Instructor, student and Director of the Program. If the incident constitutes or results in harm or significant danger to patient, the student will be dismissed from the program

Online Study Materials, Books and Tests

- A. Online exams will be given each semester.
 First semester:
 Fundamentals Proctored Exam
 Second semester:
 Psychiatric Nursing Proctored Exam
 Third semester:
 Maternity Proctored Exam
 Pediatrics Proctored Exam
 Fourth semester:
 Comprehensive Predictor Proctored Exam
 Medical/Surgical Proctored Exam
- B. Online tests are part of the evaluation process. Results are available to the student so that they are aware of their strengths and weaknesses.
- C. The tests may be a part of the course grade.
- D. Students must purchase the required online materials prior to the beginning of each semester. A notice will be e-mailed from the HSNP Office to students advising of the deadline date for purchase. Failure to purchase the required materials may result in dismissal from the Program as this will prevent students from meeting the course requirements.

Progression and Retention

To remain in the Program and progress toward completion, the following must be adhered to:

- A. A grade of "C" or better in theory and a rating of "Satisfactory" in the clinical area in each nursing course. A grade of "C" or higher is mandatory in ALL courses for content required for RN licensure.
- B. Clinical performance will be graded "Satisfactory" or "Unsatisfactory" as evaluated by the instructor based on established criteria. An Unsatisfactory rating in clinical results in failure of the course regardless of the theory grade.
- C. The HSNP Department has the authority to refuse progression in the Program if a grade of "C" or better is not maintained, or if the student is unable to perform satisfactorily and safely in the clinical area.
- D. The lowest grade to equal a "C" is 75% in the RN Program courses.
- E. A student who does not attain a 'C' in a nursing course is considered to have failed the course. Note that the College policy permits only one repetition to improve substandard grades. Note that Program policy permits only one reenrollment in the Program.
- F. Both student and instructor must sign the Student/Faculty Meeting Record whenever a student is in danger of failing a course.
- G. Pregnant students are required to present an unrestricted physician's release indicating they are able to meet the physical demands of clinical performance when pregnancy is identified, every two months during the pregnancy and after delivery. Pregnant students who are deemed unable to meet those demands will be required to withdraw from the Program.
- H. All Program and College requirements including health/fitness documentation and CPR competency, must be continuously met.

Credit for Course Work

Official transcripts from all other colleges must be on file in Admissions & Records prior to filing a Request for Evaluation of Credit. An evaluation of credit is required when a student is at or near 30 units.

All lower division work (freshman and sophomore level courses) previously earned at other accredited institutions will be included when computing the cumulative GPA for a degree or certificate from CMC.

The District evaluates and accepts transfer courses, units and grades in an equitable manner in accordance with the standards of the Western Association of Schools and Colleges Accrediting Association (WASC).

Petitioning For Credit By Examination (Challenged Courses)

A. Policy

1. A student may petition for Credit By Examination for all nursing courses.
2. The petitioner must be enrolled and all fees be paid.
3. The current established theory and clinical course outlines, objectives, learning activities and recommended readings in the courses being challenged will be used.
4. The examination criteria, theory and clinical, will be the same criteria currently established for the specific courses being challenged.
5. The theory challenge examination must be passed at 75% or higher before the clinical portion may be challenged. The clinical challenge process is autonomous for the instructor including development and grading process.
6. The clinical portion must be passed as "Satisfactory." If the clinical portion results are "unsatisfactory," the entire course being challenged must be taken as a regular student. The course then follows the Program rules for progression and retention.
7. Both theory and clinical must be passed to receive a grade for the course. If either is failed, both are failed.

B. Procedure

1. The petitioner must:
 - a. Satisfy the rules and regulations established in the CMC policy for petitioning for credit by examination. (Please refer to the current CMC catalog for the established criteria.)
 - b. Have satisfactorily completed the pre-requisites of the nursing courses being challenged.
 - c. Submit to the Director documentation of all previous course work and/or experiences the petitioner believes qualifies him/her for credit by examination of courses.
2. The petition, documentation and recommendations of the Director will be presented and discussed with the Policy/Enrollment Committee at the next regularly scheduled meeting. (The Director may schedule an ad hoc meeting.)
3. This committee will determine if the petitioner meets the requirements of the College and the Program for credit by examination. If the petitioner does not meet the necessary requirements, he/she will be notified and the rationale for the decision with options will be discussed with the applicant.
4. Qualified petitioner will be contacted by the examiner within the week following the decision to advise him/her of:
 - a. the date the course materials will be available.
 - b. suggested dates and location of the examinations.
 - c. clinical experiences will be scheduled and includes care plans. Note Care Plans are graded Pass/Fail.
5. A letter grade will be given upon completion of the theory and clinical examination. The petitioner will be notified of the grade achieved for the course.
6. The petitioner will be informed of his/her grade and the grade will be submitted to Student Services.

Graduation

Only degree candidates are considered graduates of the College.

- A. All degree candidates **MUST** petition for graduation; students who fail to petition may not be graduated. **This will affect NCLEX-RN application status.**
All students earning an Associate of Science Degree must complete RDG-051 with a grade of “C” or better, test out of the course through AccuPlacer testing, or take a qualifying course at another school. If you have any questions regarding this requirement, contact the Office of Student Services.
- B. Students are advised to file for graduation at the beginning of their third semester in the Program. This gives the Office of Student Services an opportunity to audit records and notify the student before the fourth semester if there are any course discrepancies when qualifying for the degree.
- C. Non-Graduate or Advanced Placement for LVN to RN:
 1. Students who complete BRN requirements but not associate degree requirements may file a request for an Occupational Certificate.
 2. All LVN 30-Unit Option II. Those LVNs who do not meet the requirements for a degree
 - a. are considered a non-graduate.
 - b. must sign the LVN-RN Associate Science Nursing Degree vs. 30-Unit Option Declaration for this and can never change their status.
 3. LVN-RN 30-Unit Option students can only enter at the second ASD semester RN level per BRN policy.

Filing for the RN National Council Licensing Exam (NCLEX-RN)

- A. The Director and/or designee(s) submits the completed forms about four (4) weeks prior to the anticipated graduation date and submits a list of students expected to complete the required course work of the Program to the California BRN. If a student does not complete the Program, the Director or Assistant Director will notify the BRN immediately and follow the policies of notifying them by telephone, fax or email. A follow-up letter will be sent to the BRN.
- B. NCLEX–RN filing status will be either Graduate or non-Graduate.
 1. Graduate Status:
Students must complete Associate in Science degree requirements to be considered a graduate of the College. To receive an ASD in Nursing, a student must complete all of the required courses that comprise the CMC Registered Nursing Program (see next section) plus any additional College degree requirements. (See Catalog for ASD-Voc Ed). The only exception to this is if the student already holds a degree from a recognized, accredited college.
 2. Non-Graduate Status:
A student who completes the program requirements but not the degree requirements, will be considered a non-graduate and **may** receive an Occupational Certificate upon request.
- C. Required Courses for NCLEX-RN Eligibility
The following courses are required by the CMC RN Program:
 - Anatomy (BIO-022)
 - Physiology (BIO-023)
 - Microbiology (BIO-015)
 - Psychology (PSY-001)
 - Sociology (SOC-001) or Anthropology (ANTH-002)
 - College Composition (ENG-003)
 - Speech 1 or 4 or 7 or 15
 - Developmental Psychology (PSY-003)
 - Intermediate Algebra (MATH-040)
 - N-010 Nursing Foundations and
 - N-015 Concepts of Nursing Practice I
 - N-020 Concepts of Nursing Practice II
 - N-025 Concepts of Mental Health Nursing
 - N-027 Concepts of Gerontological Nursing
 - N-030 Concepts of Nursing Practice III
 - N-035 Concepts of Obstetrical Nursing with Family Health

Note: A student who completes the Program or content required but not the ASD requirements may be considered a non-graduate when the NCLEX-RN is taken unless the student entered the Program as a college graduate. This may affect reciprocity in some states.

- D. If a student's status changes after filing for the NCLEX-RN exam, the Director must be notified as soon as possible and the BRN informed.

Withdrawal from the Program

- A. A student may withdraw from a course (and, thus, from the Program) prior to reaching the 75% mark; the transcript may show a "W." After 75%, the transcript will show an "F."
- B. A student who withdraws from the Program a second time will not be considered for readmission.
- C. A student leaving the Program for any reason other than graduation must attend an exit interview and sign the Exit Summary form. This is a requirement for future consideration of readmission.
- D. Any student wishing to be considered for readmission must make formal application according to admission policy guidelines.

Dismissal from the Nursing Program

- A. A student will be dismissed from the Program for any of the following:
1. Academic and/or clinical failure (failure = D or F grade)
 2. Unsafe clinical performance
 3. Acts of dishonesty or unethical behavior
 4. Violation of program professional conduct standards
- A student who is dismissed for any of the above reasons will be denied readmission as allowed by BRN policy, RN Program policy and College policy.
- B. If dismissal occurs, the student transcript will show an "F."
- C. All incidents must be documented in writing as soon as possible on a Faculty/Student Meeting Record form and signed by both instructor and student.
- D. A student leaving the Program for any reason other than graduation must attend an exit interview and sign the required Exit Summary form.

Student Departmental Complaints

To facilitate resolution of student complaints/conflicts within the department, it is expected that the student:

- A. Will discuss the issue with the persons involved and try to resolve the issue (follow chain-of-command).
- B. If the problem remains unresolved or the student is dissatisfied, he/she may request a meeting with the Director to discuss the issue and ways of effecting a resolution. This should be done as soon as a problem arises so that the Director may facilitate a resolution before the problem escalates.
- C. If still dissatisfied the student may request an appointment with Administration in accordance with the College grievance procedure.

STUDENT GRIEVANCE PROCEDURE – COLLEGE LEVEL

Refer to the current College catalog.

Readmission Policy

A. Policy:

1. If enrollment in the CMC RN Program ends in the student exiting the Program, and the student is eligible, the student may reapply for admission following the admission policy in effect at the time of reapplication.
2. The student may be readmitted to the Program a total of one (1) time. A remediation plan will be prepared by a designated faculty member or the Director. The student will be required to furnish proof or demonstrate remediation prior to consideration for readmission to the Program.
3. Students who have exited the Program for more than one year may be considered for readmission by the Policy/Enrollment Committee. The student may be required to complete remediation as part of consideration for readmission.
4. The Policy/Enrollment Committee will review all applications to determine that specific criteria have been met. The final decision regarding readmission to the Program is at the discretion of the Director.
5. Students who exit the Program for any of the following reasons are ineligible for readmission to the Program:
 - Unsafe clinical performance
 - Acts of dishonesty or unethical behavior
 - Violation of Program professional conduct standards

B. Priority for Readmission

When the number of qualified applicants exceeds the number of available seats, the selection for readmission will be as follows:

First Semester (N-010 or N-015)

1. Returning CMC students who left passing
2. Returning CMC students who left failing
3. Transfer applicants who left passing and/or LVN wishing to enter program

Second Semester (N-020 and/or N-025 and/or N-027)

1. Returning CMC students who left passing
2. Returning CMC students who left failing
3. Transfer applicants who left passing and/or LVN wishing to enter program
4. LVN-RN Option II applicants

Third Semester (N-030 and/or N-035 and/or N-036)

1. Returning CMC students who left passing
2. Returning CMC students who left failing

Fourth Semester (N-040 or N-045 or both)

1. Returning CMC students who left passing

SECTION 3

During the clinical portion of the Program, students will be assigned to clinical experiences in hospitals, home health and ambulatory care areas. These experiences are governed by affiliation agreements between the CMC and the facilities and require adherence to certain standards by participating students. These standards are necessary to ensure that the policies and limitations set forth by the various facilities are observed. Failure to follow these standards will result in students not being permitted to continue clinical training and would, therefore, result in dismissal from the Program.

ATTENDANCE, TARDINESS AND ABSENCES

The BRN requires a specific number of units and hours in the clinical area. If absences exceed limits set by the Program, the student may not have sufficient hours to qualify for the licensing exam.

To promote and ensure effective learning and patient safety, students are expected to arrive at all class and clinical sessions well-rested and alert.

Program policies regarding attendance are:

- A. Students are required to attend all class meetings of the course in which they are enrolled.
- B. **Tardiness/Leaving Early:** Tardiness is when a student is not in the learning location (clinical facility meeting location, NRL, simulation or theory classroom) and ready to begin at the time the class or clinical rotation is scheduled to begin. Leaving early is when a student leaves before the time the class (theory or clinical) is scheduled to end. Repeated tardiness or leaving before the class is scheduled to end subjects the student to failure of the course and dismissal from the Program.
- C. **Theory Absence:** One absence from theory per course is allowed. **However**, all theory absences must be made up; theory makeup assignments, objectives, and deadlines will be determined by theory instructor. More than one absence from theory subjects the student to failure of the course and dismissal from the Program.
- D. **Clinical/Simulation/NRL Absence:** One absence from clinical/NRL per course is allowed. **However**, all hours must be made up and all clinical absences must be made up in a clinical facility with another cohort. If unable to complete hours with another cohort, the student will be required to attend special hours in the NRL and accomplish specific objectives as assigned by the clinical instructor or to complete an assignment as directed by the instructor.

The clinical/NRL make-up form must be signed by both the student and the instructor prior to the actual make-up assignment. Make-up time may never be on a clinical day. The exact number of hours missed must be made up. All clinical make-up time must be completed as directed by the instructor prior to the end of the course final exam. Failure to complete make-up hours subjects the student to failure of the course and dismissal from the Program.
- E. When absences exceed what is allowed per Program policy, the student will be dismissed from the course and required to withdraw from the Program and/or receive a failing grade (based on College deadlines which allow either withdrawal or grade responsibility).
- F. The student must notify the clinical instructor prior to the start of the clinical rotation if it is necessary for the student to be absent.

Uniform and Appearance Standards

Uniforms are required to be worn for **all** clinical experiences including those at the clinical facility, assigned NRL sessions and Simulation clinical sessions held on the CMC campus. Uniforms are not required to be worn for theory sessions. If the student's uniform and/or personal grooming poses a threat to client safety, violates hospital policy or does not meet the Program standards, the student may be excluded from the clinical, NRL or Simulation area. Absence from the clinical area may result in failure of the course as described in this handbook and College policy.

The following dress code will be enforced from the point of arrival on the clinical property or CMC campus until the time of departure from the clinical facility or CMC campus:

- A. Complete uniforms must be worn whenever students are in the clinical facility or extended campus for clinical assignments, during assigned NRL sessions and Simulation clinical days held

on the CMC campus. All aspects of the uniform code must be observed. Photo ID is required (**lanyards and reel/retractable ID card holders are not allowed**).

- B. The clinical uniform may not be worn outside of clinical experiences (e.g. shopping, dining out, etc.) unless participating in a function where the uniform is appropriate (e.g. Health Fair) and as directed by Program faculty.
- C. The CMC RN Program uniform is sold by Angie's Uniforms, 57353 Twentynine Palms Highway in Yucca Valley, (760) 365-5156.

The required uniform garment for all students is:

1. A pewter 2 pocket v-neck tunic (Cherokee Workwear #4700)
2. A pewter drawstring pant with cargo pocket (Cherokee Workwear #4100)

Optional uniform garments for all students are:

1. A white cardigan unisex jacket (Cherokee Workwear #4350)
2. A white, long sleeve, mock turtle neck unisex tee-shirt.
3. A white, long sleeve, crew neck tee-shirt.
4. A white, short sleeve, crew neck tee-shirt.

These uniform items MUST be exactly as indicated. A comparable but different product is NOT acceptable even if produced by the same manufacturer. **Sweaters, "hoodies" and other supplemental garments are NOT allowed.**

- D. The Logo Patch and RN Student Rocker: The logo patch and rocker are required parts of the uniform. The logo patch and rocker are sewn on the left upper sleeve of the uniform top and jacket. The logo patch and rocker may not be attached with Velcro, pins, staples or paper clips.
- E. College Photo ID: All students are required to obtain a CMC photo ID card prior to the first day of class. Photo ID cards are obtained in the Office of Student Services after registration. The photo ID card must be worn on the outermost piece of clothing at shoulder height where it is clearly visible to others (**lanyards and reel/retractable ID card holders are not allowed**).
- G. All white socks of plain design (e.g. no lace/patterns/tennis socks or Peds) must be worn. Socks must be clean and free of holes.
- H. Shoes: Standard all white nurses' shoes or all white athletic shoes (low heels, closed-toes and closed-heels) must be worn. No clogs, sandals or canvas tennis shoes will be allowed. Shoes and shoe laces must be kept clean, and in good repair. All portions of the shoe visible when the student is standing must be white – white athletic shoes with colored bands on the sides are not acceptable.
- I. Additional items including a black ink pen, a watch with a second hand and a stethoscope. A small notepad or clipboard may be used to assist in collecting/recording patient data.
- J. Hygiene: Use a reliable deodorant and make certain that your teeth are clean and your breath fresh. Uniforms must be washed and ironed before every wearing because dirty uniforms carry body odor, harbor the growth of bacteria and look unprofessional.
- K. Mustaches and Beards: Must be neatly trimmed and acceptable to both the clinical instructor as well as the clinical facility.
- L. Hair styles: Hair must be off the collar, away from the face and neatly arranged. Loose pony tails or hanging braids are not permitted. Barrettes and/or hair combs must be plainly styled and either hair-colored or clear. Hair color must be natural in appearance and within the realm of genetic possibility.
- M. Make up: Extremes should be avoided. The application of permanent tattoos while enrolled in the Program is strongly discouraged. Temporary tattoos and henna-based skin designs are not allowed in the clinical area. Clinical facilities require that tattoos are completely covered.
- N. Perfume or cologne may not be used while in uniform.
- O. Gum is not allowed in the classroom or clinical area.
- P. Fingernails should be no more than 1/4" beyond fingertip. The use of **polish and/or artificial/gel/acrylic fingernails is not allowed.**
- Q. Smoking is discouraged and may also be prohibited at the clinical facilities. If a student must smoke they must follow these restrictions:
 1. Smoking will only be allowed on approved break times; no additional breaks may be taken for smoking.
 2. At a minimum, students must always wear an item of clothing that covers their uniform when they are smoking. This item of clothing must be the student's personal clothing – students are not to take cover gowns, patient gowns, etc. from the facility for this use. The "cover" clothing must be removed before the student returns to the patient care area.

3. Clinical facility rules will be followed which may include restriction of smoking to certain areas or prohibition of smoking on facility property or campus.
 4. Items for smoking (cigarettes, lighter, etc.) will not be carried in the student's uniform pockets at any time that they are in the patient care area. They may be stored in your book bag which is kept in a designated staff area or in your personal vehicle.
 5. Violation of a policy by facility staff does not give permission for students to do so. There is no excuse for the student to violate the facility smoking policy.
 6. A first reported or observed infraction of these rules will result in counseling by the Director of the Program. A second failure to comply with these rules will result dismissal from the Program.
 7. For additional information on how to comply with this policy, consult the clinical faculty and your instructor.
- R. Smoking on campus: Must follow college policies.
- S. Jewelry: ONLY the following jewelry may be worn with the uniform: ONE wedding band, photo ID badge, watch and one pair of rounded post style studs for pierced ears (studs may be gold, silver or pearl white). Students may NOT wear necklaces, chains, bracelets or lapel/slogan pins. Students are required to remove ALL body piercing jewelry (i.e. eyebrow, nose, tongue, etc.) while in the clinical area and/or in uniform.
- T. All uniform garments MUST be as described in this handbook. Handmade or similar style uniforms will not be permitted. No additions or modifications to the official uniform may be worn (e.g. jeans/dungarees/turtleneck shirts/"logo" or colored undershirts, etc.).

Standards of Professional Behavior

- A. RN Program students' behavior is a reflection upon themselves, the Program, the College and the nursing profession. A CMC RN Program student will maintain the following behaviors during clinical and theory class sessions. Failure to adhere to these behavior standards may result in dismissal from the Program:
1. Faculty, staff and administration are to be addressed by title and in a professional and courteous manner.
 2. Speak in a modulated voice and in socially acceptable language.
 3. Interact with others including patients, staff, students and instructors in a polite and respectful manner.
 4. Withhold opinions and value judgments as they relate to others in the clinical or classroom settings.
 5. Refrain from criticizing nursing and medical personnel and/or clinical facility management. Concerns should be discussed privately with the clinical instructor who will advise the student.
 6. Stay in assigned areas. If it is necessary to leave the area, notify your instructor. Under no circumstances are students allowed to leave the assigned clinical area without the specific permission of the clinical instructor; if facility personnel direct the student to another assignment, the student must obtain permission from the clinical instructor before doing so.
 7. No discussion of personal problems on the nursing units.
 8. Eating, chewing gum, or smoking only in designated areas.
- B. The following behaviors are not acceptable and may be cause for failure of the course and dismissal from the Program (this list is not all-inclusive):
1. Academic dishonesty including any form of cheating or plagiarism.
 2. Signing the attendance roster for someone other than yourself.
 3. Arguing with or challenging the instructor at any time.
 4. Consistently arriving to class/clinical/Simulation/NRL late and/or not staying for the entire class session.
 5. Disruptive behavior while class or clinical is in session.
 6. Reading other materials (newspapers, other books, etc.) while class is in session.
 7. Use of electronic devices such as cell phones, beepers or tape recorders in class without permission of the instructor prior to class session.
 8. Studying for another class while class or clinical is in session.
 9. Sleeping in class.
 10. Breach of confidentiality and/or violation of HIPAA and/or FERPA regulations.
 11. Patient abandonment.

12. Habitual profanity and/or vulgarity.
 13. Violation of the ANA Code of Ethics.
 14. Failure to abide by the scope of practice of the Student Nurse.
 15. Placing or threatening to place a patient, staff member, student and/or instructor in physical or emotional jeopardy.
- C. Class work shall be:
1. Legible (readable). Neatness, spelling and grammar count. Completed work shall be at a collegiate level.
 2. Written work that looks like a rough draft or from a website used for gathering information will not be graded.
 3. All written activities must be original and demonstrate your own work.
 4. Please become familiar with CMC Student Discipline policies.

Policy for Students Who May Be Impaired By Alcoholism, Drug Abuse or Emotional Illness

- A. In the matter of Program students impaired by alcoholism, drug abuse and/or emotional illness, the HSNP Department of CMC (Registered Nursing) recognizes that:
1. These conditions are illnesses and should be treated as such.
 2. Personal and health problems involving these illnesses can affect student's academic and clinical performance and that the impaired nursing student may pose a danger to self and may a grave danger to the patients in his or her care.
 3. Nursing students with these illnesses may be helped to recover.
 4. It is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness.
 5. Confidential handling of the diagnosis and treatment of these diseases is essential.
- B. Therefore, the faculty of the HSNP Department will document behaviors that may identify the impaired student. These behaviors include, but are not limited to, the following:
1. Clinical performance: Some of the changes in clinical performance that the instructor will document include the following:
 - a. Absenteeism - lack of notification - calls in to be late at the beginning of the shift, long lunch hours - frequent and/or unexplained disappearances from the assigned unit.
 - b. Deterioration of clinical performance.
 - c. Increasing inability to meet schedules and deadlines.
 - d. Illogical, illegible or careless charting.
 - e. Excessive errors. Frequent medication errors; incorrect narcotic counts.
 - f. Frequent disappearances from the work area and returns with noted physical and/or behavior changes.
 2. Nonspecific changes: In addition to deterioration in clinical performance, the impaired student will often exhibit a pattern of psychosocial problems. These may include but are not limited to:
 - a. Personality changes: increased isolation, eats lunch alone, avoids informal get-togethers, decreased interest in outside activities.
 - b. General behavior: frequent inappropriate responses, elaborate excuses for behavior, unkempt appearance.
 - c. Mental status: forgetfulness, complete loss of memory of event and conversations, confusion, decreased alertness, euphoria or "glossed over" recall of unpleasant events or arguments.
- C. Extended Campus Facilities: Students who may be experiencing problems with chemical and/or substance abuse and/or emotional illness while in the extended campus clinical setting, are reminded that the policies and procedures of that clinical facility may be followed first. When a HSNP Department student appears to be impaired by alcoholism, drug abuse or emotional illness, the following procedures will be followed:
1. The clinical facility and/or College may report the student to civil authorities.
 2. Documentation of unsafe and/or inappropriate behavior will be presented to the student by the clinical instructor at a meeting with the Director.
 3. According to the College Catalog the student may be subject to disciplinary action and legal penalties for violation of civil and criminal law and District and College rules.
 4. In addition to the actions outlined in the College Catalog, the Director will:
 - a. Review the student's performance and instructor's clinical evaluation.
 - b. Discuss the situation with the student.
 - c. Recommend any, all, or none of the following:

- 1) Referral to an appropriate resource for help with the problem;
- 2) Exclusion from the Program at this time;
- 3) Clinical probation with specific clinical objectives to be met by a specific date.

Health Standards

All students must submit the original health examination form and associated documents to the HSNP Office and **keep a copy** for their personal records.

- A. Students must maintain a level of physical and/or psychological health that enables them to provide safe nursing care to clients. When an instructor notes signs or symptoms that could indicate a health problem the student may be required to bring evidence of satisfactory physical and/or mental health from a physician.
 1. Health Requirements
The student must be free from communicable diseases, infection, psychological disorder, and other conditions that would present a threat to the wellbeing of faculty, students or patients or would prevent the successful performance of the responsibilities and tasks required in the education and training program. Any condition described above which is developed by the student after admission to the Program may be considered sufficient cause for dismissal from the Program.
 2. The Director may require a student to be examined by a licensed physician and to have laboratory tests, as needed, to determine physical and/or mental fitness. The Director is authorized to require that records of any such examination be released to the Director. Such records may be used only to determine fitness for the Program, and except for such use, the confidentiality of such records shall be maintained.
 3. Dismissal: dismissal from the Program for health reasons will be on a case-by-case basis and shall be reviewed by the Director in consultation with College officials, other officials, and/or the BRN.
- B. A Licensed Independent Practitioner (MD, DO, NP, PA) must complete the Pre-Entrance Medical Record form.
- C. Copies of required lab reports and other documentation must be attached to the CMC Pre-Entrance Medical Record.
- D. Tuberculosis (TB) testing is an ANNUAL requirement. Students entering the Program are required to undergo a two-step PPD screening and annual screening must be maintained during enrollment in the Program. If a student has tested positive in the past, documentation of the positive test and a current chest x-ray (within six months of beginning the Program) is required.
- E. Documentation of the following titers is required for all students entering the Program: Rubeola (Measles), Mumps, Rubella, Varicella, Hepatitis B and Hepatitis Acute Panel. If any of the above titers are negative or equivocal, immunization is required. Additional health requirements may be imposed by facilities used for student clinical experiences and these must be met.
- F. Current Diphtheria/Tetanus/Pertussis immunization is required.
- G. Pregnancy/Childbirth: As soon as a student suspects she is pregnant, she should be examined by her healthcare provider. If pregnancy is confirmed, the following is required:
 1. A signed statement, on official letterhead, from the physician and/or nurse practitioner stating that it is safe for the student to perform the work required in a clinical facility without restriction. This must be presented to the HSNP Office and will be placed in the student's file.
 2. A signed statement from the physician will be presented to the HSNP Office every two months or more frequently if determined necessary by the Director. The statement will verify the student's health status and continued ability to perform the clinical assignments without restriction.
 3. The student must submit a release to return to unrestricted activity to the HSNP Office from the physician after pregnancy/childbirth.
- H. All students are to have a background check and drug screen prior to entering the Program. Criminal background checks and drug screens are required by all clinical agencies/facilities.
- I. Injuries in the Clinical Area
 1. Notify your instructor as soon as possible. The instructor will help you with the required documentation.
 2. Neither the clinical facilities nor the College are responsible for providing treatment related to student injuries occurring as a result of this training program. It is highly recommended that students without health insurance purchase insurance coverage.

- J. Students who have sustained an injury, whether during Program activities or in the course of personal activities, are required to submit proof of fitness to participate in clinical activities without restriction. Failure to provide such documentation when requested by faculty or the Director may result in dismissal from the program.

NOTE: It is the student's responsibility to retain copies of all documentation submitted. The HSNP Office will NOT make copies of any documents submitted and will NOT provide in any other way copies of records or any other information submitted and/or required for Program entrance or progression.

Healthcare Worker Mandates

- A. Plan for Control of Exposure to Blood borne Pathogens:
The Occupational Safety and Health Administration (OSHA) of the Department of Labor has issued rules regarding occupational exposure to blood borne pathogens. These have been implemented since June 6, 1992, under the title of "Universal Precaution" and Standard Precautions [airborne].
- Students are not specifically addressed in these mandatory standards. However, since nurses are at-risk employees, student nurses would have the same designation. The hospitals require that students receive the same training and protection as the nurses employed.
- Therefore, the CMC RN Program will observe the following plan for control of exposure to blood borne pathogens:
1. Student Education: All students upon entrance to their first clinical nursing course will receive information on this subject before any assignment at a clinical facility. Documentation will be maintained to reflect that the student has received this training. Students receive additional training on-site at the clinical facilities per the clinical facilities' practices for orientation.
 2. Hepatitis B Vaccine: The student will be required to receive Hepatitis B Vaccine or sign a statement declining it.
 3. Tuberculosis Prevention: Students will receive instructions on the prevention of Tuberculosis transmission.
 4. Hospital Drug and Hazard Awareness: Student will be instructed in this area and will be required to sign the Hospital Drug and Hazard Awareness form.
 5. Contaminated Work Clothes: It is strongly recommended that potentially contaminated work clothes are changed before leaving the hospital. OSHA standards mandate changing grossly contaminated work clothes immediately. Should a student's work clothes become grossly contaminated, before leaving the work area they must put on a cover gown and/or change to a clean uniform provided by the clinic and bag the contaminated uniform for transport home. The student must return the borrowed cover gown or uniform on the next clinical day or on the very next day if the uniform is borrowed on the last semester day of clinical in that facility. Failure to return uniform items borrowed from a facility may result in being banned from that clinical facility which could result in the inability to meet RN Program requirements and course failure.
- B. Education Regarding Patient Privacy/Confidentiality (HIPAA)
Students will receive instruction at the time of entry into the Program, as part of regular coursework in Nursing Fundamentals and Concepts of Nursing coursework, and from the clinical facilities regarding patient privacy/confidentiality law and practices. Documentation will be maintained in the HSNP office reflecting that students have received this education and information.

Cardio-Pulmonary Resuscitation Certification (CPR)

Every student must maintain American Heart Association certification at the Healthcare Provider level Basic Life Support skills (CPR). If, at any time, the student is found to be without a current certificate, he/she will be excluded from the clinical setting until a certificate is obtained. If this results in excessive absence, according to the attendance policies stated in this handbook, the student will be dismissed from the Program.

Nursing Resource Lab

The Nursing Resource Lab is located in Room 222 and Room 220. The Lab is maintained to supplement and enhance the instructional program for students enrolled in Health Sciences and Nursing Programs.

Equipment, supplies, software programs and videos are expensive and must be used with care. Students will be assisted and supervised by faculty and/or the Nursing Resource Lab Coordinator.

- A. Nursing Resource Lab (Skills Lab)
 - 1. The NRL contains equipment, supplies and training mannequins to simulate a clinical situation. The NRL is utilized to demonstrate patient care and procedures and to provide a setting in which students may practice the skills being taught. It is also used to test a variety of skills.
When not in use for class or Simulation, students may obtain equipment and practice skills under faculty supervision. When the practice period is completed, students are expected to help with clean-up. The faculty may determine that a student needs more practice in a skill and direct him/her to spend a specific time in the NRL. Retesting and evaluation may be done by the instructor.
 - 3. Food and drink are NOT permitted at any time in the NRL.
- B. Media for NRL
 - 1. The NRL contains computers, videos and software programs. As a part of each course, students may be assigned to access specific media in the NRL. Other programs are available for enrichment, review, repetition and evaluation.
 - 2. Equipment & Media:
 - a. must be obtained from NRL instructor
 - b. may only be taken out of the NRL with the permission of the NRL instructor or the Director.
 - 3. Students must be respectful of fellow students and faculty in the NRL by observing basic rules of courtesy such as controlling noise.
 - 4. Computer software/applications may not be copied for any reason.

Student Class Council and Faculty Meetings:

- A. Class Council

Each class may elect a Class Council. Elections are guided by a faculty advisor in the Fall semester for the new student class. Officers serve their class through graduation.

 - 1. The Class Council serves the students of their class by accepting responsibility for:
 - a. guiding/planning fundraising activities;
 - b. leading planning for the pinning ceremony and other Program completion celebrations;
 - c. providing a forum for student concerns;
 - d. representing the class at Program Faculty Committee meetings;
 - 2. Structure/Officers: The Class Council is comprised of the following officers who are selected by a nomination and election process in which all class students participate:
 - a. President: Responsible for leading Class Council meetings, including scheduling regular meetings and announcing those meetings to all students in the class (not just officers), ensuring there is an agenda for the meeting, **ensuring minutes are documented of all meetings and filed in the archive located in the HSNP office**, communicating issues to the Director, and ensuring the Class Council has a representative at the monthly Faculty/Committee meetings so that students have a voice in the Program decision-making process.
 - b. Vice-President: Assists the President as directed and assumes the role of President in the event the President becomes unable to serve in that role.
 - c. Secretary: Distributes meeting agendas at the direction of the President, records meeting minutes and ensures they are typed and **filed in the HSNP office**, performs other communication functions as needed by the Class Council.
 - d. Treasurer: Receives funds obtained via student dues, fundraising activities, donations, etc., and ensures that funds are deposited appropriately, accurate records are maintained of income and expenditures, and a financial status report is presented at every Class Council meeting.
 - e. Members-at-Large: Two members-at-large are elected to participate in service to the class with the other members of the Class Council, including representing the class at Program Faculty/Committee meetings.

3. Meetings: The Class Council will meet at a time that is acceptable to the council members and the faculty advisor. The President will schedule the meeting and ensure that all class members are notified via e-mail and announcement of the time/date/location of the meeting in advance of the meeting date. The faculty advisor must be present when Class Council meetings are held.
 4. Advisement: The Director and/or faculty designee serves as advisor to the Class Council. The Class Council meetings must be scheduled in collaboration with the faculty advisor. The Class Council cannot conduct any activities of any type without the knowledge and approval of the Director, including meetings, fundraising, collection of dues, expending class funds.
- B. RN Program Faculty/Committee Meetings
1. RN Program Faculty/Committee meetings are held monthly. The agenda for these monthly meetings includes decisions regarding Program policies/procedures, curriculum, admission/enrollment decisions, budgeting/purchases, and other Program operations. It is considered vital that students are represented in the decision-making process.
 2. The student-elected Class Council will ensure that a representative is present at the RN Program Faculty/Committee meetings. Additionally, all Program students are welcome to attend the meetings and all students are notified of the meeting schedule.
 3. Each meeting has an open session and a closed session component. Students are not allowed to attend the closed session segment of the meeting as confidential issues are discussed.

Code of Ethics for Nurses

Adopted by ANA House of Delegates 2001

- Whereas,** the Code for Nurses was last revised in 1985; and
- Whereas,** ethics is an integral part of the foundation of nursing; and
- Whereas,** a code of ethics for nurses must be dynamic enough to maintain its relevance for nursing practice in a changing social context; and
- Whereas,** the relevant body of knowledge in ethics has expanded to include humanist and feminist perspectives, virtue ethics, and the ethics of care as well as ethical rules, principles and theories; and
- Whereas,** the draft Code has been revised based on extensive dialogue and broad input from nurses in diverse settings; and
- Whereas,** the draft Preface and Interpretive Statements enrich the understanding of the core provisions of the Code.

Therefore, be it resolved that the ANA House of Delegates approves and adopts the following provisions as constituting the Code of Ethics for Nurses:

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



**COPPER MOUNTAIN COLLEGE
STUDENT SIGNATURE REQUIRED:
HOSPITAL DRUG AND HAZARD AWARENESS FORM**

Student Name: _____ will signify that they have read the following materials concerning drug and/or medicinal therapies to any/all clients.

The following items represent the students' responsibility/awareness when in the clinical areas.

The student is aware that:

- A. Each clinical facility has a hazard policy according to Title 8 California Code of Regulation, Section 5194, and Federal Regulations 29, Part 1910.1200, requirements.
- B. All drugs given by the student must be adequately researched according to school policy, prior to giving it to the client to ensure safe administration. This includes using the drug inserts, clinical facility, formulary and/or a student pharmacology text for the current year.
- C. Handling of drugs and storing of hazardous materials will be done per clinical facility policy.
- D. New drugs being used have various drug reactions and interactions or toxic effects may occur.
- E. Toxic drugs may become aerosolized, absorbed through the skin or mucous membranes, or inhaled.
- F. Note: Mercury (used in certain equipment – BP, Cantor Tube) is toxic and absorbed via the skin. Never handle mercury without gloves.
- G. Students are not allowed to administer intravenous cytotoxic (oncological) drugs. Special post-licensure education and certification is required for nurses administering these medications.
- H. All clinical facility spills of body fluids should be managed according to facility policy. Check with the RN on the Unit for direction. Bleach (e.g. Clorox) is a universal cleanser.

Student signature verifies:

- 1. Receipt of this notice.
- 2. Commitment to read, know and comply with these directions.
- 3. Agreement to ask questions when in doubt.
- 4. Student has been informed and understands the clinical facility hazards.

Signature: _____

Date: _____

Copper Mountain College
Registered Nursing Program
Student/Faculty Meeting Record

Student Name: _____ **Date:** _____

Faculty Name: _____

Nature of Meeting: Student Request Theory Performance Clinical Performance Routine Advisory

Other (describe): _____

Purpose of Meeting: _____

Student is is not At Risk for Failing related to:

Discussion:

Conclusion(s):

Plan:

Student is referred to:
____ CMC Counsellor
____ Student Success Center for: _____
____ Student Services tutor for: _____
____ CMC Financial Aid Office
____ Flo's Cookie Jar
____ Other: _____

Student is recommended to:
____ Reduce work hours / stop working
____ Join a study group
____ Spend at least ____ hours per week in NRL
____ Other: _____

Next Meeting: _____

I, the student, am committed to the above plan for my success.
Student Signature: _____

I, the faculty, am committed to the above plan for the student's success.
Faculty Signature: _____



**COPPER MOUNTAIN COMMUNITY COLLEGE
HEALTH SCIENCE NURSING DEPARTMENT**

REQUIRED EXIT SUMMARY

DATE: ___/___/___

Name of Student: _____ Generic ___ Career Ladder___

Course Exiting: _____ Re-applying: Yes ___ No ___

REASON FOR EXIT:

- 1. Theory Failure _____
- 2. Clinical Failure _____
- 3. In Danger of Failing _____
- 4. Personal (Specific) _____

REMARKS: (include factors which may have influenced student's ability to succeed):

RECOMMENDATIONS to improve chance of success if readmitted

- (1) ___ hours remediation (document guidelines/directions)
- (2) Remediation in Nursing Resource Lab
- (3) Enrollment in College or other coursework to achieve Plan/Goals.
- (4) Reading re-evaluation by Reading Center
- (5) Other

Signature of Student

___/___/___
Date

Signature of Faculty

___/___/___
Date

Unsafe Practice Acts in the Clinical Setting

1. Unsafe Practice Acts related to medications:
 - 1) Failure to observe the seven rights of medication administration:
 - a. right client;
 - b. right time and date;
 - c. right dose;
 - d. right route;
 - e. right medication;
 - f. right reason;
 - g. right response.
 - 2) Failure to recognize errors related to medications:
 - a. failure to recognize own inability to calculate dosages;
 - b. failure to report any medication error;
 - c. failure to recognize and report own errors;
 - d. failure to check and initiate appropriate nursing action for client allergies or pertinent lab test or procedure results when indicated;
 - e. failure to know and report medication side reactions;
 - f. failure to handle medications/ampules/vials in a safe manner;
 - g. failure to double verify medication when indicated;
 - h. Failure to properly administer/monitor IV therapy.
2. Unsafe Practice Acts related to client/nurse safety:
 - 1) Failure to practice Universal Precautions and/or Standard Precautions.
 - 2) Failure to properly wash hands at the appropriate times.
 - 3) Failure to identify a client before beginning any procedure.
 - 4) Failure to elevate side rails on:
 - a. confused client;
 - b. medicated client;
 - c. client in higher elevated bed;
 - d. child in a crib;
 - e. client on a stretcher/gurney.
 - 5) Inserting a contaminated urinary catheter or using any contaminated equipment in client care.
 - 6) Failure to ascertain and observe for patency in any tube.
 - 7) Failure to check placement of an NG tube before instilling fluid.
 - 8) Failure to check doctor's orders before beginning any treatment.
 - 9) Failure to recognize, report and record important changes in client's condition including:
 - a. change in blood pressure;
 - b. change in pulse;
 - c. change in respirations;
 - d. change in client's color;
 - e. new or unusual bleeding;
 - f. change in client's emotional state;
 - g. low or no urine output.
3. Unsafe Practice Acts related to the client's nutritional status:
 - 3.1 Administering liquids or solid foods to a client who is NPO.
 - 3.2 Supplementing or altering without doctor's orders, the client's therapeutic (special) diet.
 - 3.3 Attempting to administer liquid or solid food to a client at risk of aspirating.
 - 3.4 Delivering food tray to the wrong client.
 - 3.5 Not observing or maintaining an ordered fluid or dietary intake.
 - 3.6 Failure to record an ordered intake and output.
4. Unsafe Practice Acts related to the client's legal rights:
 - 4.1 Failure to maintain client confidentiality.
 - 4.2 Failure to provide for client privacy.
 - 4.3 Attempting to force or coerce the client:
 - a. forcing medication on the client when the client is not on a legal hold;
 - b. forcing a treatment on a client.
 - 4.4 Participating in holding a client against his/her will when client is not on a legal hold.
 - 4.5 Denying a client his rights when the client is not on a legal hold.
 - 4.6 Denying a client his or her bill or rights.
5. Unsafe Practice Acts related to life support measures:

- 5.1 Failure to initiate CPR on a client.
- 5.2 Failure to correctly perform CPR.
- 6. Unsafe Practice Acts related to student role performances:
 - 6.1 Failure to recognize own limitations:
 - a. attempts a procedure without prior education or practical experience;
 - b. does not report work overload;
 - c. causes a client or staff injury due to negligence;
 - d. allows staff to assign student to procedures student does not feel competent to perform and the student performs the procedure without the instructor.
 - 6.2 Failure to recognize and report any errors.
 - 6.3 Failure to chart or to report off to staff and/or instructor before leaving the unit:
 - a. charts inaccurately and/or incompletely;
 - b. gives inaccurate and/or incomplete report;
 - c. failure to report incomplete care.
 - 6.4 Failure to demonstrate appropriate clinical professional behavior that could jeopardize a client's safety:
 - a. tardiness, excessive absences, inappropriate grooming/dress, and/or inappropriate interpersonal behavior;
 - b. reporting to clinical lab under the influence of alcohol or drugs;
 - c. stealing or lying in regards to medications, possessions (staff or client's) or treatments in the clinical experience;
 - d. does not follow policy of the nursing program, school and/or clinical agency;
 - e. makes judgment to change plan of care without approval of RN.



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
 P.O. Box 944210, Sacramento, CA 94244-2100
 P (916) 322-3350 | www.m.ca.gov



Ruth Ann Terry, MPH, RN, Executive Officer

STANDARDS OF COMPETENT PERFORMANCE

Excerpt From California Code of Regulations
 Title 16 - Chapter 14

1443.5. STANDARDS OF COMPETENT PERFORMANCE

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

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

Authority Cited: Business and Professions Code, Section 2715. Reference: Business and Professions Code, Section 2725 and 2761 (effective 7/17/85).

NPR1-20.DOC 06/1995



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
 1170 Durfee Avenue, Suite G, South El Monte, CA 91733-4400
 P (626) 575-7080 F (626) 575-7090 | www.rn.ca.gov
 Ruth Ann Terry, MPH, RN, Executive Officer



IMPAIRED NURSING STUDENTS

GUIDELINES FOR SCHOOLS OF NURSING IN DEALING WITH THE MATTER OF NURSING STUDENTS IMPAIRED BY CHEMICAL DEPENDENCY AND EMOTIONAL ILLNESS.

In the matter of nursing students impaired by chemical dependency and emotional illness the California Board of Registered Nursing recognizes that:

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

Therefore, the Board of Registered Nursing expects schools of nursing to have a policy for students who are impaired by these diseases and to offer appropriate assistance, either directly or by referral. Schools of nursing are asked to provide the policy and factual material to incoming students on drug or alcohol abuse and mental illness among nursing students.

Furthermore, the Board expects that schools of nursing will that instructors have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

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



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
 P.O. Box 944210, Sacramento, CA 94244-2100
 P (916) 322-3350 | www.rm.ca.gov



Ruth Ann Terry, MPH, RN, Executive Officer

ABANDONMENT OF PATIENTS

Inquiries have been received by the Board of Registered Nursing (BRN) regarding which actions by a nurse constitute patient abandonment and thus may lead to discipline against a nurse's license.

For patient abandonment to occur, the nurse must:

- a) Have first **accepted** the patient assignment, thus establishing a nurse-patient relationship, and then
- b) **Severed** that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.

A nurse-patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. Failure to notify the employing agency that the nurse will not appear to work an assigned shift is not considered patient abandonment by the BRN, nor is refusal to accept an assignment considered patient abandonment. Once the nurse has accepted responsibility for nursing care of a patient, severing of the nurse-patient relationship without reasonable notice may lead to discipline of a nurse's license.

RNs must exercise critical judgement regarding their individual ability to provide safe patient care when declining or accepting requests to work overtime. A fatigued and/or sleep deprived RN may have a diminished ability to provide safe, effective patient care. Refusal to work additional hours or shifts would not be considered patient abandonment by the BRN.

The RN who follows the above BRN advisory statement will not be considered to have abandoned the patient for purposes of Board disciplinary action. However, it should be noted that the BRN has no jurisdiction over employment and contract issues.