



THE ASSOCIATE IN APPLIED SCIENCE NURSING TRANSFER DEGREE (DTA/MRP)

**STUDENT HANDBOOK
FALL QUARTER 2019 - 2020**

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Welcome Message from the Associate Dean for Nursing

Nursing is a dynamic and exciting profession. As nurses, we comprise the largest number of healthcare professionals in the United States. We are in an era of provider shortages and the role of the nurse is more important than ever before. As people in our society ask for more and better health services, the nursing profession is assuming an increasingly important role. Nurse professionals are members of interdisciplinary teams in clinics, hospitals, long-term care, and community settings. Nurse practitioners are filling critical healthcare needs in both urban and rural settings for portions of the population who have not received adequate health care. Greater technical care requires more nursing expertise at the bedside. The future possibilities for nurses in the health care field are limitless.

At Tacoma Community College, we are in step with the needs of the community. We offer quality education, and we produce competent, skilled nurses who excel in all facets of healthcare delivery. We are proud of our graduates and are working to bring our NCLEX-RN first time pass rates (State Boards) back to 90% or better.

*You will have many opportunities to study and work with people in a variety of healthcare settings, such as nursing homes, hospitals, clinics, and emerging types of health facilities. You will be an active participant in sharing responsibilities for your own learning needs and evaluating your progress. **You do own your future** as well as the future of the nursing profession.*

Tacoma Community College's Associate in Applied Science Nursing Transfer Degree (DTA/MRP) is an excellent program. We are glad you chose to study here. We hope you have a rewarding and satisfying experience with us, and we wish you much success during your course of instruction as well as in your future profession.

*Julie Benson, MHA, MN, CNE, ARNP
Associate Dean for Nursing
Tacoma Community College*

Tacoma Community College values diversity and is an Equal Opportunity Employer and Educator. Tacoma Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, genetic information, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types). Provides reasonable accommodations for qualified students, employees, and applicants with disabilities in accordance with the Americans with Disabilities Act and Federal Rehabilitation Act. The following persons have been designated to handle inquiries regarding non-discrimination policies: Stephen Smith, Executive Director of Human Resources and Title II and Title IX Officer, 253-566-5055; Dolores Haugen, Section 504 Officer, 253-566-6090.



**The Associate in Applied Science Nursing Transfer Degree Program
Student Rights and Responsibilities**

The materials in the Handbook for the students of the Associate in Applied Science Nursing Transfer Degree (DTA/MRP) program have been prepared to enhance the understanding of the principles and guidelines of this degree. These materials link both faculty and student responsibilities that promote educational growth and development for successful course completion. (See **Appendix I** for TCC Code of Students Rights & Responsibilities.)

Tacoma Community College Faculty shall:

1. Promote an educational process that allows for individual differences and needs within the limitations of the program.
2. Provide a learning environment that links theory and practice concurrently as much as possible, thus strengthening the educational process.
3. Provide a curriculum that allows students to progressively build knowledge on previous concepts, as well as to link concepts together to provide holistic patient/client care.
4. Provide feedback and guidance throughout the program in the form of an assigned advisor, progress notes, and class evaluations, which enables students to become competent practitioners who are legally and ethically qualified to obtain and maintain a license to practice.

The Student shall:

1. Assume responsibility for motivation and self-direction necessary for successful course completion.
2. Progress in a predetermined or defined sequence of learning with the assistance of an instructor.
3. Achieve outcomes, as outlined in the course syllabi, through successful theory testing and clinical practice.
4. Set aside differences, appreciate varying perspectives, and work together for the mutual goal of patient safety.
5. Adhere to all policies and processes outlined in the program pre-orientation manual, orientation manual/session, and this student handbook.

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GENERAL INFORMATION



MISSION STATEMENT

To produce innovative Associate Degree nurses who provide safe quality care to diverse populations, invest in continued professional learning to maintain excellence, and inspire others in the profession of nursing. The nursing faculty will accomplish this through evidenced based nursing education in an environment that promotes caring, diversity, ethics, excellence, holism, integrity and patient centered care.

VALUES

Caring: Caring is an essential part of nursing practice and is characterized by empathy and verbal/nonverbal actions that promote optimal health and well-being in response to the patient's condition.

Diversity: Nursing practice embraces the uniqueness and diversity of the local and global community and respects the patient's personal characteristics, ideas, values, and practices across the lifespan. Our students' individuality and experiential knowledge is respected and valued.

Ethics: Ethics encompass the moral values and professional conduct inherent to nursing. Ethical decision making requires distinguishing right from wrong as well as considering personal, societal, and professional values, principles, and beliefs that shape nursing practice.

Excellence: Excellence requires a commitment to lifelong learning and continuous transformation grounded in evidence-based research and best practices.

Holism: Each person is a unique individual whose health encompasses physical, psychological, spiritual, and social elements.

Integrity: Integrity is a conscious behavior demonstrated by being honest, having strong moral principles, and practicing in the best interests of the patient for the right reasons.

Patient Centered Care: Patient centered care is a core component of quality health care and acknowledges that the client is in control of all aspects of health care decision making in collaboration with the health care team and health systems and facilities. The nurse respects and advocates for the client's right to participate in health care based on reliable information provided from a variety of sources and in accordance with his or her own cultural and societal norms.



PROGRAM PHILOSOPHY

The nursing program at Tacoma Community College (TCC) supports the vision and principles of the Washington State Board for Community and Technical Colleges and the mission and outcomes of Tacoma Community College. The philosophy of the nursing program is derived from the nursing metaparadigms of the patient, the nurse & nursing, the environment, and health care. These are underpinned by the National League for Nursing (NLN) Education competency model for Associate Degree in Nursing (ADN) program outcomes. These outcomes support the nursing program concepts and the College's Degree Learning Outcomes and provide the curriculum framework for the Associate in Applied Science Nursing Transfer Degree program (DTA/MRP) with student learning and success at its core.

The purpose of the nursing education program at Tacoma Community College is to prepare the graduating student to be successful in the National Council Licensure Examination – Registered Nurse (NCLEX-RN) exam, be competent to practice as a generalist registered nurse (RN) in the community, and to continue their nursing education.

PATIENT/CLIENT

The patient/client is a holistic being, possessing uniqueness, dignity, and human worth, who has the right to self-determination, respect, optimum health and access to health care. In nursing practice, the patient/client may refer to an individual, a family, or a group of people within a community who constantly interact and react to the environment.

THE NURSING STUDENT & NURSING

Nursing is a caring, interactive experience between the nurse as a provider of care, and the patient/client participating in health care behaviors. Nursing care is characterized by empathy and action and practiced holistically.

Nursing students at TCC are at the core of the nursing program and are as diverse as the community that the college serves. These students are adult learners, and are self-motivated, committed individuals who gain knowledge in part from experiential learning. They are independent, self-directed, hold themselves accountable for their own learning, and value participation in planning their educational experiences. Our students' commitment to nursing excellence is evident in the transfer of knowledge and the development of critical thinking skills within the profession. This commitment is supported by life-long learning.

The DTA/MRP nursing education program is based upon the nursing knowledge, skills and attributes required for a generalist nurse entering the profession. Its foundation is in theory and clinical practice which are grounded in evidence based research, safety, and quality of care standards. By progression through the program, the student develops the core competencies that are central to the practice of nursing.

ENVIRONMENT

The patient/client is influenced by both the local and global environment, which is constantly changing due to internal and external forces. These forces have the potential to alter health and wellness based on the patient/client's beliefs, practices and perceptions. The student nurse is able to provide nursing care within the confines of environmental change.

Internal and external forces such as development in educational practice and evolving professional standards, as well as personal forces such as financial, family and employment factors also influence the nursing student's environment. These forces can impact the student's health and wellness, and therefore success in the educational setting. As the environment influences the patient/client, the nursing program faculty and staff recognize that his or her own environment also influences the student.

HEALTHCARE

Health care is defined as the provision of care for the patient/client in order to achieve the desired level of health. It is not defined as being the absence of disease or injury, but as the ability to function and contribute to society and the community, and having a quality of life that is desirable and achievable as defined by the patient/client.

The health care system is a macro system that operates in the community to provide access to health services for

the patient/client based on quality, safety standards and research based evidence. The nursing program supports the student's practice and integration into the local and global health care system by incorporating the Institute of Medicine (IOM) and the Quality Safety and Education for Nurses (QSEN) Institutes' health care competencies.

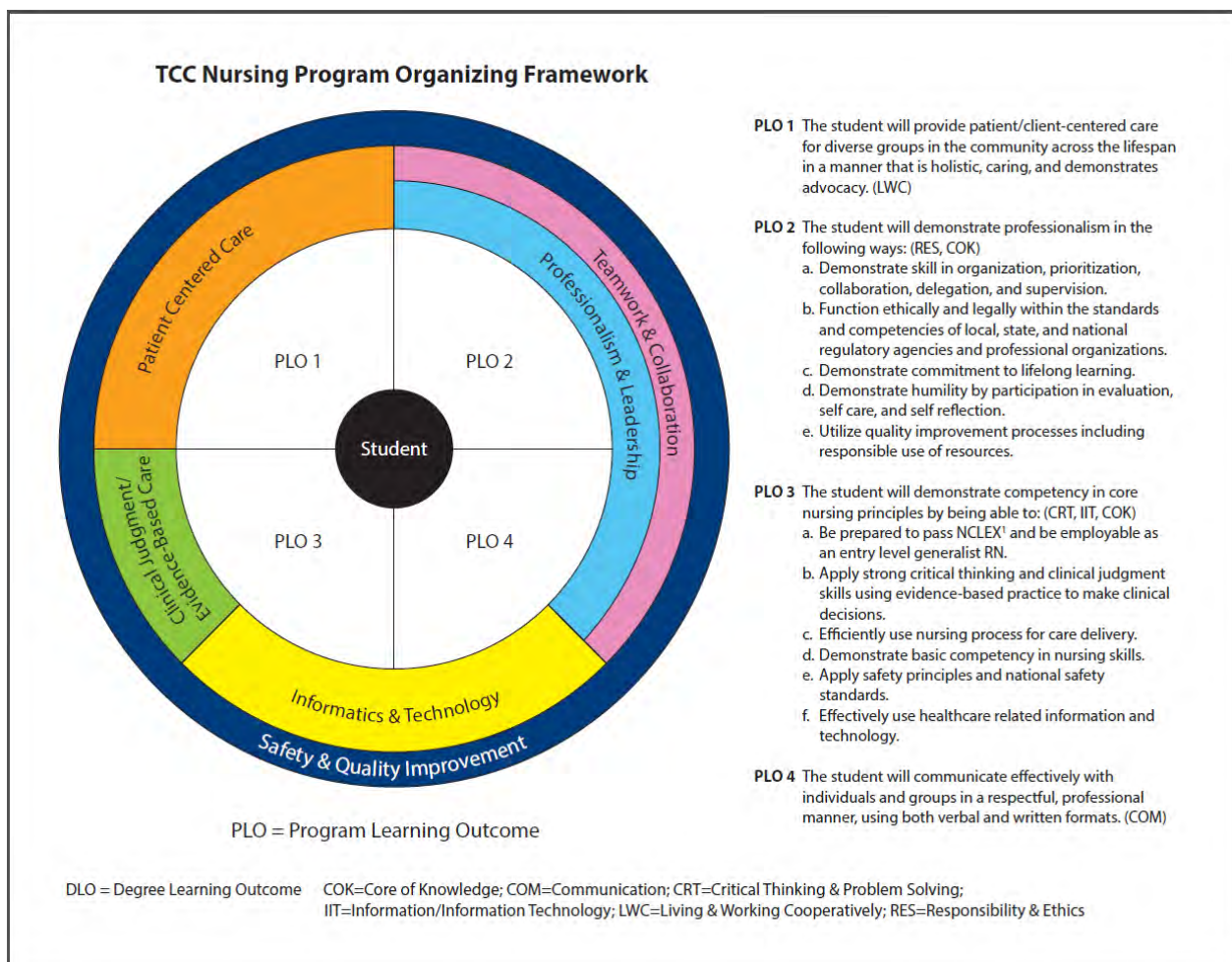


CONCEPTUAL FRAMEWORK

Tacoma Community College Nursing Program's organizing framework supports the college's mission and core themes to: create meaningful and relevant learning, inspire greater equity, and celebrate success in the lives of our communities.

As the role of the nurse in today's healthcare has become more complex, nursing education has become overburdened with content. The Nursing Program's concept-based curriculum is defined by core concepts which help the student to shape and organize the knowledge, skills and attitudes needed to provide high quality, safe nursing care in today's healthcare environment. The result is that the nursing program produces graduate nurses who are critical thinkers capable of high quality, safe patient care and are ready to join the workforce and serve the diverse local and global communities.

The following model is a visual representation of the nursing program curriculum's organizing framework. The nursing student is at the center of the model, and ensures that student-centered learning is always driving curriculum development. The student's educational journey is defined by the program learning outcomes which are grounded in the college degree learning outcomes and state and national nursing accreditation standards. The program is supported throughout by six curriculum themes that incorporate the Quality, Safety and Education for Nurses (QSEN) Institute core competencies for pre-licensure nursing programs. These themes are inherent in the nursing care of the patient/client at every stage of the lifespan, and are threaded through out the curriculum. The importance of continuously addressing these themes in the nursing program is represented by their presence in the model encircling the student and the outcomes.



THEMES

INFORMATICS & TECHNOLOGY

The collection of patient/client and healthcare information is an essential component for the delivery of nursing care. Data collection and utilization is supported by high quality technology and information retrieval systems that enhance patient safety, impact clinical decision making and enhance health care outcomes.

The use of recognized electronic sources of health care information that is reliable, accurate and reflects evidence based practice and quality health indicators are utilized by the nurse to support the nursing process and provide safe, high quality nursing care.

SAFETY & QUALITY IMPROVEMENT

Safety is an essential element in the delivery of nursing care and can refer directly to the protection of the patient/client, or the physical and technological environment that supports that care. The nurse promotes risk reduction through the use of established standards of care, supporting systems to include enhanced technology, and the use of recognized strategies for root cause analysis to identify and reduce errors.

The nurse has an obligation to promote and support individual and group safety in order to provide a healthy work environment that enhances patient/client care. This includes demonstrating professional behaviors, modelling open communication, and fostering interdisciplinary collaboration and conflict resolution.

Quality improvement is a tool used to gather and evaluate patient/client care data which drives improvement in the quality of health care delivery and health care systems. Evaluation of the data establishes recommendations and best practices in the healthcare profession at the national, organizational and individual level. Implementation of these recommendations in the form of evidence based practice, national patient safety standards, policies and procedures, and scopes and standards of professional practice can increase safety and improve patient/client health outcomes.

PROFESSIONALISM AND LEADERSHIP

Professionalism in nursing is driven by societal, organizational and regulatory acceptable norms. It is a set of standards, principles and guidelines that underpins the knowledge, behavior and attitudes of nurses whether in clinical, non clinical, managerial positions, or in academia. It reflects practice when interacting with vulnerable populations, members of the community or work colleagues. The nurse exhibits professionalism both on and off duty. The American Nurses Association scope and standards of practice addresses standards of professional performance in ethics, education, evidence based practice and research, quality of practice, communication, leadership, collaboration, professional practice evaluation, resource utilization and environmental health. Professionalism and professional behavior are fundamental concepts in QSEN competencies.

Leadership is a process of influence that compels others towards the achievement of a goal. In healthcare the goal is often quality driven, evidence based safe nursing care that results in positive patient/client outcomes. Rather than directing, leaders empower others to achieve their highest professional and career competence and potential.

TEAMWORK AND COLLABORATION

The nurse routinely collaborates with others as a member of various interdisciplinary teams to promote the health and welfare of the organization, its staff, the patient/client and the work environment. He or she participates in decision making, planning and delegating care, within his or her scope of practice identifying the most efficient and effective means of accomplishing desired outcomes. To achieve this, effective communication skills are essential. The nursing student is exposed to various teamwork, collaboration and communication strategies while in the nursing program and is provided the opportunity to utilize these strategies in health care settings.

PATIENT-CENTERED CARE

The nurse acknowledges that the physical, psychological, social, and spiritual well-being of the person/client is central to nursing care. Optimal healthcare outcomes are achieved when the patient/client is recognized as the source of control in decision making and delivery of care. Patient-centered care acknowledges individual differences, and respects the patient/client's values, preferences and needs.

CLINICAL JUDGMENT/EVIDENCE-BASED PRACTICE

Clinical judgment is the ability to provide nursing care to a patient/client based on individual assessment and knowledge of evidence based practice that has been demonstrated to improve health care outcomes. In order to provide safe high-quality nursing care, the nurse must possess core knowledge, must apply that knowledge to patient/client care, and appreciate the importance of evidence based research to guide his or her practice. The nurse understands the necessity for lifelong learning in the nursing profession to maintain safe care using appropriate clinical judgment.

Evidence based practice grounded in nursing research is more likely to result in optimal patient/client outcomes in health care. Evidence based nursing research defines best practices for care and supports optimal clinical judgment and individualized effective care that remains patient-centered. By integrating and utilizing evidence the nurse improves on core knowledge and ensures lifelong learning and professional growth and development.



PROGRAM LEARNING OUTCOMES (PLO)

The themes of the organizing framework are aligned with the Program Learning Outcomes as demonstrated in the organizing framework model.

Upon successful completion of the Associate in Applied Science Nursing Transfer Degree:

1. The student will provide patient/client-centered care for diverse groups in the community across the lifespan in a manner that is holistic, caring, and demonstrates advocacy. (LWC)
2. The student will demonstrate professionalism in the following ways: (RES, COK)
 - a. Demonstrate skill in organization, prioritization, collaboration, delegation, and supervision
 - b. Function ethically and legally within the standards and competencies of local, state, and national regulatory agencies and professional organizations
 - c. Demonstrate commitment to lifelong learning
 - d. Demonstrate humility by participation in evaluation, self -are, and self-reflection
 - e. Utilize quality improvement processes including responsible use of resources
3. The student will demonstrate competency in core nursing principles by being able to: (CRT, IIT, COK)
 - a. Be prepared to pass NCLEX and be employable as an entry level generalist RN
 - b. Apply strong critical thinking and clinical judgment skills, using evidence-based practice to make clinical decisions
 - c. Efficiently use nursing process for care delivery
 - d. Demonstrate basic competency in nursing skills
 - e. Apply safety principles and national safety standards
 - f. Effectively use healthcare related information and technology
4. Communicate effectively with individuals and groups in a respectful, professional manner, using both verbal and written formats. (COM)



DEGREE LEARNING OUTCOMES

Tacoma Community College (TCC) has a responsibility to the larger community to guide its students toward becoming thoughtful, skilled, contributing citizens. To that end, we have developed outcomes (listed below) that we expect every degree recipient to meet. Yet much of what we hope students learn is not easily measurable, nor is it necessarily completed when they acquire a degree here. Intellectual curiosity and creativity, appreciation for a broad education, respect for self and others, a strong ethical conscience, resourcefulness in the face of change - these are qualities that may take time to develop, and may be attained beyond TCC in communities, workplaces, and other institutions of higher learning. We take seriously our role in nurturing these qualities while students are here and we try to cultivate in our graduates an awareness that the degree they earn here is not the end of their learning, but a beginning.

Upon completing a degree at Tacoma Community College, students will be able to:

Degree Learning Outcomes

- **Core of Knowledge (COK):** Demonstrate a basic knowledge of each of the distribution areas (Written Communication, Humanities, Quantitative Skills, Natural Sciences, and Social Sciences) or, as applicable, specific professional/technical content, and program-level content and apply
- **Communication (COM):** Listen, speak, read, and write effectively and use nonverbal and technological means to make connections between self and others.
- **Critical Thinking & Problem Solving (CRT):** Compare, analyze, and evaluate information and ideas, and use sound thinking skills to solve problems.
- **Information & Information Technology (IIT):** Locate, evaluate, retrieve, and ethically use relevant and current information of appropriate authority for academic or, as applicable, specific professional/technical applications.
- **Intercultural Collaboration & Diversity (ICD):** Demonstrate successful application of an interdependent, diverse, and multicultural worldview through collaborative engagement.
- **Responsibility & Ethics (RES):** Demonstrate an understanding of what constitutes responsible and ethical behavior toward individuals, the community, and the environment.



CONCEPT-BASED LEARNING IN THE FLIPPED CLASSROOM

The nursing program utilizes a flipped classroom approach to learning. Flipped Classroom is defined as follows:

A collaborative instructional tool and educational technique between the educator and the learner in which:

- The educator facilitates and guides student learning as they apply and reinforce concepts by providing relevant and concise student learning opportunities.
- The student will take ownership and responsibility for his or her learning by engaging in independent study outside of the classroom and actively participating in dynamic and interactive learning activities in the classroom.
- The learning environment departs from traditional face-to-face lecture and constructed with student-centered activities such as discussions, group activities, case students, and other active learning strategies.

Curriculum content is organized by concept. Students will learn nursing related concepts in each course and progressively build knowledge on previous concepts, as well as learn to link concepts together to provide holistic patient/client care. The following are the concepts included in the curriculum:

Communication
Culture and Diversity
Family
Spirituality
Caring Interventions
Assessment
Health, Wellness, and Illness
Nutrition
Sexuality
Reproduction
Development
Stress and Coping
Comfort
Self
Grief and Loss
Mobility

Sensory Perception
Fluid and Electrolytes
Acid Base
Inflammation
Tissue Integrity
Infection
Cellular Regulation
Metabolism
Immunity
Elimination
Oxygenation
Perfusion
Thermoregulation
Cognition
Violence
Mood and Affect

Neuroprotection
Behavior
Professional Behaviors
Advocacy
Clinical Decision Making
Legal
Health Care Systems
Informatics
Teaching and Learning
Safety
Evidence Based Practice
Collaboration
Managing Care
Health Policy
Ethics
Quality Improvement



AMERICAN NURSES ASSOCIATION CODE OF ETHICS FOR NURSES

1. The nurse in all professional relationships, practices with compassion and respect for the 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 duties 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 profession 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.



**ACADEMIC INFORMATION,
POLICIES, AND PROCEDURES**



PROMOTING STUDENT SUCCESS

The success of the Tacoma Community College Associate in Applied Science Nursing Transfer Degree Program revolves around faculty committed to quality education and students committed to the program curriculum. Developing a supportive atmosphere that promotes learning during the transition into an intense nursing program is a challenging task that requires constant nurturing. TCC assists students in this transition through a variety of on-campus programs and organizations. The ability to meet the needs of students is the key to retention and reflects the overall success of the Associate in Applied Science Nursing Transfer Degree program. The faculty at TCC has carefully designed courses which enhance individual growth and promote academic success. By integrating nursing students into the educational community through orientation, tutoring, advisement, and mentoring, TCC promotes quality education and quality nursing care. These programs include:

ORIENTATION

A mandatory new student orientation (with family/significant others) is provided prior to the first quarter of the program to explain and answer questions. In this "open" atmosphere information is shared, program curriculum is explained, and students are welcomed into the program.

PEER MENTORING

Second-year nursing students are encouraged to offer assistance and support to first-year students as new students' transition into the Associate in Applied Science Nursing Transfer Degree Program. Peer support has long been proven beneficial to ease concerns and stress associated with intense academic programs. Networking between peers helps promote student academic success.

COUNSELING AND REFERRALS

Specialty counselors available through referrals, including self-referrals, provide a myriad of services, including workshops designed to reduce test anxiety and stress as well as workshops to improve one's assertiveness. Counselors are available for confidential counseling to all students free of charge. Referrals are based on student needs and individual desires. Stress management focuses not only on the academic difficulty, but on the student's social integration as well. By integrating student needs and academic requirements, the success rate for students is enhanced.

ADVISEMENT

Each student is assigned a particular advisor as a pre-nursing student which continues through the entire program. Clinical instructors meet with each individual student at least two times per quarter to discuss and monitor performance. Classroom, clinical, and lab instructors are available during office hours or by appointment.

TEACHING PLATFORM

A variety of teaching platforms are used in the program. These include: face to face, web enhanced (a learning management system used to enhance the classroom experience), hybrid (at least 50% of the class is online), online (100% of the class is taught online.)

STANDARDIZED TESTING

The nursing program uses standardized testing as a means of providing both the student and the program, information about student and cohort learning and progress, as well as assisting in preparing the student for the licensing examination. Standardized testing (Kaplan) is integrated throughout the curriculum and will contribute to student grades.

NCLEX SUCCESS

The program has an entire course dedicated to the preparation of students for success on the NCLEX. The course, NURS 244, is a lab class that includes practice exams, two proctored exams, and two days of face-to-face review in a classroom setting. Students will be required to meet the designated score on all the exams and complete assigned remediation to pass the course as with all other courses.

TUTORING

Nursing tutoring is available free of charge for all students in the program during scheduled times. General tutoring is also available through the tutoring and writing center and MARC lab.

STUDY/SUPPORT GROUPS

Independent study with a small group of peers is recommended. This permits a student to repeat a particular experience or to master content in order to achieve learning at the same level as classmates. Group study with peers is recommended to reinforce material learned in class and to provide a support network, as well as to connect with the college.

LEARNING COMMUNITIES

Generally speaking, students proceed through the Associate in Applied Science Nursing Transfer Degree Program with a cohort of students. This group of students takes their courses together and creates a learning community of support.

STUDENT COMMITTEE PARTICIPATION

In order to meet the needs of students as much as possible, student participation in faculty meeting/committees is highly encouraged. Faculty solicit student volunteers via Student Nurse Organization and general announcements.

STUDENT NURSE ORGANIZATION

SNO is a TCC-sponsored club for nursing and pre-nursing students. Educational and recreational activities are organized by the group. Students are encouraged to participate in SNO activities, student government, and activities on campus.

SUPPORT PERSON

A student may opt to have another student or support person present for any scheduled student-instructor conferences if the student so desires. The support person must maintain confidentiality.

CLASS MEETING WITH THE ASSOCIATE DEAN

The Associate Dean of the Nursing Program occasionally meets with each cohort to discuss program issues and activities. She holds open meetings with students periodically to allow students an opportunity to share concerns, provide feedback, and obtain answers to questions.

STUDENT PROGRESS NOTE

The nursing program's vesting in student success can be seen clearly through the use of the "Progress Note". This form is generated by faculty when they see evidence that a student is in danger of not meeting course learning outcomes and, if not corrected, may fail a course. Its' intent is to preempt failures and to intervene early in the process so the student can make changes that will result in successful course completion. The form outlines concerns and consequences if the issue is not addressed and, through discussion, the student identifies specific action(s) they will take to correct the problem. At the same time the instructor provides resources and ideas to help in their success. The use of the Progress Note should be viewed as a positive intervention by faculty to help each student be successful and in no way should be seen as threatening or negative.

EMPLOYMENT

Many students choose to work while enrolled in the DTA/MRP Program. The typical nursing student commits 60 hours per week to nursing school activities. Students should give serious thought and consideration to personal, family, and work obligations when planning for nursing school obligations. Students who are not able to commit enough time to nursing school obligations have greater difficulty being successful and may be unsafe in clinical situations. The quality of the student learning experience will not be compromised to adjust to any student's employment demands. Special consideration will not be given to students with employment/class conflicts.

As required by the Impaired Professional WAC 246-840-710(5)(b), students must be safe to practice during clinical by arriving rested in order to maintain patient safety and to allow for learning. It is strongly recommended that students work no more than twelve (12) hours per week. It is also required that students, for safety reasons, do not work for at least 8 (eight) hours immediately prior to any clinical experience. If a student attends clinical without adequate rest (less than 8 hours between work and clinical), the student may be sent home and not allowed in the clinical setting for that day.

TCC CAMPUS SUPPORT SERVICES

A variety of college-wide support services are available to all TCC students.

<https://my.tacomacc.edu/uPortal/f/u221s1039/normal/render.uP>

PROGRAM REQUIREMENTS

Technical Standards

The TCC Nursing Program curriculum is intended to lead to a student's eligibility for licensure as a registered nurse. The curriculum requires students to engage in diverse, complex, and specific experiences essential to the acquisition and practice of essential nursing skills and functions. These abilities, referred to as "Technical Standards", are essential as they constitute core components of nursing practice. There is a high probability that negative consequences will result for patients/clients under the care of nurses who fail to demonstrate these abilities. Please refer to **Appendix XXIV** for a detailed description of these technical standards and how to obtain reasonable accommodations in meeting these standards, should you have a disability.

Nursing Courses

Most levels consist of a combination of theory, lab, simulation, and/or clinical courses. Theory courses include Health and Illness courses, Professional Concepts courses, and Pharmacology courses. Hereafter these will be referred to collectively as "theory courses". In order to progress to the next level of the program, the student must achieve a minimum grade in all courses within a given level. This minimum grade is achieved by **ALL** of the following:

- A grade of "C" or better in each theory course. This is achieved by both a 79% minimum test average, and at least 79% overall course point average. In addition, items from the Professional Behaviors Rubric must meet the standard set in the syllabus.
- A grade of "C" or better in each clinical and simulation course. This is achieved by 79% of the course points available through assignments and the Clinical Evaluation Tool. In addition, items from the Professional Behaviors Rubric must meet requirements indicated in the syllabus.
- A score of 90% on the dosage calculation test within two attempts is required to pass each Pharmacology course.
- A "pass" in skills laboratory classes.
- A grade of "C-," "D," "E", "U", or "incomplete" is not acceptable in order to progress to subsequent levels of the program.

A. Program Policy/Procedure

1. Theory Classes - The nursing program schedule can be complex with classes being offered on many different days and at times that are not consistent from week to week. Students are expected to arrange their personal schedules to attend all theory classes.
2. Lab, Simulation, and Clinical Courses - There are multiple sections of these courses. Students are assigned to specific groups and/or specific preceptor experiences at the discretion of the Associate Dean, Clinical Placement Coordinator, and full-time faculty. Due to the high volume of preparation for these courses, section assignments are fixed and students are not permitted to change their assignments.

B. Methods Utilized to Meet Objectives

The following learning experiences will be used in relation to the course and unit objectives:

1. Assigned readings, utilization of multimedia, computer-assisted instruction, internet instruction, and activities.
2. Lectures, seminars, group discussions, role-playing with instructors and various other resource people, case studies, group activities, student presentations and projects, journaling, game playing, peer evaluation, guided problem solving, and simulations.
3. Supervised clinical experience with related pre- and post-conferences, walking rounds, skills practice and acquisition, observation of RNs and other health care providers.
4. Written assignments such as research papers, and clinical assignments.
5. Supervised skills laboratory experience, return demonstration videos, skills practice and acquisition. Students are expected to practice nursing skills on each other and serve as the "patient" for fellow students. The skills commonly practiced are: physical assessment, basic care, vital signs, safe patient handling/transfers, and bandaging. All students are required to participate in these activities. Invasive procedures on a classmate such as IV starts, lab draws are optional practice opportunities, with consent.
6. Evaluation methods, such as peer and self-evaluation, practice tests, tests, and test reviews. The nursing program uses standardized testing as a means of providing both the student and the program information

about student and cohort learning and progress, as well as assisting in preparing the student for the licensing examination. Standardized testing is integrated throughout the curriculum and may contribute to student grades. A comprehensive standardized test will be administered during the final level of the program and students may be required to meet a designated score to pass the course and thereby complete the program.

C. Methods Utilized in Evaluation

Theory, clinical, and simulation courses are evaluated with a letter grade while lab courses are evaluated using a "Pass" or "Fail" grade which reads as a satisfactory (S) or unsatisfactory (U) on the transcript. In order to pass a theory or clinical course, the test scores must be at least a 79% average, as well as the course overall average being at least 79%. The grade will be based on the average of quizzes, tests, and papers, or other assignments. However, if the test score average is less than 79%, the final grade will be based on the test average only, as compared with total possible course points, and will be less than a C (2.0) grade. In addition, Professional Behaviors Rubric standards must be met according to the criteria in the syllabus for each course.

A	4.0 = 95 – 100%	C+	2.3 = 82 – 84%
A-	3.7 = 92 – 94%	C	2.0 = 79 – 81%
B+	3.3 = 90 – 91%	D	1.0 = 74 – 78%
B	3.0 = 87 – 89%	E	0.0 = 73% or below
B-	2.7 = 85 – 86%		

1. **Theory Courses:** If a student does not pass a theory course, but is successful in the clinical course, they cannot move to the next level. The student must successfully complete all courses in a level before they can move to the next level.
2. **Skills Laboratory:** The skills laboratory grade will be based on observation of student performance. Students will be asked to demonstrate skills to peers and/or instructors using competency-based checklists and/or return demonstration videos. A student is expected to be competent and must meet the required standard before performing the skill in the clinical agency. The skill laboratory grade is a "Pass" or "Fail" grade (satisfactory (S) or unsatisfactory (U)).
3. **Simulation Courses:** The simulation course grade will be based on instructor observation of student performance, standardized rubrics, peer and self-evaluation, written assignments, and participation.
4. **Clinical Evaluation:** The clinical grade will be based on instructor observation of students' clinical performance as related to course learning outcomes, participation in clinical conferences, and written assignments. If the student does not pass the clinical course but is successful in the theory course, they cannot move to the next level. The student must successfully complete all courses in a level before they can move forward in the program. The clinical course is numerically graded.
 - a. The student must successfully meet minimum standards of evaluation required by the clinical evaluation tool as well as other coursework as described in the course syllabus.
 - b. The student will be prepared for clinical experiences as outlined by the performance guidelines.
 - 1) Adequate preparation includes:
 - Performance of safe nursing practice at the appropriate level of competency.
 - Application of previously taught nursing skills and concepts.
 - Background information for planned activities.
 - 2) Any student not prepared for clinical may be dismissed from the clinical area for the day and the day will be counted as an absence.
 - c. The student will be prepared for participation in related clinical conferences.
 - d. All clinical courses include the course learning outcome "Apply principles of safety in the application of all clinical skills." This critical outcome must be met at all times in order to maintain safe practice. Therefore, regardless of previous passing grades on any given course learning outcome (objective), if a student is observed by an instructor practicing in an unsatisfactory manner, s/he may be asked to review and demonstrate competence in the expected outcome (objective). Repeated performance of this kind (i.e.,

-
- passing an expected outcome – objective – but being unable to maintain clinical competence) will result in clinical failure and possible dismissal from the program.
- e. a less than satisfactory grade at the end of the course and not be eligible to continue to the next level.
 - f. A student who misses scheduled clinical experiences may find it impossible to meet course learning outcomes. Absences for routine reasons will not be approved by instructors. Absences due to unforeseen circumstances will be evaluated on a case by case basis.
 - g. If unable to report for clinical experience, the student must follow directions given by the instructor for the particular agency. The instructor and clinical agency must be notified in advance if an absence is to occur. If the student does not follow the program procedure, the student may be required to withdraw or receive an unsatisfactory grade.
 - h. Students will wear the uniform of the school in the clinical setting except as directed by the course instructor. (See Dress Code.)
 - i. Tardiness (late arrival) and early departure from the clinical area is not acceptable and will be considered an absence. The student's record will reflect missing the entire clinical day.
 - j. The clinical instructor may choose to remove a student from the clinical area if that student is unable to perform safely.
 - k. Documented dishonesty, chemical abuse, breach of client confidentiality, or inappropriate or bizarre behavior will result in failure and/or removal from the nursing program.
 - l. If any clinical facility chooses to deny privileges to rotate through their facility due to the lack of any requirements, withdrawal from the nursing program will be required, or an unsatisfactory grade will be given.
 - m. It is required that students, for safety reasons, do not work for at least 8 (eight) hours immediately prior to any clinical experience. If a student attends clinical without adequate rest (less than 8 hours between work and clinical), the student may be sent home and not allowed in the clinical setting for that day.
5. **Level 6 NCLEX Prep Course - NURS 244:** The program has an entire course dedicated to the preparation of students for success on the NCLEX. The course, NURS 244, is a lab class that includes a series of exams and two days of face-to-face review in a classroom setting that will prepare students for success on the NCLEX. Students will be required to meet the designated score on all the exams and complete assigned remediation activities to pass the course as with all other courses.

D. Evaluation in Nursing Courses

1. All nursing courses and/or clinical examinations or evaluations must be taken at the designated time and place. Exceptional circumstances may be considered at the discretion of the instructor or Associate Dean for Nursing. See course syllabus for course specific policies.
2. Any student who receives a final grade of a "C-", "D", "E", "U" or "Incomplete" in a nursing course has not met the requirements of the course. Any student who fails a second course has not met the requirements of the program.
3. Any student who is achieving at a "C-", "D", "E", "U" or "Incomplete" in a nursing course at mid-term or final, will be notified in writing.

E. Official Withdrawal

Students may officially withdraw from class(es) before the 30th calendar day of the quarter by following the procedures listed below:

1. Through the 10th instructional day of the quarter, students must complete an "Add-Drop" form and submit it to the Registration Center. These courses will not appear on the transcript.
2. Between the 11th instructional day and the 30th calendar day of the quarter: Students must complete an "Add-Drop" form, obtain their instructor's signature, and submit the form to the Registration Center. A "W" will appear on the transcript.
3. A student can withdraw from a class with the letter grade of W up through the 55th calendar day of the quarter for fall, winter, and spring. In summer, a student can withdraw from a class with the letter grade of W up through the 31st calendar day of the quarter. If the student requests to withdraw from the quarter after that time, it is at the discretion of the instructor whether to give an "instructor withdrawal" (WI) or to give the

-
- earned grade at the end of the quarter.
4. Medical Withdrawal: Students who must withdraw from the college after the 30th calendar day of the quarter due to illness or a medical emergency must complete the appropriate form (available in the Registration and Records Center) and provide written medical documentation.
 5. The student may return to the course on a space available basis, within 1 year, according to the policy as described below. **There is no guarantee of a space being available.**

NOTE: *Students who are physically unable to come to campus to process an "Add-Drop" form must notify the Registrar in writing of their intent to officially withdraw. This notification must be postmarked by the 30th calendar day of the quarter.*

F. Leave of Absence

The nursing program is designed as a series of courses, which must be completed in sequence. Once a student is accepted into the program, it is assumed s/he will continue from quarter to quarter without a break, except summers and holidays. However, a student may request a "leave of absence" from the program. In order to not have it count as a withdrawal, a leave must be requested in writing no less than two weeks before the first day of instruction of the quarter for which the leave is requested.

G. Readmission

1. Any student who has failed one nursing course or has withdrawn from the nursing program may seek readmission to that course within one year of the quarter of withdrawal. Readmission to a course requires repeating the entire course and re-entry is dependent upon space availability, therefore, re-entries could be delayed.
2. Any student is permitted to repeat only ONE COURSE within the nursing program, regardless of whether the student failed or withdrew from the original course. Readmission to the program is **permitted only once** and is on a first-come, first-served basis according to the reapplication date. No further program reentries will be permitted beyond the one reentry to any nursing course.
3. If the reason for a student not passing a nursing course is due to academic dishonesty or other issues of misconduct, the student risks denial of a reentry option. The program may deny reentry to the program.
4. Timelines for Readmission: Any student seeking readmission or transfer into a quarter should contact the Associate Dean for Nursing, in writing, at least one quarter preceding that quarter and within one year of the quarter of withdrawal.

H. Nursing Program Disciplinary Process

Program Disciplinary Actions:

Failure to adhere to academic or clinical policies and standards of conduct, as outlined in program guidelines or handbook, will result in disciplinary action. Disciplinary matters not covered by this program policy will be dealt with according to college policy, Washington State Law, or TCC Student Code of Conduct. The sequence of program disciplinary actions is as follows:

1. **Program Warning**
 - a. A formal verbal warning will be given on the first offense at a clinical site or on campus. Evidence of this warning may be documented in the student program record.
 - b. A second offense (same or different), or a more serious initial offense, will result in a written warning. This will result in mandatory counseling by the program faculty, and may result in more serious disciplinary action.
2. **Program Probation**
 - a. Students may be placed on program probation as part of the disciplinary process.
 - b. Program probation involves a period of time with performance expectations specified in a contract during which the student's performance, in either the didactic or clinical setting, will be closely monitored. This will be through either the Clinical Evaluation Tool or the Student Progress Note Form. If the student has not met the performance expectations by the end of the probationary period, the student may be dismissed from the program.

3. **Program Suspension**

- a. The student may be suspended from the clinical site or from classes for investigatory purposes following an alleged breach of program policies. Notice of this suspension may be oral, but will be confirmed in writing.
- b. Suspension from attendance at the clinical affiliate for any reason will be reported to the Associate Dean for Nursing and the student in writing. This suspension from the clinical affiliate does not necessarily exclude the student from attending classes at the college.
- c. Program suspension from the clinical site or classroom may result in the inability of the student to complete the course expected outcomes and possibly the program, and may be grounds for dismissal.

4. **Program Dismissal**

Students will be notified in writing of their dismissal from the program. Students may be dismissed from the program for any of the following reasons:

- a. Failing two courses as a result of receiving a "C-," "D," "E" "U" (unsatisfactory) grade in a program course.
- b. Failure to register for a given quarter during the appropriate time frame as established by the college.
- c. Disclosure of confidential information.
- d. Suspension or termination from any clinical site.
- e. Failure to uphold attendance or other program policies.
- f. Act of dishonesty including but not limited to the following:
 1. Cheating, plagiarism, fabrication, academic misconduct, or other forms of academic dishonesty.
 2. Withholding information or furnishing false information to any college official, faculty member, or office.
 3. Forgery, alteration or misuse of any college or clinical site document, record, or instrument of identification.

5. **Appeals Procedure for Discipline and Final Grades**

If the student disagrees with the disciplinary action, the student has the right to appeal. Only the final course grade may be appealed. The student should understand that the process is time-consuming. Continuation into subsequent courses is not allowed during the appeal process if the course being appealed is a prerequisite to the subsequent course. Appeal of disciplinary actions will follow WAC 132V-121-070. Student grievance procedures for final course grades will follow WAC 132V-123.

I. **Student Records**

1. **Personal information:**

Students are required to inform their clinical instructor and the nursing administrative assistant, in writing (email, fax, letters, but no texting), of changes in name, address, email, or telephone number in a timely manner. The student is entirely responsible for course or program information missed as a result of not updating their records in a timely fashion. Neither TCC nor the nursing program will be held responsible for any consequences that occur as a result of the student not providing this information in a timely manner.

2. **Summary record and release of information:**

- a. A final summary record written by the last clinical instructor will be kept in each student's file for reference requests by potential employers.
- b. A written request for release of information must be on file prior to releasing any information from the student's file to prospective employers.

J. **Essential Requirements for Nursing Students**

It is the belief of the nursing faculty that the profession of nursing is a highly respected one. The reasons for this are many, but a great deal of it has to do with the fact that clients put their lives in our hands. Clients place their trust in nurses and we, in turn, must be worthy of that trust.

In order to become a member of this trustworthy profession, there are several requirements that are essential. These have to do with responsibility, accountability, knowledge, skill, and safety. The Nursing Program has the responsibility to the public to assure that its students and graduates are competent in all of these areas at the appropriate level.

An important characteristic of all nursing professionals deals with responsibility. The Washington State Nursing Care Quality Assurance Commission states in WAC 246-840-700, "Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person." Nursing students, as well as graduates, are held to this standard.

The profession of registered nursing also requires the acquisition of nursing science knowledge and technical skills. The educational process to achieve the Associate in Applied Science Nursing Transfer Degree requires assimilation of these, as well as the development of judgment for appropriate decision-making.

Students and graduates must be able to function as safe practitioners. Patient/Client safety is a major concern for establishing requirements for capabilities of students. In order to safely function in the role of a student and/or registered nurse, one must exhibit physical, cognitive, and behavioral abilities which are required for satisfactory completion of all aspects of the nursing program. In addition, there are professional attributes which are required by the profession. All of these are every bit as important as the knowledge and skills.

The Nursing Faculty believes it is important for students to thoroughly understand the essential elements of the profession. This begins at the point of entering the program. Students will be held to all the items listed below in "The Nursing Curriculum's Essential Requirements".

THE NURSING CURRICULUM'S ESSENTIAL REQUIREMENTS:

1. Observation

- Use of the physical senses (e.g., ability to visualize color changes in the skin, hear the heart and lung, feel masses, etc.).

2. Intellectual, Conceptual

- Information acquisition
- Data organization and coming to an appropriate conclusion
- Measuring, calculating, reasoning, prioritizing
- Demonstration of comprehension, memorization, analyzing and synthesizing material
- Problem solving
- Making a correct judgment in seeking supervision and consultation in a timely manner
- Following directions consistently and accurately

3. Behavioral/Social

- Integrity, honesty
- Empathy, compassion
- Responsibility
- Civility
- Sensitivity to cultural differences, tolerance
- Humanitarian concern, altruism
- Functioning effectively under stress
- Flexibility, adaptation to an unpredictable environment
- Functioning as a team member

4. Communication

- Effective communication (reading, writing, speaking) including the ability to process and communicate information in a timely, succinct, yet comprehensive manner.
- Demonstration of responsive, empathetic listening to establish rapport, recognition of the significance of non-verbal responses, etc.
- Fluency in the English language (as it is the only language used in this program).

5. Motor

In order to be successful in the TCC Nursing Program, a student must be able to consistently perform certain physical and mental tasks in a variety of settings. See **Appendix II** for a general job analysis for a nursing student

which has been developed* to assist in outlining these basic requirements. It is the responsibility of the student to request accommodation and to present supporting documentation. Access Services reviews all accommodation requests to determine reasonableness of the accommodations and to make necessary arrangements. Using the link below, please see Access Services for additional details: <https://www.tacomacc.edu/resourcesandservices/accessservices/>.

A temporary disability will be handled in the same way as a permanent one. A written release from a primary care provider may be required clearing the student to perform all tasks.

** Developed by private consulting firm in cooperation with Peninsula Community College and Shoreline Community College, 1995.*

K. Background Check

A check of student's background by Verified Credentials and the WA Access To Criminal History (WATCH) for criminal history Information will be required at the time of admission. In addition, a Disclosure Statement to grant TCC a limited agency must be signed prior to beginning the nursing program. Certain crimes on the record may hinder the student's ability to achieve course expected outcomes. The clinical agency may not allow a student to enter their facility due to the results of the background inquiry. If this occurs, the Associate Dean for Nursing will inform the student of their options. See Students with Positive Background Check Results Policy in **Appendix XIV**.

L. Drug Testing

Drug testing is an expectation in various healthcare facilities. Students who enter the TCC nursing program should be aware that at any time they may be expected to undergo drug testing to meet clinical requirements. See "Substance Abuse Policy" (See **Appendix XII**) and "Drug Screening Policy" (see Table of Contents) in this handbook for specific requirements.

M. Nursing Law

All students must conduct themselves in a manner consistent with the Regulation of Health Professions – Uniform Disciplinary Act, Chapter 18.130 RCW. The Law Relating to Nursing Care: Chapter 18.79 RCW and Chapter 246-840 WAC Practical and Registered Nursing.

The Washington State Nursing Care Quality Assurance Commission has the authority to grant or deny licenses based on the conditions established in the Disciplinary Code. One basis for denying licenses is unprofessional conduct, which is described in RCW 18.130.180 and includes current misuse of alcohol, controlled substances or legend drugs. Upon graduation from the Nursing Program, the law allows for the voluntary Substance Abuse monitoring program in lieu of disciplinary action for nurses who have a history of substance abuse, in addition to not engaging in the conduct described in RCW 18.130.180.

Therefore, the following conditions are required while in the nursing program:

- . Abstinance from being under the influence of drugs or alcoholic beverages while at college facilities, college-sponsored events, or clinical sites. Behaviors that could indicate noncompliance would include: arriving on campus or clinical with alcohol on the breath, erratic or unsafe nursing practices due to use of drugs and/or alcohol, possessing any illegal drug while on clinical time, using any intoxicating liquor/legal substance or illegal substance within 24 hours prior to or while on clinical time, removing any drug from the institution or patient supply for any reason.

N. Preceptorship

1. The preceptorship experience is intended to round out the student preparing to graduate. Upon completion of this experience, the student is expected to meet all of the Program Learning Outcome. Preceptor assignments are made by the faculty. Under no circumstances is the student to recruit a preceptor.
2. Special Costs for Students in the Final Nursing Quarter:
Students must plan ahead to cover their financial obligations during the quarter in which they have their preceptor experience. The preceptor experience occurs in the last quarter and is a 32+ hour work week. Students will work the schedule that their assigned preceptor works which could be 8, 10, or 12 hour shifts.

Students cannot work full-time and carry out their school assignment during their preceptor experience. It is even difficult to work part-time! Additional child care provisions may also need to be made. Students will not

be allowed to have a schedule which would require overlapping shifts between their student assignment and work assignment.

3. If students complete Level 5 during spring quarter, they will enter Level 6 during summer quarter. Nurs 296 (preceptorship) and Nurs 234 Seminar will take place in a 10-week period whereas all other Level 6 courses will adhere to the normal 8-week summer calendar.

O. Graduation

1. Approximate Costs at Graduation & Registered Nurse Licensing:

NCLEX Review Course (optional)	Variable
Graduation Regalia (optional)	\$45
NCLEX Exam	\$200
Washington State Licensing Fee	\$120

2. Graduation Requirements:

An Associate in Applied Science Nursing Transfer Degree (DTA/MRP) is awarded to the graduating student who has met the requirements of the nursing program. The student is responsible for ensuring that all necessary classes are successfully completed prior to graduation.

The required courses are as follows:

- BIOL& 241 and BIOL& 242 (Anatomy and Physiology)
- BIOL& 260 (Microbiology)
- Bio&160 (General Biology)*
- CHEM& 121 (Inorganic Chemistry)
- ENGL& 101
- ENGL& 102 (English) **or** ENGL& 103
- Psych&100 (Introduction to Psychology)*
- PSYC& 200 (Lifespan Psychology)
- CMST& 210 - Interpersonal Communication
- MATH& 146 – Introduction to Statistics
- NUTR 250 – Nutrition in Health Care or NUTR 101
- Humanities 5 cr. course from distribution list
- All Nursing courses in sequence.

3. Graduation with Honors/High Honors:

Refer to TCC Catalog for the college policy on graduation with honors and high honors.

P. NCLEX Registered Nurse Examination Application

Students who successfully complete the nursing program are eligible to take the NCLEX (National Council Licensing Exam) for Registered Nursing. When instructed to do so, the student is responsible for filing the application and the paying the fee for the NCLEX exam. The application can be found at <https://www.ncsbn.org/nclex-application-and-registration.htm>. The exam is given year round after verification of completion of the Nursing Program.

Application for Licensure as a Registered Nurse

Graduating students must answer the questions on the State of Washington application. This can be found at <https://www.doh.wa.gov/Portals/1/Documents/Pubs/669242.pdf>.

If you answer "yes" to any of the questions, please make an appointment with the Associate Dean for Nursing so that any questions/concerns may be addressed immediately. Please refer to **Appendix III**.

**PERSONAL INFORMATION,
POLICIES, AND PROCEDURES**



APA PUBLICATION MANUAL

Students in the nursing program will use the American Publication Manual of the American Psychological Association to guide them in citations and formatting of their written work. Faculty will also use these standards when grading papers and determining potential plagiarism.

ATTENDANCE

TCC's Associate in Applied Science Nursing Transfer Degree (DTA/MRP) program is a rigorous academic program of study that follows a linear curriculum plan. Scheduling of course sections and planning for lab and simulation experiences, and clinical site placements often occurs up to a year in advance.

Routine absences by the student in any theory, lab, or clinical courses can impact learning and, as such, affect a student's ability to be successful in the course and/or program. The nursing program faculty recognizes that students are adults and often need make choices that may impact class attendance. The nursing student is expected to prioritize personal, work, and school requirements appropriately so that success is not impacted by routine absences. Routine reasons include, but are not limited to:

- Car maintenance
- Picking up extra shifts or hours at work
- Routine medical or dental appointments and exams
- Vacation
- Orientation or start to a new job
- Routinely picking up children from school/caregivers
- Attendance at events

Nursing faculty, clinical instructors, and administrative staff are unable to give permission for absences in any course for routine reasons. A student who decides to miss one or more classes in a course for routine reasons should weigh the benefits and consequences of such a decision carefully.

Nursing faculty and clinical instructors are under no obligation to provide a make-up session for any missed course exams, graded assignments, lab, simulations, or clinical opportunities in the event a student chooses to be absent. This also applies if the student has communicated to the instructor, ahead of time, of their intent to be absent.

Medical illness or medical and family emergencies are often unanticipated/unforeseen and absence as a result of these is considered on a case-by-case basis. A student who misses class, lab, or clinical experiences due to unforeseen circumstances may not be able to meet the course learning outcomes and may receive a lower or failing course grade.

Due to scheduling constraints there are no make-up days for missed off campus clinical experiences, even in the event of an unforeseen emergency or medical illness.

AUTHORIZATION TO RELEASE STUDENT INFORMATION

In accordance with the Family Educational Rights and Privacy Act (FERPA), the college will not provide information contained in student records in response to inquiries unless the student has given written consent to the college. This would include, but is not limited, to the following requests for:

- Letters of reference from faculty or the associate dean
- Release of academic information
- Letters for prospective employers
- Letters for scholarships

All students will be provided with a release form upon entering the program. Please see **Appendix IV** for an optional form to be used for specific student requests for release of information.

AUTOMATED DRUG DISTRIBUTION DEVICES (ADDD) (RX Station, Pyxis, etc.) – STUDENT USE

Many healthcare facilities utilize drug dispensing devices. These devices are regulated by the Pharmacy Quality Assurance Commission (WAC 246-872-030(5)(a)). Organizations and educational institutions must assure safe medication administration

by students using ADDD's.

- All students will receive orientation to the use of ADDD's, in the lab setting, as part of their medication administration training and validation.
- All students will receive orientation to the use of ADDD's in the clinical setting as part of their clinical orientation. The clinical instructor is responsible for ensuring that the orientation has been completed before access by the student.
- Students will be given individual access codes to the ADDDs or must work with their instructor, preceptor, or staff RN to access these devices according to agency policy.
- Errors related to the use of ADDD's will be reported using the "Just culture" rubric and program progress report.

CALCULATOR USE

Calculators may be used for class exercises and examinations to expedite your math calculations. Because calculators have limited use during the NCLEX examination, we suggest that you become familiar with the ability to perform simple mathematics calculations for medication and other formulas by hand.

CELL PHONE USE

Cell phones are strongly prohibited in the classroom, labs, and clinicals. If you have children or family members who have an emergency and need to get ahold of you while you are on campus in the classroom, they can contact the Nursing office staff via phone at 253.566.5085 or through email at tjames@tacomacc.edu and we will find you and give you the urgent message. Phone use in clinical settings must be guided by the healthcare facility policy whose primary concern relates to patient safety and protecting patient HIPPA rights. Therefore, students may carry their cell phone in a silenced mode while on a unit but it may only be used to speak with their instructor. When doing so students must step off the unit or go to a private location. Phones may not be used in patient care areas. For emergency calls from loved ones, they must be given the clinical instructor's contact information from the syllabus and contact you through the instructor.

CHEMICAL SENSITIVITY

Chemical and/or latex sensitivity is a concern for anyone entering a healthcare profession since latex products are commonly used in these environments. While the nursing program uses non-latex products whenever possible, it cannot provide a latex-free environment to students in either the lab courses or in clinical placement sites off campus. Those with sensitivities can wear alternative vinyl or nitrile gloves, however they can still be exposed to latex residue of others working in the area or to latex present in equipment, models, supplies, or mannequins. Therefore, it is the student's responsibility to be aware of the hazards within the environment where they plan to study or work and to take appropriate precautions.

Students are encouraged to inform the nursing program of their allergy through the Point of Entry Survey, which is emailed to them after being accepted into the program. They may also use the form in **Appendix XVIV** "Latex Allergy Alert and Voluntary Disclosure". In addition, students are encouraged to notify their lab and clinical instructors before their first class or clinical rotation has begun. The student shall also be responsible for sharing information about themselves regarding latex or other chemical sensitivities with the respective clinical agency. See **Appendix XVIII** for the brochure "Latex Allergy: A Prevention Guide".

CHILDREN ON CAMPUS

Children are welcome in most areas of Tacoma Community College and its off-campus centers. To protect children and to preserve the quality of the learning environment for all students, the college asks that adults observe the following guidelines when bringing children to the college:

- Children must be closely supervised at all times by a responsible adult except when enrolled in special programs or classes.
- Children may be allowed in classrooms at the instructor's discretion. Some course materials discussed are not appropriate for children. The instructor has the right to refrain from permitting children in the classroom. Please check with instructors before bringing children to class.

The following areas contain specific hazards to children (chemicals and equipment) or require a quiet learning atmosphere for students. For these reasons, please do not bring children into:

- Science laboratories
- Computer laboratories
- Laboratories in Building 13

-
- Art studios

CLASS SCHEDULE

The quarterly class schedule for the nursing program is posted in the Canvas group “Associate Dean’s Communication”. It may not match the college schedule, therefore, do not register for your nursing classes prior to being notified that the Associate Dean for Nursing has posted the final schedule in the the Canvas group. **The posted schedule is final with no changes.** Staff will try their best to get the schedule out as early as possible because they understand your need to plan childcare, work, etc., but we cannot accommodate students’ special requests.

If you need to register for classes before the schedule is available due to financial aid requirements, register for the appropriate classes. Then, when the schedule is finalized, you may need to switch to a different class section. In that case you will just drop/add classes so that you get into the sections assigned to you by nursing program staff.

Should you need to register for co-requisite classes, please do so as soon as you receive your registration date then go back into the registration process to complete registration for your nursing classes.

The quarterly schedule provided by the Nursing program will reflect accurate dates, rooms, and times.

New students: If you have not registered for classes at TCC during the last two quarters, you should report to Enrollment Services in Building 7 and request to recode your status as an in-program nursing student in order for you to register.

We encourage students to register for their courses ONLINE, and it should be done after orientation. However, if you have questions you can also consult with Enrollment Services in Building 7.

Theory Classes

The nursing program schedule can be complex with classes being offered on many different days and at times that are not consistent from week to week. Students are expected to arrange their personal schedules to attend all theory classes.

CLINICAL ASSIGNMENTS

There are multiple sections of required clinicals and labs. Students are assigned to specific clinical groups and/or specific preceptor experiences at the discretion of the Associate Dean, Clinical Placement Coordinator, and full-time faculty. Due to the high volume of pre-clinical preparation, clinical and lab assignments are fixed and students are not permitted to change their assignments.

No student will seek, solicit, explore, or network for their own clinical or preceptor experiences. Any student who engages in this activity is at risk of failing the quarter and potentially being dismissed from the program.

CLINICAL EVENTS

Washington Administrative Code 246-840-513 requires that any event resulting in patient harm, unreasonable risk of patient harm, or diversion of legend drugs or controlled substances be reported to the Washington State Nursing Commission within two business days and that all events are logged and tracked by the program.

When an event occurs students must immediately notify their clinical instructor, as well as the nursing staff under which they work, if they are not already aware. The clinical instructor will immediately meet with the student at the facility to briefly discuss what occurred and to determine what, if any, immediate actions need to be taken to mitigate the situation. An appointment will be set up for student and instructor to meet for an in-depth discussion of what occurred. Both will complete the forms “Root Cause Analysis and Corrective Action Plan” (See **Appendix XVI**) as well as the “Student Practice Event Evaluation Tool” (SPEET) (See **Appendix VII**) and bring them to this meeting as a tool to determine the root cause(s) of the event and to determine appropriate student corrective action(s). When finalized, the instructor will give a copy of both forms to the clinical instructor, team leader, Faculty Lead, Associate Dean for Nursing, and the student. The instructor will also place copies in the student’s electronic file.

As indicated above, if the event resulted in patient harm, unreasonable risk of patient harm, or diversion of legend drugs or controlled substances, as described in WAC 246-840-513, the Associate Dean will report the event to the Washington State

Nursing Commission using the appropriate reporting forms. If a student has an active license with the Washington State Nursing Commission, the Commission may take action against the active license.

CLINICAL PLACEMENT DECLINATIONS

All nursing students must successfully complete clinical courses which take place in healthcare settings such as hospitals, long-term care facilities, children's day care, etc. The program cannot guarantee the ability to place students in clinical settings throughout the program because individual agencies are in control of when they allow to provide care in their facility. If the program is notified by a clinical site that they will not accept a student for reasons other than a background check, the following process will be followed:

1. The student will be notified of the clinical site's decision to not accept them.
2. The Associate Dean of Nursing or Lead Faculty will meet with the student to gain information that will help clarify, from the student's perspective, what actions or incidents may have occurred that would cause the clinical site to prevent the student from coming to their facility.
3. If the student's explanation provides grounds for reconsideration, the program will request a reassessment of the decision, however, they are not obligated to do so.
4. The final decision will be communicated to the student by the program, including the next steps:
 - a. If approved by the clinical site, the student may be required to complete remediation or other actions as defined by the program or the clinical site and these will be explained to the student.
 - b. If denied, the student will be notified and admission to or continuation in the program will be withdrawn due to the inability of the student to complete clinical courses.

COMMUNICABLE DISEASE POLICY

All health occupations students are required to provide written documentation of immunity (either by antibody titers or documented immunizations) to Tetanus (Tdap), Measles (Rubeola), Mumps, and Rubella (MMR), Varicella, Hepatitis B, PPD (TB) skin test, and Influenza.

Students who cannot comply with this requirement may be unable to meet the clinical requirements of the program since clinical affiliates require the College to document immunity of students assigned at that site. Therefore, failure to meet this requirement may well jeopardize the student's ability to complete clinical requirements.

Health occupations students may be assigned to care for patients who are immuno-compromised. Certain non-reportable diseases may be life threatening to those individuals; therefore, contagious students and faculty will be excluded from clinical and classes.

CONFIDENTIALITY OF CLIENT/PATIENT MATERIALS

During this course of study, you will have access to confidential client records. We insist that you identify all materials using client initials only. Any data collected as part of pre-clinical research or during the clinical experience must not have any identifiable data included. This includes, but is not limited to name, social security or other client identification numbers. Under **NO** circumstance may a student reproduce, in any way, a portion of a client record. It is not to be photocopied, printed, or photographed.

COSTS

The student is required to pay Tacoma Community College tuition and course fees and must also provide the following:

- Uniforms, including regulation shoes, laboratory coat, name pin, name tag holder, and Tacoma Community College patch for uniform and laboratory coat
- Wristwatch with sweep second-hand (can use a digital watch but it is not recommended)
- Stethoscope (with bell and diaphragm)
- Pen light
- Sphygmomanometer (with Large cuff)
- Clipboard
- Gait Belt
- Small Laptop
- Nursing license application fees
- Transportation to and from clinical facilities

-
- Textbooks/resource packages

A cost estimate list may be obtained from the Nursing program Administrative Assistant.

DISCRIMINATION - TITLE IX

Tacoma Community College is committed to providing an environment free of all forms of prohibited discrimination and sexual harassment (sexual assault, domestic and dating violence, and gender or sex-based bullying and stalking). If you have experienced any form of gender or sex-based discrimination or harassment, know that help and support are available. Tacoma Community College has trained counselors to support students. 253-566-5122.

Please be aware that all Tacoma Community employees, other than designated confidential resources, are required to report credible evidence of prohibited discrimination including sexual harassment and sexual violence. This means that if you tell a faculty or staff member about a situation of sexual harassment or sexual violence that may have violated college policy or state or federal law, they have to share the information with their supervisor or the Title IX Coordinator of the college.

Students who wish to speak to someone confidentially should contact Stephen Smith, Title IX Coordinator, 253-566-5055.

DRESS CODE

The first, and perhaps the most lasting, impression a nurse makes is their appearance. As a professional, you will want to wear your uniform with pride and confidence, with special consideration for dignity, cleanliness, efficiency, and modesty. The way you look will tell your client something about you and how you feel about your job and responsibilities. With this in mind, the following dress code has been established at Tacoma Community College.

Uniform

Students will wear a Navy blue outfit with a white collar to indicate they are students from Tacoma Community College. Students may choose their own uniform *style*, as long as the following criteria are met:

- Students may wear one-piece navy pantsuit or navy blue pants with a navy top and white shirt. A one-piece dress or nursing skirt/skort in navy is acceptable.
- The pants may be scrub pants without cuffs, or uniform pants. Jeans, jersey, and stretch pants are not acceptable.
- Both dresses and pant suits should have short or 3/4 length sleeves. Washable material is required. Sheer, tight, or see-through fabrics are not appropriate.
- Skirt hem lines shall be appropriate to the work environment.
- All uniforms should fit to allow for comfortable sitting, bending, stretching, etc. Large pockets are recommended. All materials must be washable.
- A white polo shirt or mock/turtle neck with **only** the collar showing will be worn under the top of the uniform. **A tunic, open down the front, with white showing the full length is unacceptable.**
- White or natural tones of hosiery are required.
- White professional shoes with closed toes and heels shall be worn; clogs with closed toe and back strap are acceptable.
- Clean white professional-looking tennis shoes are allowed. The shoes should have no colored adornments; commercial logos should be non-distracting.
- Students finding a double-layer top uncomfortable may substitute a white dickey or false collar for the white shirt.

Identification

The regulation school identification patch is worn on the left upper chest. If a sweater/tunic is worn in the clinical area, it should be solid white and washable, with the regulation patch worn on the left upper chest. It is acceptable to pin the patch to the outer layer if this is done without the pins being visible. The regulation school identification patch shall be worn on all layers that may be worn uncovered.

The name tag is worn on the left side of uniform, sweater, or lab coat. The name tag should include Name, Nursing Student, (photo identification may be required by facility). These must be ordered through the campus student services.

Hair

Hair should be clean, out of the face, and either pulled back or off the collar during labs and clinical (neat pony tails, braids,

and buns are acceptable). Hair should be worn in such a way that it does not enter the client environment. Facial hair must be clean and neatly trimmed.

Nails

Nails should be clean and short. Clear, unchipped polish is acceptable. Artificial nails are not acceptable.

Wrist Watch

Watch should have a metal or plastic band and have a second hand. Digital watches are not recommended.

Jewelry

Ring without a stone (plain band), a fine gold or silver chain necklace and/or small stud (non-dangling) earrings. Ornate jewelry is **NOT** acceptable with the uniform. No bracelets of any kind are to be worn.

Cologne/Perfume

Cologne/perfume should not be used. Unscented personal care items are recommended. All students must wear deodorant (unscented only).

Should a student appear at clinicals or simulation courses in inappropriate attire or with poor personal hygiene, the instructors have been authorized to ask the student to leave the clinical area until the condition(s) is/are corrected and this time will be marked as an absence.

Some of the clinical facilities where you will practice will have additional uniforms and/or appearance requirements. You will be informed of these special requirements as you are oriented or as they are adopted. In all instances you must adhere to the policies for dress and appearance in the agencies where we are guests.

Tattoo/Body Piercing

No visible tattoo – all tattoos that would be visible in the TCC nursing uniform must be covered with a natural colored bandage at all times during clinical. No visible body piercing is allowed (earrings exception stated above). No tongue piercing is allowed.

DRUG SCREENING POLICY**General Information:**

All TCC nursing students will be participating in clinical courses at local medical facilities where they will work directly with patients and practice their nursing skills. Some of these facilities may require students to complete a drug screening before being allowed to begin this clinical requirement.

Tacoma Community College, as a State of Washington employer, must uphold the US Constitution. The fourth amendment protects citizens from “suspicion-less searches.” A suspicion-less search is one conducted without any reason to suspect evidence of a crime. Doing drug testing of all students attending a specific hospital for their clinical would mean conducting suspicion-less searches. Therefore, this puts the Nursing School in a direct conflict with any medical facility that has this requirement. And, we cannot legally ask our students to complete a drug screening. To resolve this issue, the nursing program communicates to students the requirements of each facility, making it very clear that these are healthcare facility requirements and not those of TCC.

Purpose

The TCC nursing school works very closely with local medical facilities who allow our nursing students to practice clinical skills by working with their facility’s patients or residents. This is done under the close supervision of TCC nursing faculty and is a mandatory component of our nursing educational program. It is critical to the success of students. Therefore, it is very important that the nursing school create and maintain a positive working relationship with these facilities. We need to abide by their clinical placement requirements. However, we also must uphold the US Constitution. This drug screening policy enables the nursing school to satisfy both of these requirements.

Definition

A drug screening is a tool used by the medical community to determine what chemical substances are present in an individual’s bloodstream. It involves one or more analytical techniques and can be general in nature, or very selective and looking for commonly abused substances that may negatively impact an individual’s judgment, behavior, or motor skills.

Policy

1. Notify all nursing students, at the time of their nursing orientation, that they may be required to complete a drug screening as part of eligibility requirements for attending clinical rotations at certain local medical facilities.
2. Inform the students that, if asked to submit a drug screening, it is the requirement of a medical facility and not the nursing school.
3. At no time does the nursing program want to know the results of any drug screening for a student or faculty member.
4. No drug screening result is ever to be sent to the school; it is to be sent directly to the clinical placement coordinator of the medical facility who is requesting the screen.
5. If a clinical facility alerts the program that a student cannot come to the facility, they cannot report the reason, if it is related to a drug screening. The TCC nursing program will then place the student in another facility.
6. Should a student be assessed as impaired by the faculty, the college policy on Substance Abuse will be initiated.
7. Any expenses for testing or treatment will be incurred by the student.

EDUCATIONAL PLANNING DAY

Because you are in a sequential program of study, you may receive information for registration for each subsequent course during the prior quarter. Although formal classes are not held on these Educational Planning days, you will be held accountable for preceptor assignments and pre-clinical research if it is your normal assignment day.

FINANCIAL AID

The Financial Aid Office is located in Building 14. If you are unable to afford the cost of your education, the staff of this office will help you obtain loans, grants, and scholarships. Short-term, interest-free loans are occasionally available to help with unplanned expenses. Several Nursing scholarships are given each year; check with the Financial Aid Office as to the appropriate times to fill out forms and these other scholarships. (They must be done in advance when seeking a scholarship for the entire school year.) There are some scholarships for each quarter, so again, check with the Financial Aid Office about deadlines.

HIV-INFECTED STUDENTS

There is no evidence that healthcare personnel infected with HIV virus have transmitted this infection to patients while performing their routine job responsibilities. Precautions to prevent transmission of HIV infection from possibly infected students to patients are necessary, however, these recommendations will apply to all students, not just those identified as having HIV infection.

1. All students must perform adequate handwashing before and after patient contact.
2. All students must wear gloves for direct contact with mucous membranes or non-intact skin of all patients.
3. Students who have exudative lesions or weeping dermatitis will refrain from direct patient care and from handling patient care equipment until the condition resolves.
4. Students infected with HIV who perform invasive patient care procedures will double glove.
5. Students infected with HIV will be counseled about the potential risk associated with taking care of patients with transmissible infections. The student's personal physician should determine whether the individual can safely perform patient care duties as a student.
6. If a patient is exposed to blood or body fluids of a student with HIV infection, the patient will be informed of the incident. The student will abide by the hospital and/or clinical policies in effect in this situation.

Tacoma Community College will comply with AIDS omnibus legislation, which requires AIDS education of health professionals.

HONOR SOCIETY

The nursing program has a nursing honor society in conjunction with the Organization for Associate Degree Nursing (OADN) As an Honor Society Chapter, the program has established the Alpha Delta Nu Honor Society which recognizes the academic excellence of students in the study of Associate Degree Nursing. The society shall encourage the pursuit of advanced degrees in the profession of nursing as well as continuing education as a life-long professional responsibility. Students become eligible after meeting specified GPA requirements, professional and ethical behavior standards and completing designated projects. For more information see the nursing program Administrative Assistant.

IMMUNIZATIONS/HEALTH CLEARANCE

Completion of Health Records: Every student in the Associate in Applied Science Nursing Transfer Degree program is required to obtain and maintain current documentation of specific immunizations and health clearance information. Each clinical facility that the student may participate in during the course of the program requires the TCC Nursing Program to verify and keep this documentation on file. Each facility has the authorization to audit students' files for accuracy. If a student is not in compliance, the nursing program may be in jeopardy of being refused admittance into that clinical site due to patient safety. Therefore it is very important students maintain the appropriate documentation.

Specific immunizations/health clearance requirements are sent to each student at the time of acceptance into the program. It is the **student's responsibility** to ensure all records are current and up-to-date during their active participation in the nursing program. A current list of immunizations/health clearance requirements may also be obtained from the Nursing Program Administrative Assistant.

The TCC nursing program utilizes an external company to track and confirm student compliance with required clinical documents. Students are expected to meet the program requirements by using the VerifiedCredentials.com website and, following the specified procedure, to upload and maintain immunization records. **All required clinical documents for clinical placement are due by the deadline published each quarter on the clinical deadline document in the Associate Dean's Communication Canvas site. In addition, all Verified Credentials immunization/CPR documents that expire during the upcoming quarter should be identified before the quarter starts and must be submitted by the same quarterly deadline as set forth by the program or the facility will not give clearance.**

If the student does not comply with updating his or her file with current documentation **by the quarterly deadline, he or she will not be allowed to attend clinical for the entire quarter. They must un-enroll from the clinical course and this will count as course failure.** The TCC Nursing Program is a sequential program and students must attend and pass all courses each quarter, including the clinical rotation, to progress to the next quarter/level. If a student is not permitted to attend a clinical rotation due to noncompliance with required clinical documentation, he or she will not progress to the next quarter/level, until the clinical course has been completed with a passing grade. Once a student is in compliance with all clinical documentation, he or she will be allowed to re-enroll in the clinical course during the next **available** quarter (**when space is available**), **only if this is the first failure, otherwise it will result in removal from the program.**

In order to complete the required clinical rotations, nursing students must provide the following additional documentation upon acceptance into the program:

Health Clearance:

1. Hepatitis B Series - Proof of immunity by vaccination (3 doses) and a positive titer:
If you received the 3 required doses as a child, a positive titer is still needed.
If you have a titer drawn and it is negative you should complete a new series and repeat titer. If negative the second time you are considered a non-responder. Student will be allowed in clinical during repeat series as long as the student signs a Hepatitis B waiver.
2. Influenza - Proof of immunity by vaccination. This vaccination must be current (based upon current flu season requirements). A flu shot can only be declined if there is an allergy and this must be shown through a physician's letter.
3. MMR - Measles (rubeolla), Mumps, Rubella - Proof of immunity by vaccination (2 doses) or titer.
4. PPD (TB) – We require the Quantiferon or the 2 step PPD. 2-step PPD is completed as follows: If the 1st PPD test is negative then you will need to obtain a 2nd PPD within 1-3 weeks. Yearly annuals are required after your 2 step. If you have a new positive TB result, history of a positive TB, or have had the BCG vaccination you must provide proof of chest x-ray. The x-ray must be after the positive result and within the last five years. You will need to submit negative symptom checks annually. (must be within the last 12 months). If you have no proof of a positive TB test you will need to re-test to show history. NOTE: If administered concurrently, or shortly after, a live virus vaccine (such as varicella), a TB skin test may produce a false negative.
5. Tetanus – Tdap vaccination must be within 10 years and must have been received after the age of 11.
6. Varicella (Chicken Pox) - Proof of immunity by vaccination or titer. For proof of immunity by vaccination, you must show 2 doses of vaccination.

Information regarding health clearance procedures will be sent to those accepted into the program. *Note: These requirements are subject to change.*

INCIDENT REPORTING AND TRACKING

WAC 246-840-519 requires nursing programs to have written policies/procedures on Incident Reports and tracking of reports that are specific to nursing students. Currently, these are limited to the following:

1. **Clinical Events** resulting in patient harm or has the perception of patient harm. See section on “Clinical Events” for full details. Clinical Events are reported by the student’s clinical instructor using the Student Practice Event Evaluation Tool (SPEET) form and the Root Cause Analysis Corrective Action Plan form and are reported to the Washington State Nursing Commission according to legal guidelines. The nursing program tracks these each quarter on a spreadsheet that captures all information required by law. It is reviewed each quarter by the Nursing Program Assessment Committee.
2. **Student Accidents.** If a student is involved in any type of accident while on campus or during a clinical course, a Report of Student Injury/Incident/Accident Student Accident Report is completed by the staff or faculty member who witnesses or responds to the incident. The form captures descriptive information of what occurred and what actions were taken. This is given to the Associate Dean for Nursing and the Health, Business & Professional services Dean who reviews and take any actions required to prevent future accidents or address additional issues related to the event.

However, students should be aware that they can report the behavior of students on campus that they consider dangerous, inappropriate, threatening, or disruptive. This is done by accessing the Student Conduct Report located on the TCC Portal (most easily through dashboard quick links in “Security”). These reports are received by the Director for Student Conduct, Compliance, & Partnerships and are reviewed for an appropriate response. Copies may be distributed to any parties considered appropriate for the containment or management of the incident or who may be affected should additional incidents occur. Campus violence across the country has escalated in recent years. It is believed that serious incidents that often result in deadly consequences can possibly be prevented if negative patterns of behavior are identified early and steps are taken to address root issues or attitudes that fuel the behavior. That is one of the key purposes of this important reporting form.

INCLEMENT WEATHER

When there is severe weather, the decision to close the College, delay opening, or close early due to inclement weather, is the responsibility of the President or his/her designated representative. These decisions are made with utmost concern for the safety of students and employees. Notification will appear on the main page of the TCC portal website by 6:15 am on the days of partial or total closure. Electronic notification will also be sent out using the Omnilert System and, therefore, all faculty and nursing students are strongly advised to sign up for this emergency notification system when they first begin the program. Announcements will also be given to several area radio and television stations.

- Tacoma Area Radio: KMTT 103.7 FM, KRPM 106.1 FM and KBSG 97.3 FM
- Seattle Area AM Radio: KING 1090 AM, KJR 950 AM, KOMO 1000 am, KIRO 710 AM, and KVI 570 AM
- Seattle Area FM Radio: KZOK 102.5 FM and KPLZ 101.5 FM
- Seattle/Tacoma Television: KOMO Channel 4, KING, Channel 5, KIRO Channel 7.

Either way, it is the faculty and student’s responsibility to check for notification using one of these methods. Please also note that if faculty and students feel unsafe driving to college or clinical they should stay home whether the college has decided to close or not. Faculty and students will not be penalized for the inability to attend clinical due to travel concerns or for reasons of access to childcare, during periods of inclement weather. Closure decisions, as outlined in the “Inclement Weather Policy” in **Appendix XXII**, address all issues for students who are in off-site clinicals or for which clinicals are scheduled for that day, as well as lab, simulation, and theory classes.

INFECTIOUS DISEASES

Nursing is a dangerous profession. Risks include, but are not limited to HIV/AIDS, Hepatitis B & C, Tuberculosis, Influenza, C-differential, Staphylococcus, Streptococcus and other viral or bacterial pathogens. The goal is to accept the risk and then train to minimize risk. Nevertheless, risks remain. A student must be willing to accept the risks. Healthcare personnel will not be excused from caring for a patient with a communicable disease on their own request. Healthcare workers who may be immunosuppressed or have a clinical condition which may confer an increased risk should provide a written statement to that effect from their private physician.

Students may be required to care for patients who are unidentified carriers of infectious diseases. Therefore, to minimize exposure to pathogens, students in the Health, Business, and Professional Services Division must follow the universal precautions as currently outlined by the CDC when caring for ALL patients. The same universal precautions will be followed when performing laboratory procedures on campus. Program faculty, therefore, must inform students of the required universal precautions and of the necessity to follow those guidelines.

If a student sustains parenteral or mucous membrane exposure during routine patient care, individual hospital or agency policy will determine patient testing and student follow-up requirements. All testing will be done at the student's own expense. During the follow-up period, the exposed individual will be referred to their private physician for appropriate care.

INFECTIOUS WASTE MANAGEMENT PLAN AND PROCEDURES

Infectious waste is defined as untreated solid waste capable of causing an infectious disease via an exposure to a pathogenic organism of sufficient virulence and dosage through a portal of entry in a susceptible host. This would include things like needles, blood, gloves, etc. All students that generate or handle infectious waste at Tacoma Community College are responsible for reading, understanding, and implementing the Infectious Waste Management Plan and Procedures outlined in **Appendix XVII**. It includes, but is not exclusive, to the following:

- procedures for the ongoing handling of waste
- what to do when a waste container is contaminated
- who to contact on-site in the event of an infectious waste spill
- where to find protective clean-up gear in Building 13

INSURANCE AND OTHER CLINICAL SITE REQUIREMENTS

1. Health Insurance - Students are required to maintain their own health insurance as it is required by the clinical agencies. The cost of injury or illness during the clinical experience is the responsibility of the individual student. Verification of health insurance will be required to show proof of coverage with coverage period. If the name on the card does not match yours (the student), proof of coverage from the provider is required.
2. Vehicle Insurance - TCC students who drive themselves to clinical, may be required to show proof of automobile insurance. The documentation has to include proof of coverage with coverage period. If the name on the document does not match yours (the student) proof of coverage from the provider is required.
3. Professional License (if applicable) - LPN License (current, unencumbered, Washington State.)
4. CPR – Only the American Heart Association "Healthcare Provider" or "Basic Life Support (BLS) for Professional Rescuer" will be accepted. Online courses are not acceptable. Your name must appear on this document.
5. Training. Module by CPNW #1 (Uploaded under Training HIPAA)
 - a. Bloodborne Pathogens and Workplace Safety
 - b. Infectious Medical Waste
 - c. Compliance
 - d. Patient Safety
 - e. Emergency Response Procedures
 - f. Standard Precautions
 - g. Patient Rights
 - h. MRI Safety
 - i. Fall Risk Prevention
 - j. Chemical Hazardous Communications
7. Finger Printing/Drug Screening: Some clinical agencies may require students to submit to other procedures such as finger printing or drug screening, before clinical placement. Any expenses for testing or treatment will be incurred by the student. If the results of the drug screening prevents a student from attending their clinical, the policy on substance abuse will be initiated.

INVASIVE PROCEDURES

During the nursing program you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training procedures. As part of your learning activities you may be asked to perform specific skills or be asked to be the subject of specific skill practice by other students.

Learning activities that use human subjects shall be conducted under the supervision of the instructor who has been assigned to teach the course. Before involvement as a human subject, a student must willingly give informed consent. If under the

age of eighteen, informed consent must be obtained from the parent or the legal guardian unless the participant is determined to be an emancipated minor. See **Appendix V** for complete policy. See **Appendix VI** for Informed consent for coursework requiring human subjects.

JUST CULTURE

“Just Culture” is a concept used by hospitals and schools where clinical practice events are reviewed and analyzed from a holistic view in an effort to ascertain any mitigating or aggravating factors that contributed to the event and then determine an improvement plan or discipline action. The principle behind a “Just Culture” environment is this: Discipline needs to be tied to the behavior of individuals and the potential risks their behavior presents more than the actual outcome of their actions.

In 2010, the ANA came out with the following “Just Culture” position statement: “The ANA supports the Just Culture concept and its’ use in healthcare to improve patient safety. The ANA supports the collaboration of state boards of nursing, professional nursing associations, hospital associations, patient safety centers, and individual healthcare organizations in developing regional and state-wide Just Culture initiatives.”

A “Just Culture” Method:

- Places focus on evaluating the behavior, not the outcome;
- Requires leadership commitment and modeling;
- Distinguishes between normal error, unintentional risk-taking behavior and intentional risk-taking behaviors; and reckless behaviors;
- Fosters a learning environment that encourages reporting of all mistakes, errors, adverse events, and system weaknesses (including self-reports);
- Lends itself to continuous improvement of work processes and systems to ensure the highest level of patient and staff safety;
- Encourages the use of non-disciplinary actions whenever appropriate (including coaching, counseling, training and education);
- Holds individuals accountable for their own performance in accordance with their responsibilities but does not expect individuals to assume accountability for system flaws over which they had no control;
- “Just Culture” encourages discussion and reporting of errors and near misses without fear of retribution. It is a culture that focuses on the behavioral choices of the individual, not merely the fact that an error occurred or that a bad outcome resulted from an error.

It is inevitable that individuals, including nursing students, make mistakes in today’s complex and interdependent health care environment. Most errors take place within complex systems; however, when errors occur, the immediate solution is to blame an individual for the error. Blaming individuals creates a culture of fear, discourages open reporting and discussion of errors, and does little to prevent future errors or improve the safety of the health care system.

“Just Culture” in Nursing Programs uses a Student Practice Event Evaluation Tool (SPEET) (**Appendix VII**) developed by the NCBON* for evaluating practice events and determining whether the actions of the individual student warrant consoling, coaching, counseling, remediation, or disciplinary action. This tool will be used to evaluate student practice events with consistency and fairness, while providing the opportunity to learn from mistakes and enhance patient safety. Washington Administrative Code 246-840-513 requires that any event resulting in patient harm, unreasonable risk of patient harm, or diversion of legend drugs or controlled substances be reported to the Washington State Nursing Commission within two business days.

*Permission to use the tool was obtained by the WSNCQAC Spring 2015 (CNEWS).
See **Appendix VII** for the “Just Culture” Rubric used by the TCC nursing program.

LEAVE FOR FAITH AND CONSCIENCE

Tacoma Community College will grant reasonable accommodation so that grades are not impacted for students who are absent for reasons of faith or conscience, or for an organized activity conducted under the auspices of a religious denomination, church, or religious organization. Such absences must be requested in writing within the first two weeks of the quarter and may not incur additional fees for students. (see **Appendix VIII** for complete policy and forms).

LIABILITY INSURANCE

TCC students assigned to clinical sites are automatically charged a lab fee which covers liability insurance providing they work within the boundaries for which they are trained. The student may purchase additional coverage.

MEDICAL AUTHORIZATION TO RETURN TO COURSES

A student should not attend courses while ill, impaired, or recovering from serious illness or surgery. The program has the right to withhold a student from continuing in or returning to campus courses or to a clinical setting until such time as they are satisfied that the student's condition does not risk the safety of the student, classmates, faculty, or patients in the healthcare facility. Instructors may ask a student who seems "ill" to leave a classroom or, if unable to provide safe nursing care, to leave the clinical facility. Students who have been under a physician's care for a serious illness, injury, or surgery that resulted in absence from their courses will be required to provide the Associate Dean for Nursing with a TCC "Medical Release" form that has been completed and signed by their healthcare provider before they will be allowed to return to class. This form is found in **Appendix XVI**.

MEDICATION ADMINISTRATION BY NURSING STUDENTS POLICY

The proper dispensing and administration of medication performed by nursing students is vital to the delivery of safe and effective patient care. The details of these processes and policies are outline in the document "Safe Medication Administration by Nursing Students Policy" in **Appendix XXIII**, but the following is a snapshot of portions of the policy:

- Students will receive orientation and practice experience related to the use of Automated Drug Dispensing Devices
- Students will follow the policy and procedures of the healthcare facility regarding the use of ADDDs and will always be under the supervision of a licensed nurse when accessing and administering medications.
- Each dose of medication will be administered per the "Six Rights" of Medication Administration (Right Patient, Drug, Dose, Time, Route, and Documentation) and after an assessment of patient allergies.
- Students may administer controlled substance medication but must follow the restrictions outlined in the Safe Medication Administration by Nursing Students Policy.
- Blood products requiring a witness for infusion/administration cannot be done by nursing students, however, students can collect the blood products from the blood bank, prime the tubing with saline, and participate in blood administration monitoring policies (i.e. taking vital signs).
- The functions not permitted to be performed by nursing students under any circumstances is outlined in the policy and must be understood and adhered to.
- Administration of all insulin formulations, including both SQ and IV insulin doses and all Insulin IV infusion, is calculated and drawn up with direct RN supervision.
- The administration of high-risk medications (any medications that require additional training), in emergency or critical care units, is NOT allowed in Levels 1 through 5 by the nursing student. The precepting student (Level 6) is allowed to administer high-risk medications ONLY if the supervising nurse or clinical instructor obtains the high-risk medication for the nursing student and the nursing student administers the medication only under the direct supervision of the supervising nurse/clinical instructor.
- All medication errors and medication diversions will be documented using the NCBON "Just Culture" Student Practice Event Evaluation Tool (SPEET) form and the Root Cause Analysis and Corrective Action Plan form. The "Just Culture" form will be submitted to the Associate Dean for tracking and a copy of this completed form will also be placed in the student's academic file.

MILITARY DEPLOYMENT

A nursing student in good standing, called to active military duty, will not be penalized for this service. Depending upon where the student is in the quarter and the anticipated length of deployment, an "incomplete" or withdrawal will be made based upon the discretion of the instructor. This will not count as a withdrawal from the program for readmission purposes. A leave of absence will be automatically implemented for the student by the Associate Dean for Nursing. Readmission criteria to the program are the same as for any other student.

NURSE TECHNICIAN/NURSING ASSISTANT

Upon successful completion of at least two levels of the nursing program, students are able to apply for employment in hospitals or long-term care facilities as a Nurse Technician. In the Nurse Technician role, the student may be employed to perform all the skills that they have learned thus far in the program. The legal role of the nurse technician is found at <http://apps.leg.wa.gov/wac/default.aspx?cite=246-840-840> and additional information in WACs 246-840-010, WAC 246-840-840 and 246-840-521).

When a student finds a nurse tech job the following procedure should be followed:

1. Review the legal responsibilities of the position found at:
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-840>
2. Go to the Dept. of Health website and download the following paperwork:
<https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/NursingTechnician>
 - a. Application Form
 - b. Education Verification Form
 - c. Employment Verification Form
3. Submit Employment Verification Form to your potential employer to verify a job offer.
4. Submit the Education Verification Form to the TCC nursing program administrative assistant for signature; she will provide you with a recruiting letter and a skills list.
5. Submit the recruiting letter and skills list to the Nurse Tech Recruiter.
6. Mail in your application and forms listed above, along with the application fee, to the Department of Health, who will provide you with proof of successful application.

In the Nurse Technician role the student must follow these guidelines at all times:

1. At the successful completion of each quarter, students can request a new skills checklist from the nursing program administrative assistant and submit to the employer to verify completion of courses and qualification to perform more advanced skills.
2. The student may function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.
3. The student may gather information about patients and administer care to patients.
4. The student may not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients.
5. The student may never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.
6. You may not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.
7. You may not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled.
8. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

The student must also follow these legal requirements:

- If you fail a course, you must immediately let the employer know about the failure.
- If you lack a "good standing" with the nursing program you do not qualify to continue to practice as Nurse Technician and you must advise your employer of this change. Your license will be placed in "inoperable" status until you return to a "good standing" status. To return to work as a Nurse Technician you must then submit a new application to the Dept. of Health (fees are waived) as outlined above.
- Students who take a leave from the nursing program cannot practice under the Nurse Technician license until they return to the program. However, there will be no change in the status of the credential. Upon re-entry to the program the student must submit a new application as outlined above. Fees will be waived.
- Students may also opt to take the Nursing Assistant Certifying Exam upon successful completion of the first two levels. You may contact the Department of Social and Health Service web site for further information.

PERSONAL ELECTRONIC DEVICE USAGE IN CLINICAL SETTINGS

The TCC Nursing Program supports the use of electronic devices in the clinical setting as a tool for enhancing learning and as a foundation on which students will build skills for professional responsibilities in this area. Electronic devices include personal computers, tablets/iPads, or smart phones. However, care must be taken to follow important CDC safety guidelines for infection control as well as HIPPA privacy requirements and these devices can never be used for personal or social business while in clinical. All students must follow the policy is listed in **Appendix XV**, "Policy for Personal Electronic Device Usage in Clinical Settings".

PINNING CEREMONY

Nurses have traditionally celebrated their rite of passage into the profession of nursing by a "pinning ceremony." The placing

of the TCC nursing pin on the new graduate by the program faculty is similar to the granting of a diploma, but is unique to the profession of nursing. It is the time when the new graduate is recognized by the faculty as a peer rather than a student and is welcomed into the profession.

The TCC Nursing Faculty are supportive of your desire to celebrate this significant event in your lives. It is up to each class to decide how they wish to celebrate in consultation with the Associate Dean for Nursing. Some of the possible options include:

1. Design and implement a "Pinning Ceremony" separate from the TCC commencement activities. Students are responsible for the planning and fund raising for this event; however, faculty must be consulted in the process.
2. Attend the TCC commencement activities (conducted in June only), which celebrates academic achievement.

Faculty involvement in these ceremonies is not mandatory. If the "pinning" is done at the commencement ceremony, the Associate Dean for Nursing will have the honor of pinning. If the class chooses to have a separate celebration ceremony, students may select the person to "pin" them. Only students who have successfully completed the entire nursing program may participate in the ceremony.

PREGNANCY GUIDELINES

A student in the Nursing program who has reason to believe she may be pregnant has the option of voluntary disclosure to the Nursing Program Associate Dean. Such voluntary formal notification is requested in order that the program has the pertinent information needed to limit occupational hazards to the developing fetus.

Upon voluntary formal notification of the pregnancy, the Associate Dean will advise the student of her option to take a leave of absence or remain in the program with any modifications as identified at the time of notification. The student will be asked to sign a statement indicating that she has received counseling and was advised on any necessary precautions required during the course of the pregnancy.

Students who have disclosed they are pregnant will not be asked to participate in known occupational hazards for pregnant women. They will be asked to present an accommodations form to each clinical instructor. Note not all hazards are known. See **Appendix IX** for complete policy and forms.

RESPONSIBILITY FOR INFORMATION

In order to meet program requirements and to keep informed about possible program changes, each student is responsible for knowing, being aware of, and complying with all information given out in class, lab, clinical, posted in Canvas on the Nursing Associate Dean Communications site, or delivered through the TCC email system. Students are required to send written notification to their clinical instructor and to the nursing secretary of any changes in name, address, email, or telephone number in a timely manner. The student is also entirely responsible for course or program information missed as a result of not updating their records in a timely fashion. Neither TCC nor the nursing program will be held responsible for any consequences that occur as a result of the student not providing this information in a timely manner. Students are required to check these communications on a daily basis.

SIMULATION CONFIDENTIALITY POLICY

Simulations and skills validations held in Building 13 labs that are tape recorded are considered confidential and may not be discussed with anyone but those appearing in the video and cannot be posted in any electronic or social media for any reason. All students must abide by the Simulation Confidentiality Policy listed in **Appendix XIII** and the Social and Electronic Media Policy in **Appendix XI**.

SIMULATION AND SKILLS LAB RULES

The Simulation Lab is a patient care area and your professionalism and attention is needed at all times. Due to this being a "realistic" patient setting, as well as a new facility with expensive state-of-the-art simulators, all faculty, staff, and students will follow the Simulation Lab rules. See **Appendix X** for the list of rules.

SOCIAL AND ELECTRONIC MEDIA POLICY

The TCC Nursing Program supports the use of electronic and social media, as it sees this as a powerful tool in building professional connections and creating supportive learning communities for students. However, it is important that clear expectations for students are set to promote student success and to build the foundation for professional practice responsibilities in this area. These expectations are outlined in the program's Social and Electronic Media Policy found in

Appendix XI. They apply to all nursing school-related discussions on social media sites and/or activities/discussions in or about clinical and didactic course activities. Distribution of personal information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

STUDENT IDENTIFICATION

All students are issued a school student identification number upon admission to the college. Every effort will be made to use this number for identification purposes. At times the student's Social Security Number must be used in the clinical setting or when applying for licensure with the state.

STUDENTS WITH SPECIAL NEEDS

The Americans with Disabilities Act (ADA) guarantees equal opportunity for individuals with disabilities in public and private sector services and employment and in higher education settings. Determining eligibility for academic accommodations is the responsibility of Access Services, located in Building 7. Their overall mission is to ensure that students with disabilities have equal access to all programs and activities offered at the college.

If a student needs specific academic accommodations it is the student's responsibility to request them by contacting Access Services at (253) 360-4447. The student will participate in an intake appointment to discuss the disability and identify the specific accommodations that may be needed. Once approved, Access Services will provide the student with an Accommodation Letter and it is the student's responsibility to give a copy of this letter to their instructors. Students are encouraged to schedule a time to meet with their faculty to discuss the accommodations that will be made and agree on any details that are not covered in the accommodation letter.

Students using testing accommodations must also schedule their tests with the Certification and Testing Center (not Access Services). This can be done by emailing tcenter@tacomacc.edu, calling 253.460.4364, or by visiting their office in Building 6. **This should be done with as much advance notice as possible.** This process is explained in greater detail during the student's intake appointment. The instructor will then receive an email from the Testing Center asking for the test to be sent to them. The instructor will complete the form "Instructions for Use of Access Services Accommodated Testing" and return it to the Testing Center with the test. When the test is complete it will be sent to the instructor for grading.

Note: All students are responsible for all requirements of each specific course in the nursing program and accommodation for special needs does not guarantee that the same accommodation will be made for the student when taking the NCLEX exam for licensure.

SUBSTANCE ABUSE

All students are expected to perform their clinical activities efficiently and safely without the influence of drugs or alcohol.

The following actions/conditions are prohibited:

1. Deficient clinical performance due to use of drugs and/or alcohol.
2. Reporting for a clinical session with the odor of alcohol, marijuana, or illegal chemicals on the breath.
3. Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
4. Removing any drug from the institution or patient supply for any reason.

All students have a responsibility to notify their instructor(s) if they are taking any medications that would affect clinical performance. See **Appendix XII** for complete policy.

TACOMA ART MUSEUM ACCESS

TCC is an Institutional Member at the Tacoma Art Museum(TAM). TCC students and faculty currently have unlimited free admissions with our Institutional Membership. If interested, you can access the Tacoma Art Museum with your college ID card.

TRANSPORTATION

Transportation to and from clinical sites is the responsibility of each student and prior arrangements are to be made in order to arrive on time. Some clinical facilities require proof of auto insurance, auto registration, and/or licensure information. Carpooling is encouraged.

VIDEO MONITORING

The Harned Center for Allied Health Careers has nursing simulation and skills labs that all students use during the course of their study to practice their nursing skills. To enhance learning, each room is equipped with state-of-the-art video and audio monitoring so that simulations and skills labs sessions can be recorded and reviewed by students and faculty at a later date. The video monitoring runs 24 hours a day whether there are classes in the rooms or not. The live feed is projected onto screens in the Simulation Control Room and is viewable by any staff or faculty in that area during the time in which the activity takes place. Recordings of sessions can be saved and viewed in the Simulation Debriefing Room or placed on flash drives for student review. Therefore, students and faculty should be cognizant that all activity taking place in these rooms is recorded and has the potential to be seen by other students and faculty. Faculty determine viewing privileges and students may only view videos in which they appear unless, for educational purposes, the instructor allows group viewing.

Faculty may require students to view their videos outside of class. At the present time, due to security concerns, TCC will not allow for student off campus viewing using the TCC network and wi fi connections in Building 13 are unreliable. Therefore students must provide a flash drive onto which the video can be copied if they need to view it outside of the debriefing room.

Students may not discuss the events of simulations or the debriefing sessions with anyone other than the students and faculty who participated. And, they may not make any social media postings or disclosure of any events, discussions and/or materials used in any clinical simulation. Please see the full student Simulation Confidentiality and Policy Statement in the Student Handbook for all details of this policy.

APPENDICES



APPENDIX I

CODE OF STUDENT RIGHTS AND RESPONSIBILITIES

Student Policy/Procedure Changes:

TCC's **Code of Student Conduct (Chapter 132V-121 WAC <http://apps.leg.wa.gov/wac/default.aspx?cite=132V-121>)** is posted on the college website at <http://www.tacomacc.edu/about/policies/code-of-student-conduct>

The Final Course Grades Appeal Process is found in WAC 132V-123-010.
<http://apps.leg.wa.gov/wac/default.aspx?cite=132V-123>

TCC Portal - Grade Grievance Procedures:
<http://www.tacomacc.edu/about/policies/final-course-grade-appeal-policy>

Student Grievance Procedures - Other are found in WAC 132V—300.
<http://apps.leg.wa.gov/wac/default.aspx?cite=132V-300>

TCC Portal - Student Grievance Procedures – Other:
<http://www.tacomacc.edu/about/policies/student-grievance-procedure-other>

Additional Policy - Substance Abuse

Copies of these policies are also available in the Student Services Administration office in Building 7.
<http://www.tacomacc.edu/about/policies/>



APPENDIX II

JOB ANALYSIS FOR NURSING STUDENTS

Work Hours: Varies with Shifts and Settings **Full/Part Time:** Full and Part-Time

General Job Description: The nursing student is responsible for **using critical thinking/clinical reasoning skills in the performance of all their duties including** performing patient assessment, planning care delivery, performing nursing interventions, and teaching patients and family members about the medical condition. This **also** includes reviewing the patient’s chart, following physician’s orders, determining appropriate treatment, providing medication, assessing the patient’s current medical condition, complaints and concerns, and communicating this information to the health care team. The nursing student will also assist patients with meals, positioning, transferring them out of bed, and walking. Direct care includes administering medications, completing the nursing procedures such as catheterization, suctioning, dressing changes, and respond to emergencies as they occur.

Machines, Tools or Moving Equipment: Will use a variety of medical supplies and equipment to include: stethoscope, blood pressure cuff, medications, PCA machine, IV poles, tubing and pumps, CPM machine, syringes, patient support bars, hospital bed, etc.

Standing and walking are both frequent and alternating for the entire work day. Occasional sitting is possible when taking patients’ history or recording on the patient’s chart. Percent of time spent:

Sitting: 10% Standing: 50% Walking: 40%

While Working Employee must:

	<u>Yes</u>	<u>No</u>
Twist	<input checked="" type="checkbox"/>	
Stoop/bend	<input checked="" type="checkbox"/>	
Squat	<input checked="" type="checkbox"/>	
Kneel		<input checked="" type="checkbox"/>
Crawl		<input checked="" type="checkbox"/>
Climb	<input checked="" type="checkbox"/>	
Push/Climb	<input checked="" type="checkbox"/>	
Push/Pull	<input checked="" type="checkbox"/>	
Grasp/Handling	<input checked="" type="checkbox"/>	
Reach Over Shoulders	<input checked="" type="checkbox"/>	
Reach at waist	<input checked="" type="checkbox"/>	
Reach below waist	<input checked="" type="checkbox"/>	
Lifting to 10#	<input checked="" type="checkbox"/>	
Lifting to 11-20#	<input checked="" type="checkbox"/>	
Lifting to 21-50#	<input checked="" type="checkbox"/>	
Lifting over 50#	<input checked="" type="checkbox"/>	
Carry to 10#	<input checked="" type="checkbox"/>	
Carry to 11-20 #	<input checked="" type="checkbox"/>	
Carry 21-50 #		<input checked="" type="checkbox"/>
Carry over 50 #		<input checked="" type="checkbox"/>

Occasional twisting while working in patients’ rooms to work around tables and chairs while caring for the patient. Occasional stooping and/or bending to retrieve supplies from lower storage areas. Will push/pull patients and their limbs, as well as a variety of medical equipment on wheels, etc., continuous grasping and handling of medical supplies, equipment, medications and patient care items required for patient care. Will reach full range of motion with the majority of work being at waist level, with occasional reach over head to hang IV’s and below waist to measure and empty drainage units.

Continuous lifting of medical supplies and equipment weighing up to 5 lbs. Occasional lifting of PCA monitors and other equipment weighing up to 20 lbs. Occasional assisting of 2-person lifting of patients. Identifying specific weights lifted in a transfer is difficult because it is dependent upon the amount of assistance the patient is able to offer.

Continuous carrying of medical supplies and equipment weighing up to 5 lbs. Occasional carrying of items weighing up to 20 lbs. Will use carts to transport heavier items.

Working Environment: There are many settings in which the nursing student will experience, i.e., hospital, nursing home, public health, school setting, above which is in a hospital or nursing home setting. In that environment there is usually a nursing station area with patient rooms surrounding the area. The flooring often varies. This is an active, busy position requiring the ability to keep track of a large number of activities at a time.

Essential functions necessary for this program include the use of the senses to gather information, i.e., color changes in the skin, hearing heart and lung sounds through a stethoscope, palpating pulses, and feeling heat/cold skin. Will require the use of speech, reading, and writing to communicate with ability to synthesize information from a variety of sources and apply it in making decisions regarding client care. Must have emotional stability and flexibility to function effectively in situations of stress while placing client needs first.

This job may be modified: Yes No: During each shift the nursing students are assigned to perform patient care, which includes medication administration and direct care functions. Lifting assistance is usually available for items which are too heavy for one person. A person in this position could be relieved of emergency response duties, but would have to be prepared to administer emergency care if other personnel are not available to do so. Please be specific regarding any restrictions or modifications required.

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APPENDIX III

APPLICATION FOR LICENSURE AS A REGISTERED NURSE

ELIGIBILITY TO WRITE THE NATIONAL LICENSING EXAM FOR REGISTERED NURSES:

Registered Nurses are licensed by the State of Washington. In order to be eligible to write the licensing exam, students must graduate from a state-accredited nursing school.

Applicants must file their intent to take the exam 60 days prior to the expected date with a form supplied by the Associate Dean for Nursing. The exam fees must be paid at the same time.

Graduating students must answer the following questions, which are excerpted from the Nursing Practice Law:

1. Do you have a medical condition, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.

- **“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered “yes” to question 1 explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting, or manner of practice has reduced or eliminated the limitations caused by your medical condition.

If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way, which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.

- **“Currently”** means within the past two years.
- **“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?

4. Are you currently engaged in the illegal use of controlled substances?

- **“Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- **Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

Personal Data Questions

6. Have you ever been found in any civil, administrative, or criminal proceeding to have:
 - a. Possessed, used, prescribed for use, or distributed controlled substances for legend drugs in any way other than for legitimate or therapeutic purposes?
 - b. Diverted controlled substances or legend drugs?
 - c. Violated any drug law?
 - d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements.
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

Students who answer “yes” to any of the questions, should make early application to the Washington State Nursing Commission. The Commission acts on each case individually at the time of application for licensure. Provide an explanation and copies of all judgments, decisions, orders, agreements, and surrenders.

A dishonest answer to any of the questions is grounds for revocation of a license in and of itself.



**APPENDIX IV
AUTHORIZATION TO RELEASE INFORMATION**

In accordance with the Family Educational Rights and privacy Act (FERPA), the college will not provide information contained in student records in response to inquiries unless the student has given written consent to the College.

The student should allow a **minimum of two weeks** for faculty to write letters of reference.

By signing this document, I _____ hereby authorize
(print your name)

- Any Nursing faculty or staff member, *or*
- Only the following instructor(s): _____

at Tacoma Community College to release the following reference information to:

- Any prospective employer
- Any educational institution to which I seek admission
- Any organization considering me for a scholarship or award
- ONLY the following agency/person(s): _____

Date of Release: Indefinite
 For this specific time frame: _____

I authorize release of the following levels of information **(check all that apply)**:

- Student level of completion only (no information on performance)
- Program performance information (May include GPA), including level of completion
- Reference may be given by written or verbal request.

If a written reference is requested, check all that apply **(and complete page two)**:

- Please write a generic letter and leave in the Building 13 reception desk pick-up box.
- Please write a letter and send it to (student requesting the letter is responsible to provide the correct name and address):

Name: _____

Agency: _____

Address: _____

Signature

Date

SID #

Letters for scholarship:

Please indicate the name of the scholarship and a brief summary of why you think you should be selected for the award.

Letters for prospective employers:

Please indicate who you want the letter addressed and/or what job you are applying for and how you may be uniquely qualified for the position:

Is there any additional information you think would be helpful?

If you need more space for any section, please attach a separate sheet of paper.

APPENDIX V

INVASIVE PROCEDURES POLICY

General Information:

During the nursing program you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training procedures. As part of your learning activities you may be asked to perform specific skills or be asked to be the subject of specific skill practice by other students.

Learning activities that use human subjects shall be conducted under the supervision of the instructor who has been assigned to teach the course. Before involvement as a human subject, a student must willingly give informed consent. If under the age of eighteen, informed consent must be obtained from the parent or the legal guardian unless the participant is determined to be an emancipated minor.

Benefits:

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

Risks/Discomforts:

Participation may create some anxiety for you. Some of the procedures may create minor physical or psychological discomfort. Specific risks/discomforts are listed below.

Your Rights:

You have the right to withhold consent for participation and to withdraw consent after it has been given for any reason. If you withhold consent, you will be required to participate in an alternative learning experience. If you do not participate in either the planned or the alternative activity, you will not be able to successfully complete the course. You may ask questions and expect explanations of any point that is unclear.



APPENDIX VI

INFORMED CONSENT FOR COURSEWORK REQUIRING HUMAN SUBJECTS

The use of human subjects for educational purposes carries with it the responsibility to protect the rights, well-being, and personal privacy of individuals; to assure a favorable climate for the acquisition of practical skills and the conduct of academically-oriented inquiry, and to protect the interests of the institution. Some Nursing Program courses involve classroom, laboratory, and clinical activities where learning by students requires the use of fellow students as part of the training procedures and/or demonstrations.

LABORATORY TESTING OF BODY FLUIDS: Involves working with body fluids (such as blood and urine) obtained from fellow students within the classroom laboratory.

Possible risks and discomforts:

1. Exposure to infection carried by body fluids.
2. Injury while handling laboratory equipment.

Benefits:

1. Participation in a learning experience necessary to become a nurse.
2. Acquisition of empathy for future patients undergoing testing.

Appropriate Alternatives: Simulated bodily fluids may be substituted to practice skills.

INJECTIONS: Involves being the recipient of up to two injections administered by a fellow student; intramuscular, subcutaneous, and intradermal. Each will contain sterile water or sterile saline and be given privately under the direct supervision of the course instructor.

Possible risks and discomforts:

1. Personal embarrassment.
2. Damage to nerve, muscle, or other soft tissue.
3. Introduction of infection into body tissues.
4. Pain resulting from the procedure itself.

Benefits:

1. Participation in a learning experience necessary to become a nurse.
2. Acquisition of empathy for future patients undergoing injections.

Appropriate Alternatives: Perform injections on injection models provided by the school.

VENIPUNCTURE: Involves being the recipient of one or more venipuncture procedure(s) performed by fellow students for the purpose of initiating intravenous access under the private and direct supervision of the course instructor.

Possible risks and discomforts:

1. Damage to nerve, muscle, or other soft tissue.
2. Introduction of infection into body tissues.
3. Pain resulting from the procedure itself.
4. Bleeding that may result in bruising.

Benefits:

1. Participation in a learning experience necessary to become a nurse.
2. Acquisition of empathy for future patients undergoing venipuncture.

Appropriate Alternatives: Perform IV skills on IV arms provided by the school.

APPENDIX VII
STUDENT PRACTICE EVENT EVALUATION TOOL (SPEET)

NCBON Just Culture STUDENT PRACTICE EVENT EVALUATION TOOL (SPEET)

Student Name:		Course: NURS			Date This Form Was Completed By Instructor: **			
Instructor Name:					Instructor on unit when incident occurred: Yes No			
Date Incident Occurred:		Shift Worked:			Date/Time Error Reported to Assoc. Dean:			
Approximate Time Error Occurred:		Facility/Location:			Date Assoc. Dean Reported to WSNOQAC:			
	Criteria	Human Error	At Risk Behavior			Reckless Behavior		Score
		0	1	2	3	4	5	
G	General Nursing Practice	No prior counseling for practice related issues	Prior counseling for single <u>non-related</u> practice issue.	Prior counseling for single <u>"related"</u> issue.	Prior counseling for <u>"same"</u> issue.	Prior counseling for multiple related or non-related practice issues.	Prior counseling for <u>same</u> or <u>related</u> issue with no or little evidence of improvement.	
U	Understanding expected based on program level, course objectives / outcomes	Has knowledge, skill and ability - <i>Incident was accidental, inadvertent, or an oversight</i>	Task driven/rote learning. OR <u>Wrong action for this circumstance</u>	Failed to demonstrate appropriate understanding of option/resources. OR Aware of safety issues but in this instance <u>cut corners</u>	Understands rationale but failed to recognize situations in terms of overall picture or to prioritize actions. OR in this instance, failed to obtain sufficient info or consult before acting.	Able to recognize potential problems. In this instance <u>"negligent"</u> OR <u>failed to act according to standards</u> . Risk to client outweighed benefits.	Knows or should have known correct action, role and limitations. In this instance action was <u>"gross negligence / unsafe act"</u> and demonstrated no regard for patient safety.	
I	Internal Program or Agency Policies / standards / interdisciplinary orders	Unintentional breach OR No policy/standard/order available.	Policy not enforced. OR <u>Cultural norm</u> or common deviation of staff. OR Policy/order misinterpreted.	Student cut corners or <u>deviated</u> in this instance from policy/standard/order as <u>time saver</u> . - No evidence or suggestion of a pattern of behavior.	Aware of policy/standard/order but <u>ignored or disregarded</u> to achieve <u>perceived</u> expectations of faculty, staff, patient or others. May indicate pattern or single event.	Disregarded policy/standard/order for <u>own personal gain</u> .	<u>Maliciously</u> disregarded policy/standard/order.	
D	Decision / choice	Accidental/mistake/ Inadvertent error	<u>Advantages</u> to patient outweighed risk.	<u>Emergent situation</u> - quick response required	<u>Non-emergent situation</u> . Chose to act/not to act without weighing options or utilizing resources. Used poor judgement	Clearly a prudent student would not have done. <u>Unacceptable risk to patient/agency/public</u> . Disregarded for patient safety.	Conscious choice. Put own interest above that of patient/agency/public. <u>Egregious choice</u> . <u>Neglected red flags</u> .	
E	Ethics / credibility / accountability	Identified own error and <u>self reported</u> . Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Admitted to error and <u>accepts responsibility</u> . Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Acknowledged role in error but <u>attributes to circumstances</u> and/or blames others to justify action/inaction. Cooperative during investigation. Demonstrates desire to improve practice.	Denies responsibility until confronted with evidence. Reluctantly accepts responsibility. <u>Made excuses</u> or <u>made light of occurrence</u> . Marginally cooperative during investigation.	Denied responsibility despite evidence. Indifferent to situation. <u>Uncooperative</u> and/or <u>dishonest</u> during investigation	Took active steps to <u>conceal</u> error or <u>failed to disclose known error</u> .	

** Any event resulting in patient harm must be reported to the WA State Nursing Commission within two days.

Criteria Score: 0

NCBON Just Culture STUDENT PRACTICE EVALUATION TOOL (SPEET)

Mitigating Factors - check all identified	Aggravating Factors - check all identified
Communication breakdown (multiple handoffs, change of shift, language barriers)	
Unavailable resources (inadequate supplies/equipment)	Especially heinous, cruel, and / or violent act
Interruptions / chaotic environment / emergencies - frequent interruptions / distractions.	Knowingly created risk for more than one client.
Inadequate supervision by faculty or preceptor	Threatening / bullying behaviors
Inappropriate assignment by faculty or preceptor	Prior formal student disciplinary record for practice issue(s)
Policies / procedures unclear	
Client factors (combative/agitated, cognitively impaired, threatening)	
Non-supportive environment - interdepartmental/staff/student conflicts	Other (identify)
Lack of response by other departments/providers	
Other (identify)	
0 Total # mitigating factors identified	0 Total # aggravating factors identified

Criteria Score (from front page)	0
Enter Subtraction Points for Mitigating Factors: (subtract 1 point for 1 - 3 factors; 2 points for 4 - 6 Factors; and 3 points for 7 or more factors)	FALSE
Enter Aggravating Factors Points: (add 1 point for each identified factor)	0
Total Overall score	0

Human Error	At-Risk Behavior	Reckless Behavior
# criteria in green=___ IF 3 or more criteria in Green OR total score <8, address event by consoling student and/or developing remedial improvement plan with student	# criteria in yellow = ___ IF 3 or more criteria in yellow OR total score 8 - 19, address event by coaching student, possibly counseling, and/or developing remedial improvement plan with student	# criteria in red = ___ IF 3 or more criteria in red OR total score 20 or greater, consider disciplinary action and/or remedial action in addressing event with student

Note! Any event resulting in patient harm must be reported to the WA State Nursing Commission within two days.

Note: This SPEET is NOT used if event involves misconduct such as: academic cheating, confidentiality, fraud, theft, drug abuse, diversion, boundary issues, sexual misconduct, mental/physical impairment. Instead, these are managed through established mechanisms outside of this clinical framework.

Human Error = Inadvertently doing other than what should have been done; a slip lapse, mistake.

At-Risk Behavior = Behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.

Reckless behavior = Behavioral choice to consciously disregard a substantial and unjustifiable risk

Consoling = Comforting, calming; supporting student while examining event.

Coaching = Supportive discussion with the student on the need to engage in safe behavioral choices.

Remedial Action= A first step disciplinary action; putting the student on notice that performance is unacceptable.

Counseling = A first step to disciplinary action; putting the student on notice that performance is acceptable

Disciplinary Action=Punitive deterrent to cause student to refrain from undesired behavioral choices.

Briefly describe what happened:
How was the error discovered:

What action was taken by instructor at time of incident:
What other actions were taken:

APPENDIX VIII LEAVE FOR FAITH AND CONSCIENCE POLICY

PURPOSE

Per RCW 1.16.050 and Substitute Senate Bill 5173, to describe the availability of holidays for reasons of faith, conscience, or for organized activities conducted under the auspices of a religious denomination, church, or religious organizations.

TO WHOM DOES THIS POLICY APPLY:

All employees and enrolled students of Tacoma Community College.

REFERENCES

Substitute Senate Bill 5173 as it relates to respecting holidays of faith and conscience act; amending RCW 1.16.050 and 28A.225.010; adding a new section to chapter 43.41 RCW; adding a new section to chapter 28B.10 RCW; and adding a new section to chapter 28.18 RCW.

DEFINITIONS

Employees are persons officially employed at Tacoma Community College (represented exempt and classified employees must consult negotiated agreements for additional information).

Students are persons enrolled at the college.

Minor or underage students are persons enrolled at the college under the age of 18, and require parental permission.

Calendar year is identified as January 1 to December 31.

POLICY

College employees are entitled to up to two unpaid holidays per calendar year for a reason of faith or conscience or an organized activity conducted under the auspices of a religious denomination, church, or religious organization. The College must allow an employee to take their unpaid holidays on the specific days desired unless an employee's absence would unduly disrupt operations, impose an undue hardship on the College, or the employee is necessary to maintain public safety. Undue hardship shall have the meaning established in WAC 82-56-020. Employee seniority will not be impacted by absences authorized under this policy. Each holiday taken under this policy must be taken as a whole day, i.e. the day may not be divided into hours and taken piecemeal.

Students Tacoma Community College will grant reasonable accommodation so that grades are not impacted for students who are absent for reasons of faith or conscience, or for an organized activity conducted under the auspices of a religious denomination, church, or religious organization. Such absences must be requested in writing within the first two weeks of the quarter and may not incur additional fees for students. Faculty must include the approved language references this policy in their syllabi. This policy and the associated procedure will be posted on the institutional website. Students who have concerns about approval or a grade impact may utilize the [student grievance procedure](#) for concerns not directly related to grades, or to the [grade appeal process](#) in cases impacting a final grade.

Per RCW 1.16.050 and Substitute Senate Bill 5173 absences occurring under this policy shall not adversely impact a student's grade.

PROCEDURES

Purpose

The following outlines and establishes implementation procedures associated with the requesting of holidays for reasons of faith and conscience.

Employees must receive approval from their supervisor, by way of the college's electronic time system, at least 10 business days in advance of any desired unpaid holiday, unless the activity could not have been reasonably foreseeable within the 10 business days in advance. In such instances, the employee will submit the request as soon as practical. The supervisor will update the electronic time system to reflect the approved absence.

Students must submit a completed [Student Faith and Conscience Absence Notification Form](#) to the Enrollment Services Office, Tacoma Campus/Building 7, or to the Administrative Office at the Gig Harbor Campus. All requests for authorized absences under this policy must be in writing using the Absence Notification Form. The exception being students enrolled in online courses; these students would notify their instructor via Canvas and Enrollment Services with the date of absence for faith and conscience via email at enrollmentservices@tacomacc.edu. Underage students must have a parent or guardian sign the Absence Notification Form prior to it being submitted.

It is the student's responsibility to have their instructor contact Enrollment Services if the day/days have been rescinded. This must occur during the quarter of notified absence; the day/days will be forfeited if this does not occur.

It is the student's responsibility to notify each of their instructors.

Per RCW 1.16.050 and Substitute Senate Bill 5173 absences occurring under this policy shall not adversely impact a student's grade.



6501 South 19th Street
Tacoma, WA 98466
www.tacomacc.edu

**Student Faith and Conscience
Absence Notification Form**

Office Use Only
Not Valid Without Official Stamp

Per RCW 1.16.050 and Substitute Senate Bill 5173 absences occurring under this policy shall not adversely impact a student's grade.

Instructions:

- As a student, it is your responsibility to work with your instructors
- Submit the completed Absence Notification Form to the Enrollment Services Office, Tacoma Campus/Bldg. 7 or to the Administrative Office at the Gig Harbor Campus prior to absence. Students taking online courses must notify their instructor via Canvas and Enrollment Services of date of absence via email at enrollmentservices@tacomacc.edu.
- This requested day will be recorded as an absence and documented by Enrollment Services. If the day is rescinded, it is the student's responsibility to have their instructor(s) contact enrollment services with the correction. This must be done in the quarter of the notified absence or the day will be forfeited.
- Please have faculty sign this form as acknowledgement of noted dates and retain a copy for your own records.

Date of Request:	
Student Identification Number:	
Student Name:	
First Faith and Conscience Day:	
Second Faith and Conscience Day:	

Acknowledgement:

Class:	Faculty Signature:	Date:
Class:	Faculty Signature:	Date:
Class:	Faculty Signature:	Date:
Class:	Faculty Signature:	Date:
Class:	Faculty Signature:	Date:

Student or Parent/Guardian Signature: (If under 18 years of age)	Date:
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Form adoption date: September 2015

APPENDIX IX

PREGNANT STUDENT AVOIDANCE OF OCCUPATIONAL HAZARDS

Pregnancy Guidelines: A student in the Nursing program who has reason to believe she may be pregnant has the option of voluntary disclosure to the Nursing Program Associate Dean or designee. Such voluntary formal notification is requested in order that the program has the pertinent information needed to limit occupational hazards to the developing fetus.

Upon voluntary formal notification of the pregnancy, the Associate Dean or designee will advise the student of her option to take a leave of absence or remain in the program with any modifications as identified at the time of notification. The student will be asked to sign a statement indicating that she has received information and was advised on any necessary precautions required during the course of the pregnancy.

Students who have disclosed they are pregnant will not be asked to participate in known occupational hazards for pregnant women. They will be asked to present an accommodations form to each clinical instructor. Note not all hazards are known.

Rationale:

The intent of the guidelines is to protect the unborn child, not to prohibit the practice of nursing by the student. Our guidelines express the faculty's concern for the well-being of its students.

Overview of the Process:

1. Student voluntarily discloses to Associate Dean of Nursing they are pregnant through the completion of the Declaration of Pregnancy Form.
2. Associate Dean counsels student regarding occupational hazards and appropriate precautions.
3. Student signs Pregnancy Policy Counseling Form indicating they have received counseling about the hazards.
4. Associate Dean completes the Pregnancy Accommodation Form and gives a copy to the student who is instructed to give it to her clinical instructor before their first/next clinical.
5. When receiving the form from the student the clinical faculty members(s) sign the form and give a copy to the student and the Associate Dean.
6. The Associate Dean places a copy of all three signed forms in the student's electronic file.

Faculty Guidelines:

1. If faculty is informally notified by the student, they will refer the student to the team leader or Associate Dean of Nursing/designee so the above process can be followed.
2. Faculty will make accommodations to the pregnant student, taking into consideration known hazards listed below. If the faculty has questions about what accommodations to make, they are to consult with the Associate Dean.

Know Hazards:

1. Infectious Diseases:
 - a. Strongly advised to get applicable immunizations (Hep B, Influenza, MMR, Varicella)
 - b. Consistent adherence to universal precautions
 - c. Minimize work to home contamination (change out of clinical clothes before entering home, laundering and storing clinical and non-clinical clothing separately)
 - d. May modify clinical setting to reduce occupational exposure depending on immunity or stage of pregnancy.
 - e. High alert infectious diseases: CMV, Parvovirus B19, influenza,
2. Pharmaceutical agents:
 - a. There are specific drugs that have been identified as impacting the reproductive and fetal development. Pregnant students in the clinical setting will not be required to administer the following agents.
 - I. Antineoplastic agents
 - II. Aerosolized agents such as pentamidine, ribavirin
 - III. Waste anesthetic gases (in operating rooms, recovery room and post anesthesia care units)
 - b. Organic Solvents-many are tetratogenic and embryotoxic
 - I. Examples acetone, benzene, chloroform, ethanol, methanol, formaldehyde, gasoline and industrial glues.

- II. To limit exposure wear solvent resistant gloves and protective clothing.
- 3. Ionizing Radiation-Radiology, nuclear medicine, positron emission tomography, gamma ray cancer therapy and cardiac catheterization all emit ionizing radiation.
 - a. Pregnant students are to be removed from clinical situations that are known to expose them to ionizing radiation.

REFERENCES:

CDC: <https://www.cdc.gov/vaccines/pregnancy/pregnant-women/index.html>

National Institute for Occupational Safety and Health
Occupational Safety and Health Administration
Association of Perioperative Registered Nurses
American Nurses Association
Health Canada
March of Dimes Foundation
Motherisk Program at the Hospital for Sick children. Toronto Canada
(AJN January 2011 Vol 111, No1)





DECLARATION OF PREGNANCY

To: Associate Dean of Nursing/Designee

From: _____

I am voluntarily declaring that I am pregnant. In consultation with my physician, we estimate my delivery date to be:

_____, _____
Month Year

I will review the program policy in regard to pregnancy (student handbook). I understand that pregnancy may require changes in the clinical setting.

If I find out that I am not pregnant or if my pregnancy is terminated, I will promptly inform the Associate Dean in Nursing/designee in writing that my pregnancy is ended. (This statement may be crossed out by the student if desired.)

Student Signature

Date

Name Printed

SID #

Acceptance by Associate Dean in Nursing/designee

Associate Dean Signature

Date



PREGNANCY POLICY COUNSELING FORM

In signing this form, the declared pregnant student acknowledges that:

- A. She has read and understands the Pregnant Student Avoidance of Occupational Hazards Guidelines for pregnant Nursing students.
- B. She has read and understands Occupational Hazards for Pregnant Nurses-Finding a balance between service and safety. AJN January 2011 Vol 111, No 1
- C. The Associate Dean or designee has informed her of proper protection practices to follow during pregnancy.
- D. The Associate Dean or designee provided her an opportunity to ask questions and the questions were satisfactorily answered.

Student Comments:

Student Signature _____

Name Printed _____ SID # _____

Date: _____



PREGNANCY ACCOMMODATION FORM

DATE: _____

INSTRUCTOR AND COURSE: _____

STUDENT NAME: _____

This student has voluntarily disclosed that she is pregnant with an identified delivery date of _____. Upon voluntary formal notification of the pregnancy, the student has received counseling and was advised on any necessary precautions required during the course of the pregnancy.

Students who have disclosed they are pregnant will not be asked to participate in known occupational hazards for pregnant women. This note is intended to begin the process of working with you on what adjustments will be needed for this student.

Student Associate Dean of Nursing _____
Date

SID # Instructor _____
Date

Instructor _____
Date

APPENDIX X

SIMULATION AND SKILLS LABS RULES

The Simulation Lab is a patient care area and your professionalism and attention is needed at all times. Due to this being a “realistic” patient setting, as well as a facility with expensive state-of-the-art simulators, all faculty, staff, and students must adhere to the following rules:

1. Students will wear lab coats/uniform when in the Simulation Lab for class or for self-practice.
2. Absolutely no food or drink (including water) will be allowed in the Simulation Lab.
3. Drinks are allowed in the Skills labs, but must be kept at the drink stations.
4. Do not use ink pens when working with the manikins/simulators. Ink permanently stains them.
5. Manikins should be treated like people. Do not misuse them or leave them exposed.
6. **Do not ever** move any of the manikins/simulators in the Simulation Lab.
7. Manikins can be moved in the Skills Labs only under the supervision of the Lab Coordinator, Simulation Technician, or faculty. Equipment, particularly the simulation manikins, are very expensive and need to be treated with care.
8. Providone Iodine (betadine) will permanently stain the manikins. Therefore, DO NOT use betadine on them or any of the training models.
9. Any damage to any equipment or space should be **immediately** reported to the Instructor, Lab Coordinator, or Simulation Technician.
10. Large spills and/or hazardous waste contamination should be reported immediately to the instructor, Lab Coordinator, or Simulation Technician.
11. Supplies for each lab will be available in a designated area, cart, or bin and will be set-up by the Lab Coordinator, Simulation Technician, or work study student before each class per the faculty instructions.
12. Please be respectful of other groups that will be working in close proximity to you and try to keep noise to a minimum.
13. Please treat all AV equipment as if it were your own. Students and instructors experiencing a problem with the equipment are to notify the Lab Coordinator or Simulation Technician. They will be responsible for troubleshooting the issue or notifying the IT department. Following this process will help facilitate the tracking of the resolution of the issues.
14. Unsterile or outdated supplies CANNOT be used invasively on other students.
15. If faculty have questions about lab equipment or supplies for the class, they should follow-up with the Simulation Technician or Lab Coordinator. Students should follow-up with their instructor.

At the end of each Skills Lab, the instructor and students should:

- Return the equipment and **unused** supplies to the original location/cart/bin.
 - Garbage should be placed in a garbage can.
 - All sharps and hazardous wastes should be placed in the appropriate receptacles.
 - Beds should be made and the head of the bed lowered.
 - Chairs removed from the classroom must be returned to the original location.
 - The room must be left tidy and clean for the next class or person using the area.
16. The last five minutes of class should be designated for clean-up. Remember, the next instructor may not be using the same equipment or be teaching the same skills. There is absolutely no acceptable reason for leaving the lab in disarray. Faculty who experience a disregard for this rule by others are encouraged to advise the Lab Coordinator or the Associate Dean.

At the end of each Simulation Lab, the instructor and students should:

- Return the equipment and **unused** supplies to the original location: cart/bin/etc.
 - Garbage should be placed in a garbage can.
 - Beds should be made and the head of the bed lowered.
 - Chairs removed from the classroom must be returned to the original location.
 - The room must be left tidy and clean for the next class or person using the area.
17. Students must respect instructions by lab personnel and faculty. Anyone who is non-compliant will be asked to leave the learning environment immediately.

APPENDIX XI

SOCIAL AND ELECTRONIC MEDIA POLICY

Purpose:

The TCC Nursing Program supports the use of electronic and social media, as it sees this as a powerful tool in building professional connections and creating supportive learning communities for students. It is important that clear expectations of use for students are set to promote student success and to build the foundation for professional practice responsibilities in this area. This policy applies to all nursing school-related discussions on social media sites and/or activities/discussions in or about clinical and didactic course activities. Distribution of personal information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

Definition:

Social media is a collection of online platforms and tools that people use to share content, profiles, opinions, insights, experiences, perspectives and media itself, facilitating conversations and interactions online between groups of people. Examples include but are not limited to LinkedIn, blogs, Facebook, YouTube, etc. New technologies/platforms are always emerging and the intent of this policy is to be protective of personal and confidential information, regardless of the platform.

Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and college reputations.

Electronic Media is defined as video recordings, audio recordings, multimedia presentations, CD's, flash drives, etc.

Policy:

1. Protect confidential, sensitive, and proprietary information. Do not post confidential or proprietary information about the college, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a Tacoma Community College student.
2. Respect copyright and fair use laws or regulations. When posting, be mindful of the copyright and intellectual property rights of others.
3. Do not use Tacoma Community College logos and graphics on personal social media sites. Do not use TCC's name to promote a product, cause, or political party or candidate.
4. It is expected that during clinical rotations, use of tablets/smart phones and other devices employed for social media will be used only as authorized by TCC faculty and/or the clinical facility's policies. It is expected that the cell phone aspect of the device is silenced.
5. No personal phone conversations or texting are allowed at any time while in patient/client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom and respond as deemed necessary.
6. Use of computers (Tablets, Smart phones, Notebooks, etc.) during class shall be restricted to note taking and classroom activities.
7. No student shall video or audio record instructors or fellow students for personal or social media use without the express written permission of the instructors or fellow students.
8. At NO time shall patients/clients be videotaped, audio recorded or photographed.
9. At NO time may you print and or download patient information at a clinical facility on to electronic devices for use at home later.
10. Students may not utilize personal electronic devices [specifically laptops, net books, cell phones] to collect patient data in a clinical facility without the expressed permission of the instructor.
11. HIPAA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
12. Students must promptly report any identified breach of confidentiality or privacy to the Associate Dean for Nursing or Lead Faculty.

Ultimately, **you have sole responsibility** for what you post. Be smart about protecting yourself, your and others' privacy, and all forms of confidential information.

Consequences:

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

Each facility at which students work and perform their clinicals has policies and procedures. You are required to be familiar with and comply with them.

Note that the facility policy will supersede TCC Nursing program policy.

Nursing students are prohibited from transmitting by way of any electronic media any patient-related information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the patient – regardless of whether the patient can be identified or not.

- Consult employer policies or an appropriate leader within the organization for guidance regarding work-related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding the use of employer-owned or personal computers, cameras, and other electronic devices and the use of personal devices in the workplace.
- Do not make disparaging remarks about employers or coworkers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic, or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so, and follow all applicable policies of the employer.



APPENDIX XII

SUBSTANCE ABUSE POLICY

General Policy Statement

All students are expected to perform their clinical activities efficiently and safely without the influence of drugs or alcohol.

The following actions/conditions are prohibited.

- Deficient clinical performance due to use of drugs and/or alcohol.
- Reporting for a clinical session with the odor of alcohol, marijuana, or illegal chemicals on the breath or person.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
- Removing any drug from the institution or patient supply for any reason.

All students have a responsibility to notify their instructor(s) if they are taking any medications.

Purpose:

To protect the welfare of patients, students, instructors, Tacoma Community College, and affiliating clinical facilities.

Procedure

All questionable student behavior will be dealt with through the following procedure:

1. If clinical performance is adversely affected by a prescribed medication, the student will be sent home and be considered ill.
2. If an instructor observes behaviors that cause suspicion of chemical impairment on the part of the student, the student consents to undergo immediate drug/alcohol testing at the site designated by the instructor. The expense for such testing will be borne by the student. If the student refuses testing, he/she will be dismissed from the program on the grounds of implied admission to substance use. In the event of suspected use in the clinical setting, the instructor has the right to confiscate the substance for identification.
3. All tests will be processed using identification other than the student's name. All tests and test results will be considered confidential and will not be shared with anyone not directly involved with making decisions about the student's status in the Nursing Program. The test results will be filed in the office of the Associate Dean for Nursing apart from the student's academic file.
4. The student will be barred from attendance at clinical sessions until the test results have been received by the Nursing Program.
 - a. If test results are negative, the student may return to clinical practice.
 - b. If test results are positive, the student will be dismissed from the program on the grounds of substance abuse.
5. Should an incident occur after the student has shown negative testing results and the results are again negative, the student will be barred from clinical practice until the cause of the problem has been determined.

Any student dismissed from the program for substance use may apply for readmission with evidence of having successfully completed a treatment program. Other aspects of the readmission process will be handled under the standard procedures for readmission.

APPENDIX XIII
SIMULATION CONFIDENTIALITY POLICY

Confidentiality is essential to the learning process with simulation. Therefore I understand and agree to the following:

1. All bedside activities in the Simulation Lab and Skills Labs are video-taped 24 hours a day.
2. Faculty determine viewing privileges. Students may only view videos in which they appear unless, for educational purposes, the instructor allows group viewing.
3. For skills validation recordings, instructors will only give viewing privileges to the student being validated. No other student will be given access to another student's validation video. Other staff or faculty can be given access if needed for program/curriculum evaluation and assessment.
4. Faculty may require students to view their videos outside of class. It is the students' responsibility to obtain a copy of their video and must provide their own flash drive (minimum 16 GB suggested). Downloads can be done at any computer in Building 13. They cannot be downloaded off campus.
5. I agree not to discuss the events of simulations or the debriefing sessions with anyone other than the students and faculty who participated in these simulation(s).
6. I agree not to disclose the events, discussions, and/or materials used in the simulated clinical experience. Any simulation photos or video recordings may not be used in social media of any kind at any time. Any student(s) found to be disclosing or disseminating any materials or events regarding any simulated clinical experiences will be subject to disciplinary actions including, but not limited to, course failure and removal from the nursing program without ability to return.
7. I permit these photographs or audio/visual recordings to be published and reproduced for educational or marketing purposes.

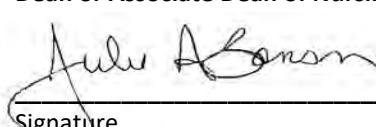
I have read and understand the above Confidentiality and Policy Statement. I acknowledge that any breach of the above is considered very serious and may result in dismissal from the TCC nursing program.

Print Name

Date

SID # _____

APPENDIX XIV NURSING STUDENTS WITH POSITIVE BACKGROUND CHECK RESULTS POLICY

	<p style="text-align: center;">Dean or Associate Dean of Nursing Authorization:</p> <div style="text-align: center;"> _____ Signature 12.21.16</div>
--	---

General Information:

The [Child/Adult Abuse Information Act](#), RCW 43.43.830 through 43.43.845, requires that anyone having unsupervised contact with a vulnerable adult or a child must have a criminal history background check. If this check reveals a conviction for a crime against a vulnerable adult or child, the nature of the crime and the time since the conviction of the crime are both significant in a determination of whether contact can be permitted.

WAC 388.113.0020 defines criminal convictions and pending charges that automatically disqualifies an individual from having unsupervised access to adults or minors who are receiving services in a program under chapter 388-71 and 388-107.

Based on this requirement, both faculty and students in nursing programs are required to have background checks for access to patients in most clinical agencies.

A check of a student's background for criminal history information will be required at the time of admission. In addition, a Disclosure Statement to grant TCC a limited agency must be signed prior to beginning the nursing program. Certain crimes on the record may hinder the student's ability to achieve course expected outcomes and clinical agencies may or may not allow a student to enter their facility due to the results of the background inquiry.

The clinical agencies requirements are outlined in the Clinical Placement Northwest Clinical Passport. The Clinical Passport represents the minimum standards for health and safety requirements for all students and clinical faculty prior to their clinical placement in the regions' healthcare systems. The passport requires the following:

- a. Completion of a National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/hire to the program which includes all counties of residence and all Washington State counties (per RCW 43.43.830)
- b. Completion of an Office of Inspector General (OIG) background screen - List of Excluded Individuals and Entities (LEIE).
- c. Completion of a General Services Administration (GSA) background screen – Excluded Parties List Search (EPLS).
- d. The Washington State Patrol Background Check (WATCH) will occur annually thereafter.

Additional checks that may be required:

- a. Long-term rare clinical agencies are required to run the DSHS background check on students.
 - <https://www.dshs.wa.gov/fsa/background-check-central-unit/disqualifying-list-crimes-and-negative-actions>

PURPOSE: The policy outlines the student background screening requirements to be eligible to attend clinical courses in the TCC Nursing Program as well as the steps to be followed by students whose screenings reveal a negative finding.

DEFINITIONS:

Background Check: The process of researching and compiling criminal, commercial, and financial records of an individual or organization.

General Services Administration (GSA) & System Awards Management (SAM): The Excluded Parties List Search (EPLS) required includes information regarding entities debarred, suspended, proposed for debarment, excluded

or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits. By definition, debarred or suspended vendors listed on the Excluded Party Listing Search (EPLS) are not responsible contractors. Thus, regardless of the dollar value of a contract, the EPLS should be consulted to ensure that the vendor is not listed. The United States General Services Administration (GSA) oversees contracts with the Federal government. Clinical sites ask TCC to ensure that no party listed on the Federal Government's Excluded Parties List is awarded a contract funded with Federal funds as they cannot have any students in the clinical site that would affect their federal funding.

Office of Inspector General (OIG): OIG has the authority to exclude individuals and entities from federally-funded healthcare programs pursuant to sections [1128](#) and [1156](#) of the [Social Security Act](#) and maintains a list of all currently excluded individuals and entities, referred to as the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP).
HYPERLINK "http://www.ssa.gov/OP_Home/ssact/title11/1128.htm"
HYPERLINK "http://www.ssa.gov/OP_Home/ssact/title11/1156.htm"
HYPERLINK "http://www.ssa.gov/OP_Home/ssact/"

County Criminal History: This search provides the most current, complete criminal information directly from county courthouses. Results include: number of years searched, case number, charges, dispositions, dates, sentencing details, and more. The standard scope for this search is seven years, with extended searches available in some jurisdictions.

National Criminal Database: The nationwide scope of this search provides a broad view of your candidate's criminal history. This search draws from over 505 million records from thousands of jurisdictions, including databases with terrorist and sex offender information.

National Sex Offender Public Registry: This registry includes sex offender information from the federal government and agencies from all 50 states. Maintained by the U.S. Department of Justice, the public registry returns sex offender profiles, including up to level three offenders.

FACIS (Fraud and Abuse Control Information): This system identifies any wrong actions of individual and entities in the healthcare field. This includes information on disciplinary actions ranging from exclusion and debarments to letters of reprimand and probation.

ID Trace (Address Trace): This search reveals current/former residences and aliases. These are used to run other background checks.

WATCH: This statewide criminal search provides an overview of criminal history in a specific state. The standard scope is seven years, with extended searches available in some jurisdictions.

Background Check Central Unit (BCCU) of DSHS: This search reports background check information from the following sources:

- Applicant Self-Disclosure - Current and previous background check self-disclosures
- Department of Corrections (DOC) - Conviction information
- Federal Bureau of Investigation (FBI) - National conviction information, arrest and pending charges, and national sex offender registry
- Negative Actions - Aging and Long-Term Support Administration (AL TSA)/Resident and Client Protection Program, AL TSA/Adult Protective Services, Children's Administration/Child Protective Services, and Department of Health (DOH) including, out-of-state service provider and professional license status
- Washington State Courts and other state court systems
- Washington State Patrol (WSP) - WA State conviction information, arrest and pending charges of less than 12 months, DOC activity, and registered sex offender status
- Western Identification Network (WIN) - State police records from Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Wyoming

TO WHOM DOES THIS POLICY APPLY:

Any student accepted into the TCC Nursing Program.

POLICY:

1. All students are required to complete a background check per the regional clinical passport produced by Clinical Placement Northwest (CPNW).
2. Criminal background check *findings* are considered an “exception”. This requires a review by TCC Nursing Program leadership in the context of the criteria that the Washington State Nursing Care Quality Assurance Commission (WSNCQAC) utilizes to approve or deny applications for licensing. (RCW 18.130.050 (13) <https://www.doh.wa.gov/Portals/1/Documents/6000/A21.07.pdf>)
 - a. The Associate Dean is given the summary sheets of all students who have an exception listed on their background check.
 - b. The nursing program will notify the student of the exception and will provide a copy of the report and the contact information for the background check entity used if the student does not have access. Exception: the student will need to request a copy of the BCCU DSHS results independently.
 - c. The student will be invited to meet with the Associate Dean for Nursing to review the exception(s) and will be provided the opportunity to dispute the finding(s). If the dispute results in a different finding the student may request that the Associate Dean for Nursing reconsider his/her status in the program.
 - d. A final determination is made based on if the exception disqualifies the student for clinical placement using WSNCQAC Procedure A21.04. Notification of the final determination to the student will include whether the criminal conviction will disqualify them from working with children or vulnerable adults and if it will preclude licensure.
 - i. Automatically disqualifying felony convictions would make the student ineligible for any clinical agency and ineligible for licensure. Based on this, the student will not be admitted to the program or, if already admitted, admission will be withdrawn.
 - ii. Students with other exceptions will be notified that the program cannot guarantee the ability to place them in clinical settings throughout the program as individual agencies are in control of who they allow to provide care in their facility.
 - e. After determined to be ineligible, the student may then seek permission to be placed at a clinical facility by submitting a letter of explanation and a copy of the background check findings to the Associate Dean for Nursing. After review, the Associate Dean will forward this request to the healthcare facility for their review and consideration. Note: An agency may legally deny an individual with disqualifying convictions, but it is not required to do so.
 - f. If the student is not approved, the program will make a reasonable attempt to identify an alternative clinical location for the student, but is not obligated to do so.
 - g. If successful, the student will be notified of their ability to participate in the program by the Associate Dean for Nursing.

REFERENCES:

US Attorney General (2006), The Attorney General’s Report on Criminal History Background Checks. U.S. Department of Justice, Office of the Attorney General, online.

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Farnsworth, J. & Springer, P.J. (May-June, 2006) Background Checks for Nursing Students: What Are Schools Doing? Nursing Education Perspectives. 27(3), online.

Hopkins, N & Thomas, K. (October 2013) Developing Guidelines for Evaluating the Results of Criminal Background Checks. 4(3): 44-48

Jones, M. M. & Weninger, R. A. (2007), Student criminal background checks: considerations for schools of nursing. Journal of Nursing Law 11(3): 163-170.

Initial Adoption Date: 12.21.16

Prior Revision Dates:

Last Revision Date:

APPENDIX XV

POLICY FOR PERSONAL ELECTRONIC DEVICE USAGE IN CLINIICAL SETTINGS

The TCC Nursing Program supports the use of electronic devices in the clinical setting as a tool for enhancing learning and as a foundation on which students will build skills for professional responsibilities in this area. Electronic devices include personal computers, tablets/iPads, or smart phones.

1. Electronic devices that can be used in a clinical setting will be identified by the students' clinical instructor. These devices may not be used for personal or social business while in clinical.
2. The clinical facilities and/or Tacoma Community College are not responsible for lost or stolen items. Each student is responsible for his/her own devices.
3. Students will store and secure valuables according to facility policy in areas/lockers provided.
4. Cleaning responsibility for student computers, iPads, tablets, or smart phones used in clinicals is to be performed by the individual owner or user.
5. If allowed by the instructor, the following will apply to these devices:
 - a. At no time will students connect personal devices into the clinical facility's internal computer network system. Students may use public/patient access wireless networks and approved web based applications.
 - b. Students will comply with HIPAA guidelines and will not enter any personal patient identifiers on personal electronic devices.
 - c. Students will not use any camera function on personal electronic devices while at clinical facilities.
 - d. Students will not use personal electronic devices in an isolation room.
 - e. Students will be familiar with and follow the Social and Electronic Media Policy. See Student Handbook.
 - f. All equipment and electronic devices that have been used must be cleaned between patients as follows:

Cleaning Procedure for Critical Items:

6. Personal-use computers:
 - a. Should be cleaned daily, when visibly soiled, or if contaminated with blood/body fluids.
 - b. Using a CDC-approved detergent/disinfectant, wipe the device clean with a washcloth (dampened with the germicidal solution).
 - c. Use moistened cotton-tipped applicators to clean the keyboard, covering creases if necessary.
 - d. The monitor should be cleaned with a manufacturer-approved cleaning solution.
 - e. Plexiglass monitor shields may be cleaned with wipes which will not disrupt the clarity of this surface.
7. Tablets/iPads
 - a. Clean the glass surface of tablet/iPad display with a manufacturer-approved solution.
 - b. Plexiglass monitor shields may be cleaned with wipes which will not disrupt the clarity of this surface.
8. Smart Phones
 - a. If enclosed in a protective case, wipe the device clean using a CDC-approved detergent/disinfectant.
 - b. Clean the glass surface of phone display with a manufacturer-approved solution.

Non-Critical Items

Non-critical items, as defined by the CDC, come in contact with intact skin but not with mucous a membrane. Soiled environmental surfaces can be a source of contamination to hands or other objects which may have contact with the patient. Use a CDC-approved detergent-disinfectant regularly to clean and disinfect surfaces. Examples of non-critical items include, but are not limited to: stethoscopes, blood pressure cuffs, countertops, portable pumps, toys (stuffed toys should not be shared), and assistive devices such as crutches.

References

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>

APPENDIX XVI
MEDICAL RELEASE FORM



Medical Release Form

Student: Review the Essential Functions listed below and then have your healthcare provider complete this form and return it to the Associate Dean for Nursing.

Healthcare Provider: The student below is seeking a medical release to return to their nursing classes held on campus in a classroom setting and clinical rotations held in medical facilities. Please review the essential functions required for students to function in the program (below) and then indicate if this student is able to return to their program studies.

Student Name: _____ **SID#** _____

Category	Essential Function
Visual	Read fine print; read data displayed on a monitor/equipment; observe and discern physical characteristics and changes in these; readily discern and respond to objects in the environment.
Auditory	Effectively process sounds in the environment, including those heard through a stethoscope; effectively communicate with others.
Tactile	Discern tremors, vibrations, pulses, textures, temperature, shape, sizes, location, and other physical characteristics.
Olfactory	Detect odors in the environment.
Communication	Verbally and in writing, engage in two-way communication in English; effectively read, write, and comprehend the English language.
Interpersonal Relationships	Work effectively in groups and independently; function effectively in situations of uncertainty and stress. Must possess skills necessary for effective and harmonious relationships in diverse academic and clinical environments.
Cognitive Thinking	Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical decisions in a variety of healthcare settings.
Motor Function	Coordinate hand/eye movements; coordinate fine and gross motor hand movements; handle small delicate equipment/objects without contamination or destruction; move, position, transfer, and assist with lifting and ambulation without injury to clients, self, or others; maintain balance; respond rapidly to emergency situation; lift and/or carry objects weighing up to 25 pounds; stand, bend, and walk for prolonged periods of time; perform physical activities requiring energy without jeopardizing the safety of the client, self, or others; function with hands free for nursing care and transporting devices; handle multiple tasks concurrently.
Emotional/Behavioral	Must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities for the diagnosis and care of patients and families.

Classroom Setting: Able to return to theory courses held in a classroom setting on _____ (date).
 Not able to return to theory courses at this time.

Clinical Setting: Able to return to clinical courses held in medical facilities on _____ (date).
 Not able to return to clinical courses at this time.

Healthcare Provider Name: _____ **Phone:** _____ **Date:** _____
Print Name

Healthcare Provider Signature: _____

APPENDIX XVII

INFECTIOUS WASTE MANAGEMENT PLAN AND PROCEDURES

All faculty, staff, and students that generate or handle infectious waste at Tacoma Community College (Facilities Department, HBPS and Science Divisions) are responsible for reading, understanding, and implementing the following infectious waste management procedures. The persons responsible for implementing the infectious waste procedures are:

- Krista Fox, Dean for Health, Business & Professional Services
- **Stephanie Thompson, Health Sciences Coordinator**
- Joseph Shannon, Dean for Mathematics, Sciences and Engineering
- Lora Oas, Laboratory Technician, Sciences and Engineering Department
- Greg Carter, Program Chair, Respiratory Therapy Program
- Mike Mixdorf, Program Chair, Radiologic Sciences Program
- Melissa Stoddard, Program Chair, EMS/Paramedic Program
- **Julie Benson, Associate Dean of Nursing**
- Bruce Simonetti, Facilities Manager

All staff dealing with infectious waste must be provided with training on the local infectious waste management plan and in-house procedures **at least annually**. **Verification of this training will be documented by signature in the training log.** Program/Department Chairs are responsible for providing and verifying training to students and full or part-time faculty on an annual basis.

Definition: *Infectious waste is an untreated solid waste capable of causing an infectious disease via an exposure to a pathogenic organism of sufficient virulence and dosage through a portal of entry in a susceptible host.*

Infectious waste generated at Tacoma Community College includes the following types:

1. Sharps (i.e. needles with syringes, scalpel blades, glass slides, etc.)
2. Blood, blood saturated gauze, bandages
3. Gloves and other protective devices
4. Microbial Cultures.

PROCEDURES

The following is an explanation of the infectious waste management plan.

- A. Sharps will be segregated and collected in plastic needle boxes provided. Sharps include all items of glass, needles blades, etc. Saturated dressings, gauze and gloves will be segregated and collected in a trash container lined with a red plastic bag.
- B. **Sharps containers and red bag containers are found in the following locations:**
Bldg. 13 Rooms 8, 28, 245, and 331, 336, 348, 349, 350. Red bag and sharps containers will also be kept in Cadaver Prosection Room (Building 15, Room 226), Anatomy and Physiology Prep Room (Bldg. 15, Room 227A), and the Microbiology lab and Prep. Rooms (Bldg. 15, Rooms 126, 320 and 321).
- C. Infectious waste containers are not to be accessible to patients, the public, vendors, or exposed to the elements.
- D. Storage rooms and containers used for infectious waste will be labeled and identified with the words "Infectious Waste", or the international biohazard symbol. **Infectious waste will be stored in secured Allied Health labs 13-336 and in Science and Engineering Department for pick-up.**
- E. In the event of the waste container being contaminated by infectious waste, decontamination of the container will be accomplished by application of a sanitizer (i.e. 1:10 solution of household bleach and water to the contaminated area) then wiping the area clean with paper towels or a sponge. The person cleaning the waste container will wear latex gloves and other appropriate protective gear (i.e. nose and mouth mask, moisture resistant apron or gown, and eye protection) to prevent exposure to infectious waste.

- F. The following kinds of infectious waste produced each month include needles, sharps, dressings, bacterial cultures, etc. **Less than 25 gallons** of infectious waste is generated each month.
- G. Filled infectious waste containers are picked up as needed for disposal or treatment.

TREATMENT OF INFECTIOUS WASTE

- A. Offsite Treatment of Infectious Waste
 1. A regulated infectious waste disposal company, Stericycle, will pick up and transport infectious waste generated to a treatment facility for final disposal.
 2. Infectious waste will be disposed as needed.
 3. Final offsite treatment of infectious waste will be accomplished by incineration.
 4. In the event the primary disposal and treatment methods, as approved by the infectious waste plan, are unavailable, the emergency back-up contingency plan is to utilize:

Murrey's Disposal Company, Inc.
P.O. Box 399
Puyallup, WA 98371
253-922-6681

- B. In the event of an infectious waste spill (liquid spill is one (1) pint of body fluids or 32 gallons of solid infectious waste), **clean up personnel will find personal protective and clean up gear in the following locations: Main custodial closet in Building 13.** Building 15: Rooms 15-126, 15-227, and 15-321.
 1. **Contact the custodial department (253.566.6094)** for clean-up of spills. If after 5 p.m., contact security at 253.566.5111.
 2. Don the appropriate personal protective equipment. Personal protective gear includes latex gloves, moisture resistant apron, eye protection, and nose and mouth mask.
 3. Apply absorbent to any spilled liquids and a hospital approved germicidal disinfectant to the spillage site. Pick up any solid debris and dispose of in red bag. Strip off any protective gear and dispose of anything that is for single use. Sanitize any personal protective gear which will be used again with an approved sanitizer.
 4. If the spill meets the size requirements as listed above, notify the TPCHD within 24 hours by calling 591-6047 and record the spill in your spill log.

RECORD KEEPING

A file containing the above infectious waste management plan and procedures will be maintained by infectious waste coordinators Lora Oas for Science and Engineering Department and **Stephanie Thompson for Health, Business & Professional Services, and can be reviewed at their offices in Bldg. 15 and Bldg. 13.** All infectious waste management correspondence and spill/training logs must be retained for a minimum of 3 years on-site.

APPENDIX XVIII
Latex Allergy: A Prevention Guide

How can I protect myself from latex allergy?

Take the following steps to protect yourself from latex exposure and allergy in the workplace:

- ❶ Use nonlatex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, general maintenance, etc.).
- ❷ Appropriate barrier protection is necessary when handling infectious materials. If you choose latex gloves, use powder-free gloves with reduced protein content.
 - ◆ Such gloves reduce exposures to latex protein and thus reduce the risk of latex allergy.
 - ◆ So-called hypoallergenic latex gloves do not reduce the risk of latex allergy. However, they may reduce reactions to chemical additives in the latex (allergic contact dermatitis).
- ❸ Use appropriate work practices to reduce the chance of reactions to latex.
 - ◆ When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration).
 - ◆ After removing latex gloves, wash hands with a mild soap and dry thoroughly.
 - ◆ Practice good housekeeping: frequently clean areas and equipment contaminated with latex-containing dust.
- ❹ Take advantage of all latex allergy education and training provided by your employer and become familiar with procedures for preventing latex allergy.
- ❺ Learn to recognize the symptoms of latex allergy: skin rash; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and (rarely) shock.

What if I think I have latex allergy?

If you develop symptoms of latex allergy, avoid direct contact with latex gloves and other latex-containing products until you can see a physician experienced in treating latex allergy.

If you have latex allergy, consult your physician regarding the following precautions:

- ✓ Avoid contact with latex gloves and products.
- ✓ Avoid areas where you might inhale the powder from latex gloves worn by other workers.
- ✓ Tell your employer and health care providers (physicians, nurses, dentists, etc.) that you have latex allergy.
- ✓ Wear a medical alert bracelet.

ADDITIONAL INFORMATION

For additional information about latex allergy, or to request a copy of NIOSH Alert No. 97-135, *Preventing Allergic Reactions to Natural Rubber Latex in the Workplace*, call 1-800-35-NIOSH (1-800-356-4674).

You may also visit the NIOSH Homepage on the World Wide Web at

<http://www.cdc.gov/niosh>

To access latex allergy websites, select *Latex Allergy* through the NIOSH Homepage, or access the websites directly at the following locations:

- <http://www.anesth.com/lair/lair.htm>
- http://www.familyvillage.wisc.edu/lib_latx.htm

Second printing, with minor changes for clarity.

DHHS (NIOSH) Publication No. 98-113

NIOSH

Latex Allergy

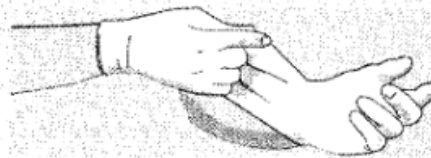
A Prevention Guide



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Latex gloves have proved effective in preventing transmission of many infectious diseases to health care workers. But for some workers, exposures to latex may result in allergic reactions. Reports of such reactions have increased in recent years—especially among health care workers.



What is latex?

In this pamphlet, the term “latex” refers to natural rubber latex, the product manufactured from a milky fluid derived from the rubber tree, *Hevea brasiliensis*. Several types of synthetic rubber are also referred to as “latex,” but these do not release the proteins that cause allergic reactions.

What is latex allergy?

Latex allergy is a reaction to certain proteins in latex rubber. The amount of latex exposure needed to produce sensitization or an allergic reaction is unknown. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms. In sensitized persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied. Mild reactions to latex involve skin redness, rash, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (difficult breathing, coughing spells, and wheezing). Rarely, shock may occur; however, a life-threatening reaction is seldom the first sign of latex allergy.

Who is at risk of developing latex allergy?

Health care workers are at risk of developing latex allergy because they use latex gloves frequently. Workers with less glove use (such as housekeepers, hairdressers, and workers in industries that manufacture latex products) are also at risk.

Is skin contact the only type of latex exposure?

No. Latex proteins become fastened to the lubricant powder used in some gloves. When workers change gloves, the protein/powder particles become airborne and can be inhaled.

Learn to recognize the symptoms of latex allergy: skin rash; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and (rarely) shock.

How is latex allergy treated?

Detecting symptoms early, reducing exposure to latex, and obtaining medical advice are important to prevent long-term health effects. Once a worker becomes allergic to latex, special precautions are needed to prevent exposures. Certain medications may reduce the allergy symptoms; but complete latex avoidance, though quite difficult, is the most effective approach.

Are there other types of reactions to latex besides latex allergy?

Yes. The most common reaction to latex products is *irritant contact dermatitis*—the development of dry, itchy, irritated areas on the skin, usually the hands. This reaction is caused by irritation from wearing gloves and by exposure to the powders added to them. Irritant contact dermatitis is not a true allergy. *Allergic contact dermatitis* (sometimes called chemical sensitivity dermatitis) results from the chemicals added to latex during harvesting, processing, or manufacturing. These chemicals can cause a skin rash similar to that of poison ivy.

APPENDIX XVIV LATEX ALLERGY ALERT AND VOLUNTARY DISCLOSURE

Natural Rubber Latex allergy and sensitivities may often be caused or exacerbated by frequent exposure to Latex. It is vitally important for all nursing and clinical program students to know this because Latex-containing products are present in virtually all lab and clinical settings.

If you have a suspected Latex allergy or sensitivity, you may want to be tested. If you have a Latex allergy or sensitivity that is confirmed in writing by a medical care provider, you may choose to notify the Nursing Department and contact TCC's Access Services Office to discuss and request reasonable accommodations that might be made for you.

Completing this form and disclosing that you have a confirmed Latex allergy or sensitivity is voluntary on your part. Disclosure and a request for reasonable accommodations will not affect your position in the program or in the clinical setting, and is solely to determine whether reasonable accommodations can be made for you.

You may fill out and submit this form to notify us whether you have a confirmed Latex allergy or sensitivity through a positive test performed by your provider.

- Yes, I have a confirmed Latex allergy or sensitivity**
- Yes, I have or intend to contact the TCC Access Services Office to discuss and request reasonable accommodations that might be made for me in light of a confirmed Latex allergy or sensitivity.**
- No, this does not apply to me at this time.**

Print Name:

Signature:

Student ID #

Today's Date:

APPENDIX XX
JUST CULTURE PROCESS FOR RESPONDING TO STUDENT CLINICAL EVENTS

Just Culture Process for Responding to Student Clinical Events

General Information:

Nursing is moving from a culture of blame and shame to a culture of quality improvement and patient safety. This is a national effort that focuses on not only patient protection but also depends upon learning from mistakes. The TCC Nursing program adopted the “Just Culture” process from the North Carolina Board of Nursing. Just Culture is a concept used by hospitals and schools where clinical practice events are reviewed and analyzed from a holistic view in an effort to ascertain any mitigating or aggravating factors that contributed to the event and then determine an improvement plan or discipline action. The principle behind a Just Culture environment is this: Discipline needs to be tied to the behavior of individuals and the potential risks their behavior presents more than the actual outcome of their actions. Just Culture discriminates between unintentional risk-taking behavior, intentional risk-taking, and reckless behavior. It seeks to promote learning by fostering an environment which encourages reporting all mistakes, near misses, adverse events and system weaknesses where, when possible, non-disciplinary actions like coaching, counseling, and training are used to prevent future occurrences.

Nursing students complete clinical rotations as part of their nursing program requirements. These are done in hospitals or other health care facilities under the supervision of TCC nursing faculty and/or healthcare facility nursing staff. The program utilizes full-time and adjunct faculty to teach the clinical courses. Students observe the work of RNs and also work directly with patients, under close supervision, practicing a variety of entry-level nursing skills. The students are held to strict safety standards and are subject to evaluation/use of the Just Culture tools in any occurrences of a clinical practice event”.

If a student is involved in a clinical event that the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or is involved in the diversion of drugs or controlled substances, the nursing program is mandated by Washington law to report these events to the nursing commission within two business days. An important part of this reporting should show evidence of an in-depth assessment of the incident using root cause analysis. This analysis is important to both the student and the clinical faculty overseeing the student’s work as they work together to determine what factors contributed to the error and how it can be prevented in the future.

PURPOSE:

The purpose of this policy is to provide a well-defined process used by faculty in response to student/faculty clinical events that evaluates students’/instructor actions and behavior with consistency and fairness using Just Culture principles and which meets the nursing commission’s reporting requirements of thorough root cause analysis. This will be done by:

- Clearly defining the roles and responsibilities of faculty, students, team leaders, the lead faculty, and the Associate Dean of Nursing when a clinical event occurs.
- Providing faculty with the knowledge and skills needed to evaluate clinical events that meets the nursing commission reporting requirements of root cause analysis;
- Providing training that ensures the completion of the Student Practice Event Evaluation Tool (SPEET) is completed with interrater reliability.

DEFINITIONS:

Clinical Event: An event in a clinical setting by a student or faculty member that resulted in patient harm, an unreasonable risk of patient harm, or is involved in the diversion of drugs or controlled substances.

Just Culture: A system developed by the North Carolina Board of Nursing (NCBON) used to evaluate and respond to clinical events. It seeks to develop a safe environment encouraging discussion and reporting of errors and near misses without fear of retribution.

- **Human Error**
 - Nurse inadvertently, unintentionally did something other than intended or other than what should have been done; a slip; a lapse; or an honest mistake. Isolated event, not a pattern of behavior.
 - **Examples:** Single medication event/error (*wrong dose, wrong route, wrong patient, or wrong time*); *Failure to implement a treatment order to oversight.*

- **At Risk Behavior:** *(Board of Nursing Practice Consultant to be contacted for consultation)*
 - Behavioral choice that increases risk where risk may not be recognized or is mistakenly believed to be justified; nurse does not appreciate risk; unintentional risk taking; and nurse’s performance or conduct does not pose a continuing practice risk to clients or others.
 - **Examples:** Exceeding scope of practice; pre-documentation; minor deviations from established procedure; nurse knowingly deviates from a standard due to a lack of understanding of risk to client, organization, self, or others
- **Reckless Behavior:** *(Mandatory report to Board or Nursing required)*
 - Nurse consciously disregards a substantial and unjustifiable risk; nurse's action or inaction is intentional and purposeful; or nurse puts own self/personal interest above that of client, organization or others
 - **Examples:** Nurse abandons patients by leaving workplace before reporting to another appropriately licensed nurse. Nurse leaves workplace before completing all assigned patient/client care (including documentation) for a non-urgent reason; nurse does not intervene to protect a patient because nurse is not assigned to patient; nurse makes serious medication error, when realized tells no one, and when questioned denies any knowledge of reason for change in client condition; nurse falsifies documentation to conceal an error.

Near Miss: any event or situation that could have had adverse consequences but did not and was indistinguishable from a full-fledged adverse event in all but outcome ("close call"). In a near miss, a patient is exposed to a hazardous situation, but does not experience harm through either luck or early detection.

Root Cause Analysis: A systematic process for identifying “root causes” of problems or events and an approach for responding to them.

Student Practice Event Evaluation Form (SPEET): A form developed by the North Carolina Board of Nursing (NCBON) used to categorize and score student behavior or actions that caused or could have caused harm to a patient. The score provides specific actions to take with the student that are appropriate to the seriousness of the error and may include consoling, remediation, counseling, coaching, or disciplinary action.

TO WHOM DOES THIS POLICY APPLY:

This policy applies to nursing program clinical faculty, TCC nursing program team leaders, the lead faculty, Associate Dean of Nursing, and any student involved in a clinical event.

POLICY:

- A. All clinical faculty must complete the following Institute for Healthcare Improvement training and provide the program administrative assistant with a completion certificate no later than the end of the second week of clinical. <http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/default.aspx>:
 1. PS 105: Responding to Adverse Events
 2. PS 201: Root Cause and Systems Analysis
 3. PS 202: Building a Culture of Safety
- B. When a clinical event occurs, the following procedure must be completed within 24-48 hours so the Associate Dean of Nursing can meet the WAC reporting requirements. **Note:** If the event did not result in patient harm, an unreasonable risk of patient harm, or did not involve the diversion of drugs or controlled substances, it is not necessary for the Associate Dean of Nursing to report it to the nursing commission. However, all steps below should be completed with the exception of Step 7.
 1. The student shall immediately notify their clinical instructor and the health care nurse under whom they are working of the event.
 2. The instructor shall meet with the student, learn basic details of the event, and determine if they are emotionally able to continue the rest of their shift or should be sent home.

Note: if the event involved any of the following the student should be sent home:

- a medication error (even if no harm was caused),
 - event caused patient harm
 - involved drug diversion or substance abuse. (If impaired they may not drive themselves home.)
3. Before the student leaves the healthcare facility, the instructor shall set up an appointment with the student for the next day to discuss the details of the event. The student will be told they will receive an email from the instructor with two forms to complete and bring to the meeting: "Root Cause Analysis and Corrective Action Plan" (RCA) and the "Student Practice Event Evaluation Tool" (SPEET).

Note: If the student absolutely cannot meet the next day, an appointment for the following day must be made. The instructor shall also complete these forms in preparation for meeting with the student. If the faculty member did not receive enough information about the event on the day it occurred, the faculty member can complete it when meeting with the student or may return to the clinical site as needed to ensure accurate information regarding the clinical event has been obtained.

4. The instructor shall immediately notify their team leader and the faculty lead of the event, providing basic details of what occurred. This can be done by phone, text, or whatever method will give the instructor a quick acknowledgement that the message has been received.
5. The faculty lead shall immediately notify the Associate Dean of Nursing of the event by whatever methods will give the faculty lead a quick acknowledgement that the message has been received.
6. During the follow-up meeting with the student, faculty and student will verbally review the event in detail. Using the SPEET and "Root Cause Analysis and Corrective Action Plan" forms completed by both student and faculty, the instructor and student will review and discuss all questions. When the root cause(s) have been clearly identified, the action plan for the student can be discussed and documented on the RCA form. **Note:** The instructor is responsible for submitting the finalized forms as outlined in #7 below.
7. The instructor will send a copy of the finalized SPEET and RCA forms to the student, the team leader, faculty lead, and the Associate Dean of Nursing within 48 business hours of the event. A copy must also be placed in the student's electronic file immediately after it has been completed.
8. The Associate Dean for Nursing shall notify the nursing commission no later than 48 hours (not including holidays and weekends) of when the event occurred using the adverse Events Reporting Program website at <https://fortress.wa.gov/doh/opinio/s?s=AdverseEventReporting>.

REFERENCES:

1. WAC 246-840-513 - Reporting and recordkeeping requirements for nursing education programs.
2. **RCW 70.56.010** – Adverse Health Events and Incident Reporting System
3. **Just Culture:** <https://www.ncbon.com/discipline-compliance-employer-complaints-just-culture-overview-just-culture-information>
4. **Complaint Evaluation Tool:** <https://www.ncbon.com/vdownloads/cet/ce-tool.pdf>

APPENDIX XXI
ROOT CAUSE ANALYSIS AND CORRECTIVE ACTION PLAN

Root Cause Analysis and Corrective Action Plan

The Joint Commission's Framework for Root Cause Analysis and Action Plan provides a systematic process for analyzing a clinical event and an aid in organizing the steps and information in a root cause analysis. This process allows both the student and faculty to consider all possibilities and questions in seeking "root cause(s)" and opportunities for corrective actions to prevent future patient harm. Complete The Root Cause Analysis and Corrective Action Plan before completing SPEET Form 1 and SPEET Form 2.

Instructions: Reflect on the clinical incident before completing the forms. Read each analysis question and use the prompts to help answer the question in the student analysis section. The student must be sure to enter a response in the "Analysis Findings" column for each item (what occurred or could have occurred). Unexpected findings may emerge during the course of the analysis, or there may be some questions that do not apply in every situation. For each finding continue to ask "Why?" and drill down further to uncover why parts of the process occurred or did not occur when they should have. Choose one or more root cause types by placing an "X" in the 4th column under Root Cause Types. Table A-I provides specific examples of each root cause type. "Corrective Behavior or Actions" should be developed for every identified root cause. **Note: Faculty are responsible for sending finalized SPEET and RCA forms to Team Leader, Lead Faculty, Associate Dean of Nursing, Student, and Student Electronic file within 48 hours of event.**

Student Name:		Clinical Instructor:		Course:		Facility & Location:	
Date Incident Occurred		Name(s) of Any Faculty Involved in the Event:		Shift Worked:		Time Event Occurred:	
Date Reported to Asso. Dean:		Date Form Completed:		How Reported to Dean:		Date Assoc. Dean Reported to WSNCQAC:	
Was Instructor on Unit When Event Occurred?		Did the Event involve a staff nurse that is not a preceptor?		Did the Event Involve a Preceptor?		If Preceptor Involved, How Many Years of Nursing Experience Do They Have?	
Select the Type of Incident:	<input type="checkbox"/> Unreasonable Risk of Harm <input type="checkbox"/> Patient Harm <input type="checkbox"/> Alleged diversion of legend or controll substances <input type="checkbox"/> Other <hr/>		Please Briefly Explain What Happened:				

Instructor Name: _____
 Student Name: _____
 Date: _____

Analysis Questions	Prompts	Student Analysis Findings of Event	Root Cause Types	Student Corrective Behavior or Action(s)									
<p>What was the intended process flow? (What should have occurred?) List below:</p>	<p>List the relevant process steps as defined by the policy, procedure, protocol, or guidelines in effect at the time of the event. You may need to include multiple processes. Examples of defined process steps may include, but are not limited to:</p> <ul style="list-style-type: none"> • Site verification protocol • Medication Administration • Transfer protocol/policy (bed, wheelchair, etc) • Patient identification protocol • Assessment (pain, suicide risk, physical, and psychological) procedures • Fall risk/fall prevention guidelines <p>Note: The process steps as they occurred in the event will be entered in the next question.</p>	<p>Student Remarks:</p>	<table border="1"> <tr><td>Communication</td></tr> <tr><td>Environmental</td></tr> <tr><td>Equipment/Device/Supply</td></tr> <tr><td>Task-Process</td></tr> <tr><td>Student Performance</td></tr> <tr><td>Team</td></tr> <tr><td>Mgmt/Supervisory/Workforce</td></tr> <tr><td>Organizational Culture/Leadership</td></tr> <tr><td>Other</td></tr> </table>	Communication	Environmental	Equipment/Device/Supply	Task-Process	Student Performance	Team	Mgmt/Supervisory/Workforce	Organizational Culture/Leadership	Other	
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Other													

<p>Were there any steps in the process that did not occur as intended? List below:</p>	<p>Discuss human performance factors that contributed to the event. Examples may include, but are not limited to: • Boredom • Failure to follow established policies or procedures • Fatigue • Inadequate supervision • Inability to focus on task • Inattentional blindness/confirmation bias (interpret information in a way that confirms one's preexisting beliefs or hypotheses) • Personal problems • Lack of complex critical thinking skills • Rushing to complete task • Substance abuse • Inadequate knowledge of skill • Patient (violent behavior, confusion, personal device/supplies use)</p>	<p>Student Remarks:</p>	<table border="1"> <tr><td>Communication</td></tr> <tr><td>Environmental</td></tr> <tr><td>Equipment/Device/Supply</td></tr> <tr><td>Task-Process</td></tr> <tr><td>Student Performance</td></tr> <tr><td>Team</td></tr> <tr><td>Mgmt/Supervisory/Workforce</td></tr> <tr><td>Organizational Culture/Leadership</td></tr> <tr><td>Other</td></tr> </table>	Communication	Environmental	Equipment/Device/Supply	Task-Process	Student Performance	Team	Mgmt/Supervisory/Workforce	Organizational Culture/Leadership	Other	
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Student Performance													
Team													
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Organizational Culture/Leadership													
Other													

<p>What human elements were relevant to the outcome? List below:</p>	<p>Discuss human performance factors that contributed to the event. Examples may include, but are not limited to: • Boredom • Failure to follow established policies or procedures • Fatigue • Inadequate supervision • Inability to focus on task • Inattentional blindness/ confirmation bias (interpret information in a way that confirms one's preexisting beliefs or hypotheses) • Personal problems • Lack of complex critical thinking skills • Rushing to complete task • Substance abuse • Inadequate knowledge of skill • Patient (violent behavior, confusion, personal device/supplies use)</p>	<p>Student Remarks:</p>	<table border="1"> <tr><td>Communication</td></tr> <tr><td>Environmental</td></tr> <tr><td>Equipment/Device/Supply</td></tr> <tr><td>Task-Process</td></tr> <tr><td>Student Performance</td></tr> <tr><td>Team</td></tr> <tr><td>Mgmt/Supervisory/Workforce</td></tr> <tr><td>Organizational Culture/Leadership</td></tr> <tr><td>Other</td></tr> </table>	Communication	Environmental	Equipment/Device/Supply	Task-Process	Student Performance	Team	Mgmt/Supervisory/Workforce	Organizational Culture/Leadership	Other	
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Other													

Were there any steps in the process that did not occur as intended? List below:	Explain in detail any deviation from the intended processes listed in Analysis Question #1 above. List below:	Student Remarks:		Communication	
				Environmental	
				Equipment/Device/Supply	
				Task-Process	
				Student Performance	
				Team	
				Mgmt/Supervisory/Workforce	
				Organizational Culture/Leadership	
				Other	

<p>If an equipment failure or incorrect use of equipment may have contributed to the process/event, how did the equipment performance affect the outcome? List below. (If equipment use/failure was not a factor, enter N/A.)</p>	<p>Consider all medical equipment and devices used in the course of patient care, including automated external defibrillator (AED) devices, crash carts, suction, oxygen, instruments, monitors, infusion equipment, etc. In your discussion, provide information on the following, as applicable: • Availability and/or condition of equipment • Descriptions of equipment with multiple or removable pieces • Location of equipment and its accessibility to staff and patients • Staff or student knowledge of or education on equipment, including applicable training/competencies • Correct calibration, setting, operation of alarms, displays, and controls</p>	<p>Student Remarks:</p>	<table border="1"> <tr><td>Communication</td></tr> <tr><td>Environmental</td></tr> <tr><td>Equipment/Device/Supply</td></tr> <tr><td>Task-Process</td></tr> <tr><td>Student Performance</td></tr> <tr><td>Team</td></tr> <tr><td>Mgmt/Supervisory/Work-force</td></tr> <tr><td>Organizational Culture/Leadership</td></tr> <tr><td>Other</td></tr> </table>	Communication	Environmental	Equipment/Device/Supply	Task-Process	Student Performance	Team	Mgmt/Supervisory/Work-force	Organizational Culture/Leadership	Other	
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Organizational Culture/Leadership													
Other													

<p>What controllable environmental factors affected the outcome? List below:</p>	<ul style="list-style-type: none"> • Overhead paging that cannot be heard in unit/patient room • Safety or security risks • Risks involving activities of visitors • Lighting or space issues 	<p>Student Remarks:</p>	<table border="1"> <tr><td>Communication</td></tr> <tr><td>Environmental</td></tr> <tr><td>Equipment/Device/Supply</td></tr> <tr><td>Task-Process</td></tr> <tr><td>Student Performance</td></tr> <tr><td>Team</td></tr> <tr><td>Mgmt/Supervisory/Workforce</td></tr> <tr><td>Organizational Culture/Leadership</td></tr> <tr><td>Other</td></tr> </table>	Communication	Environmental	Equipment/Device/Supply	Task-Process	Student Performance	Team	Mgmt/Supervisory/Workforce	Organizational Culture/Leadership	Other	
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<p>Was student properly qualified and currently competent for their responsibilities during the event?</p>	<ul style="list-style-type: none"> • Clinical orientation/training • Competency assessment (What competencies did the training and verification of competency occur?) • Ongoing or current use of skill/competency in clinical practice prior to event • Student exposed to skill during program or in personal work environment but did not receive direct instruction and prove competency prior to event 	<p>Student Remarks:</p>	Communication	
			Environmental	
			Equipment/Device/Supply	
			Task-Process	
			Student Performance	
			Team	
			Mgmt/Supervisory/Workforce	
			Organizational Culture/Leadership	
			Other	

<p>To what degree was all the necessary information available when needed? Was information: Accurate? Complete? Unambiguous?</p>	<p>Analysis of factors related to communication should include evaluation of verbal, written, electronic communication or the lack thereof. Consider the following in your response, as appropriate: Examples: Discuss whether patient assessments were completed, shared, and accessed by members of the treatment team, to include providers, according to the organizational processes. Identify the information systems used during patient care. Discuss to what extent the available patient information (e.g., radiology studies, lab results, or medical record) was clear and sufficient to provide an adequate summary of the patient's condition, treatment, and response to treatment. Describe staff utilization and adequacy of policy, procedure, protocol, and guidelines specific to the patient care provided.</p>	<p>Student Remarks:</p>	<table border="1"> <tr><td>Communication</td></tr> <tr><td>Environmental</td></tr> <tr><td>Equipment/Device/Supply</td></tr> <tr><td>Task-Process</td></tr> <tr><td>Student Performance</td></tr> <tr><td>Team</td></tr> <tr><td>Mgmt/Supervisory/Workforce</td></tr> <tr><td>Organizational Culture/Leadership</td></tr> <tr><td>Other</td></tr> </table>	Communication	Environmental	Equipment/Device/Supply	Task-Process	Student Performance	Team	Mgmt/Supervisory/Workforce	Organizational Culture/Leadership	Other	
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<p>To what degree is communication among participants adequate?</p>	<ul style="list-style-type: none"> • The timing of communication of key information • Misunderstandings related to language/cultural barriers, abbreviations, terminology, etc. • Inappropriate delegation • Proper completion of internal and external hand-off communication (Report, SBAR, etc.) • Delayed or missing documentation 	<p>Student Remarks:</p>	<table border="1"> <tr><td>Communication</td></tr> <tr><td>Environmental</td></tr> <tr><td>Equipment/Device/Supply</td></tr> <tr><td>Task-Process</td></tr> <tr><td>Student Performance</td></tr> <tr><td>Team</td></tr> <tr><td>Mgmt/Supervisory/Workforce</td></tr> <tr><td>Organizational Culture/Leadership</td></tr> <tr><td>Other</td></tr> </table>	Communication	Environmental	Equipment/Device/Supply	Task-Process	Student Performance	Team	Mgmt/Supervisory/Workforce	Organizational Culture/Leadership	Other	
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Organizational Culture/Leadership													
Other													

Were there any other factors that directly influenced this outcome?	List any other factors not yet discussed:	Student Remarks:	Communication	
			Environmental	
			Equipment/Device/Supply	
			Task-Process	
			Student Performance	
			Team	
			Mgmt/Supervisory/Workforce	
			Organizational Culture/Leadership	
			Other	

How was the error/event discovered?	Discuss how the error/event was discovered.	Student Remarks:	N/A	

<p>What action was taken by instructor at the time the error/event occurred or was reported?</p>	<p>Discuss action instructor performed.</p>	<p>Student Remarks:</p>	<p>N/A</p>	
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APPENDIX XXII
INCLEMENT WEATHER POLICY

Inclement Weather Policy

Approved 5.23.19

The decision to close the College, delay opening, or close early due to inclement weather, is the responsibility of the President or his/her designated representative. These decisions are made with utmost concern for the safety of students and employees. Notification will appear on the main page of the TCC portal website and electronic notification will also be sent out using the Omnilert System. Therefore, all faculty and nursing students are strongly advised to sign up for this emergency notification system when they first begin the program. Either way, it is the faculty and student's responsibility to check for notification using one of these two methods. Please also note that if faculty and students feel unsafe driving to college or clinical they should stay home whether the college has decided to close or not. Faculty and students will not be penalized for the inability to attend clinical due to travel concerns or for reasons of access to childcare, during periods of inclement weather.

Inclement weather decisions will be handled as follows:

- If the notification states that the campus will be closed the next day, all nursing classes, including clinicals, will also be cancelled.
- If the notification states there will be a delay, all classes will begin at the same time that the campus opens. For example: if your clinical shift starts at 6:00 am and the school is not opening until 10:00 am, your clinical shift would begin at 10:00 am. It is the responsibility of the clinical instructor to notify the facility nursing staff of the students' adjusted schedule for the day. **Please note the following exception:** if there is less than two hours of the theory or lab class time left or if there is less than 50% of clinical or simulation class time left students would not meet for class.
- If the college has a delayed opening and reopens before the start of all classes, students are expected to report to class at the regularly scheduled time. This is the same for clinical. For example: if your shift begins at 3:00 pm and the school is not opening until 10:00 am, students would report to clinical at 3:00 pm.
- If the college closes early before the start of all classes then the classes are cancelled. This includes all clinical shifts, with the exception of preceptorship [see last bullet below].
- If the college closes early, after the start of classes, including clinical, then it is the Instructor's responsibility to notify and dismiss the students at the time of the college closing. In clinical, this is especially important as students are not permitted to carry their phones on some units which limits the access to the Omnilert notifications.
- If the closure or delay causes a course final exam or critical assignment/evaluation to be missed, it will be rescheduled. If faculty are not able to reschedule it during the time of finals week, it may require students to receive an incomplete grade until the exam can be completed.
- Preceptor students will communicate with their faculty liaison for decision-making on attending preceptorship during inclement weather.

In the event of any absence due to inclement weather, the college is required to ensure that students receive their full hours of instruction, as per state and national accreditation standards. Therefore, the addition of make-up classes and/or outside assignments will be required. It is the responsibility of faculty to determine the details of these make-ups or assignments so that the course objectives are met for the time missed. The outside assignment should require equivalent time (as the missed class/clinical hours) and should be meaningful to the student in terms of content of material missed. If possible, this should be done either prior to or during the next scheduled class meeting. Note that extending the calendar is not normally an option because it may impact graduation deadlines, completion dates, instructor assignments, planned holidays for students, VA benefits, and financial aid. Faculty documentation of make-up details will be required and prompted at the time of the event.

APPENDIX XXIII
MEDICATION ADMINISTRATION BY NURSING STUDENTS POLICY

Safe Medication Administration by Nursing Students Policy

Approved 5.23.19

This policy reflects the requirements of the Washington State WAC 246-872-030 (5) a and WSNCQAC rule RCW 18.79.240 (1) (c) (21(c))

The proper dispensing and administration of medication performed by nursing students is vital to the delivery of safe and effective patient care. As such, the following procedures will be followed to ensure the safe administration of medications using Automated Drug Distribution Devices (ADDD).

◆ **Orientation and Practice Experience**

Students within the nursing program will be provided with both orientation and simulated experiences related to the safe medication administration and use of ADDDs. Students will be required to participate in an ADDD tutorial with subsequent competency assessment. Documentation of successfully passing the competency assessment will be provided to the instructor prior to use of any ADDD system. Nursing students will also be required to participate and demonstrate clinical competency in simulated clinical scenario using an ADDD system.

Student orientation to the safe distribution and use of ADDDs includes, but is not limited to, the following simulated learning experiences:

- Accurately read and interpret medication orders
- Correctly login into ADDD
- Identify correct patient using processes specific to the facility
- Accurately select medication to be given
- Secure ADDD when complete
- Follow Rights of Medication Administration
- Accurate dosage calculation
- Correct documentation of medication administration
- Perform inventory control measure (wasting of medications) specific the facility

Student competency will be evaluated and satisfactorily completed prior the administration of medications within the clinical environment. Students administering medications within the clinical environment will always be under the supervision of a licensed nurse.

◆ **Evaluation of Medication Administration Within the Healthcare Facility**

Students, during their clinical time, will be provided with ADDD access in accordance with each healthcare facility's policies and procedures. Students will always be under the supervision of a licensed nurse while accessing and administering medications.

Once a quarter, students will be given an exam that determines knowledge of safe medication dosage. Each student must have a passing score of 90% or higher in order to progress to the next level of the program and participate in the associated clinical. Students who do not achieve a score of 90% will be given remedial training and allowed one retake of the exam. Throughout each level, nursing students will be evaluated on pharmacology knowledge and safe medication administration in the form of exams and/or skill competency simulations.

◆ Nursing Students: Access and Administration of Medications*

Nursing students administer medications under the supervision of the clinical faculty or the supervising nurse. Access to automated drug dispensing devices per institutional policy.

1. Communication and Order Transmission
 - a. Nursing students DO NOT take verbal or telephone orders from providers
 - b. Nursing students DO NOT transcribe provider orders
 - c. Nursing students DO NOT communicate medication orders to the pharmacy
2. Each dose of medication will be administered per the "Six Rights" of Medication Administration (Right Patient, Drug, Dose, Time, Route, and Documentation) and after an assessment of patient allergies.
3. Nursing student medication administration, including documentation, will be performed utilizing agency specific policies, procedures, and protocols.
4. A clinical instructor or supervising nurse must confer with the student before a student administers medication.
5. A nursing student may administer controlled substance medication with the following RESTRICTIONS:
 - a. All controlled substances require a RN or LPN signature. The documentation system for a clinical site requires a co-signature option, for student to administer controlled medications. If a co-sign option is not available, controlled substances will not be administered by a student.
 - b. Analgesic administered via a Patient Controlled Analgesia (PCA) infusion pump requires direct RN supervision, including but not limited to the following interventions
 - i. Initial set up and dose programming
 - ii. Administer loading and/or bolus doses of analgesic medication
 - iii. Change medication cartridges or tubing
 - iv. Adjust delivery dosages/settings
6. Nursing students may administer Pitocin/oxytocin with the following RESTRICTIONS
 - a. All Pitocin/oxytocin administration to a laboring or postpartum patient, including rate adjustment, requires the direct supervision of the patient's RN.
7. Blood product administration by nursing students includes the following restrictions
 - a. Blood products/medication requiring a witness for infusion/administration CANNOT be administered by the student. This includes blood typing. However, students can collect the blood products from the blood bank, prime the tubing with saline, and participate in blood administration monitoring policies (i.e. taking vital signs).
 - b. Medications that do not legally require a witness CAN be administered by the student under the supervision of the clinical instructor or supervising nurse. Documentation must be co-signed by an RN. (Examples: Not limited to but include Rhogram, albumin, Factor 8, Vitamin K, Hespan)
8. Functions NOT permitted to be performed by nursing students: There are some medications and monitoring skills that nursing students are not permitted to perform under any circumstances. These include the following:
 - a. Confirm, release, or acknowledge medication orders in the electronic medication administration record
 - b. Administer medications that are not confirmed or acknowledged in the electronic medication administration record
 - c. Administer chemotherapy via any route
 - d. Administer conscious sedation or assume monitoring responsibility for patients undergoing procedural sedation
 - e. Administer or adjust medications that require advanced training (e.g. Medications that are restricted to critical care areas)

- f. Administer medications via an epidural or spinal catheter
 - g. Discontinue a PCEA (Patient Controlled Epidural Analgesia) infusion
 - h. Cosign/witness controlled medication shift count or dose wastage (WAC 246-873-080-7d): when it is necessary to destroy a small amount of controlled substances following the administration of a dose by a nurse, the destruction shall be witnessed by a second nurse who shall countersign the record of destruction
 - i. Provide any licensed nurse-required peer check per facility policy
9. Administration of anticoagulants are calculated and administered with an RN check and co-signature as per facility policy
- a. These include, but are not limited to: All heparin, warfarin, t-PA, low molecular weight heparin, bivalirudin, dabigatran, and other anticoagulants
10. Administration of all insulin formulations, including both SQ and IV insulin doses and all Insulin IV infusion, is calculated and drawn up with direct RN supervision. Insulin administration requires co-signature as per facility policy
11. The administration of high-risk medications (any medications that require additional training), in emergency or critical care units, is NOT allowed in Levels 1 through five by the nursing student. The precepting student (Level 6) is allowed to administer high-risk medications ONLY if the supervising nurse or clinical instructor obtains the high-risk medication for the nursing student and the nursing student administers the medication only under the direct supervision of the supervising nurse/clinical instructor.
- a. Sodium Chloride at concentrations greater than 0.9% (Normal Saline)
 - b. Emergency and/or Critical Medications include, but not limited to the following:
 - 1. Adenosine
 - 2. Amiodarone
 - 3. Atropine
 - 4. Dopamine
 - 5. Epinephrine
 - 6. Lidocaine
 - 7. Magnesium Sulfate
 - 8. Procainamide
 - 9. Sotalol
 - 10. Vasopressin

◆ Documentation of Medication Errors

As mandated by the Washington State Nursing Care Quality Assurance Commission (NCQAC), documentation of student medication errors and diversion of medications will be completed and reported to the NCQAC as required. All medication errors and medication diversions will be documented using the NCBON “Just Culture” Student Practice Event Evaluation Tool (SPEET) form. The “Just Culture” form will be submitted to the Associate Dean for tracking and a copy of this completed form will also be placed in the student’s academic file.

***Contracted clinical facility restrictions or limitations, which are more restrictive than these guidelines, will supersede any aspect of this policy.**

APPENDIX XXIV
TECHNICAL STANDARDS

Technical Standards for the Associates in Nursing Program

Approved 11.5.19

INTRODUCTION

The TCC Nursing Program curriculum is intended to lead to a student's eligibility for licensure as a registered nurse. The curriculum requires students to engage in diverse, complex, and specific experiences essential to the acquisition and practice of essential nursing skills and functions. These abilities are essential as they constitute core components of nursing practice. There is a high probability that negative consequences will result for patients/clients under the care of nurses who fail to demonstrate these abilities. A program preparing students for the practice of nursing must attend to these essential functional abilities in the education and evaluation of its students.

This statement of Technical Standards identifies the functional abilities the TCC nursing faculty deem to be essential to the practice of nursing. The Technical Standards are reflected in the Nursing Program Learning Outcomes, which are the basis for teaching and evaluating all nursing students. The [TCC Nursing Program's Mission](#) and [Program Learning Outcomes](#) are available for reference on the TCC Website.

Students with disabilities who have questions about or may require reasonable accommodations in meeting the Technical Standards of the Nursing Program should contact [TCC's Access Services](#) Office to discuss the process of identifying reasonable accommodations. Students should seek reasonable accommodation advising as soon as possible so that a plan for reasonable accommodation can be in place at the beginning of the program. The phone number for the Access Services Office is 253-460-4437. The e-mail address is access@tacomacc.edu. This e-mail is monitored by Access Services program assistants who are not involved in the admission process. Information concerning whether a student may have a disability or may need reasonable accommodations is confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). Reasonable accommodations are geared toward providing an equal educational opportunity for students with disabilities while adhering to the standards of nursing practice for all students.

QUALIFICATIONS

The practice of nursing requires the following functional abilities with or without reasonable accommodations.

COMMUNICATION:

Nursing students must be able to comprehend, communicate, and document information in the English language, and to communicate accurately and effectively with patients, significant others and spouses, other family members, healthcare workers, and other professionals in healthcare settings, as well as with instructors, supervisors, classmates, and various health or educational team members in both clinical and classroom settings. This includes the ability to elicit, receive, and accurately interpret information from others; to collect, document, and convey relevant information to others; to understand and use healthcare terminology; and to comprehend and follow directions and instructions. In addition, nursing students must be able to accurately record patient medical information, write and manage patients' plans of care, maintain reports, present information in a professional and logical manner, and appropriately provide patient education and instructions to effectively care for patients or clients and their families.

COGNITIVE ABILITY

Nursing students must have the capacity to develop and refine critical thinking, decision making and problem-solving skills that are crucial for safe and effective nursing practice. These processes involve capabilities to measure, quantify, calculate, question, analyze, conceptualize, reason, integrate, and synthesize information in order to make timely decisions reflecting sound clinical judgment, and to determine appropriate clinical decision making. Student nurses must additionally be able to find and use evidence-based research; to learn from other individuals; to comprehend, integrate, and apply new information; to make sound clinical decisions; and to communicate outcomes verbally and in writing. Student nurses must be able to make measurements, calculate, and reason; and

to analyze, integrate, and synthesize data rapidly, consistently, and accurately to problem-solve and ultimately make logical diagnostic and therapeutic judgments.

ASSESSMENT/OBSERVATION

Nursing students must be able to collect, use, and interpret information from physical assessments (includes, but is not limited to the following: detect changes in skin color or condition, discriminate between abnormal and normal color of body fluids or exudates, detect a fire in a patient care area, draw up the correct quantity of medication into a syringe, read fine print such as medication and equipment labeling), observed demonstrations, diagnostic and assessment tools (such as, but not limited to, sphygmomanometer, stethoscope, bladder scanner, telemetry/ECG, and reflex hammer) and from all other modes of patient assessment in the context of laboratory studies, medication administration, radiologic studies, and other patient care activities. Nursing students must also be able to detect, interpret, and communicate sounds related to bodily functions and detect audible alarms with the frequency and volume ranges of the sounds generated by mechanical systems that monitor bodily functions. Nursing students must be able to detect foul odors of bodily fluids or spoiled foods, detect smoke from burning materials, detect changes in skin temperature, detect unsafe temperature levels in heat producing devices used in patient care, detect anatomical abnormalities (such as subcutaneous crepitus, edema, masses or infiltrated intravenous fluids), palpate pulses and percuss/palpate other body areas.

MOTOR

Nursing students must be able to perform physical assessments and diagnostic and therapeutic maneuvers necessary and required in the curriculum and of a future registered nurse. Student nurses must be able to perform patient care activities, including, but not limited to, insertion of urinary catheters; insertion of nasogastric tubes; insertion of intravenous catheters; hanging of blood products/other intravenous infusions; transferring of patients in and out of bed; ambulation of patients; turning and positioning of patients; moving equipment to various heights; accurately reading the volumes in body fluid collection devices hung above or below bed level; disposing of needles in sharps containers; accurately placing and maintaining position of stethoscope for detecting sounds of bodily functions; manipulating small equipment and containers, such as syringes, needles, vials, ampules, and medication packages. Nursing students must be able to respond to emergency situations in a timely manner and provide emergency care including cardio pulmonary resuscitation. Student nurses must possess the physical endurance necessary for extended periods of activity that are required for safe performance in clinical and classroom settings. Student nurses must possess the ability to comply with all safety standards in all clinical settings including, but not limited to, infectious control precautions (universal, contact, air borne) and use of emergency equipment (crash cart, fire extinguisher, evacuation chairs). Student nurses must be capable of moving within and among clinical environments without compromising the safety of others.

BEHAVIORAL AND SOCIAL ATTRIBUTES

Student nurses must possess the capacity to communicate effectively, respectfully, and with cultural humility, with all individuals whom they encounter and to demonstrate behaviors associated with compassion, respect, concern for others, integrity, ethical comportment, sound clinical judgment, and accountability for their responsibilities and actions. Student nurses must be able to accept the supervision of an instructor and/or preceptor, to accept constructive criticism or feedback, and to modify behavior based on feedback. Student nurses must demonstrate the ability to adapt quickly to rapidly changing situations/environments, to uncertain circumstances and to withstand human trauma and its effects. Student nurses must have the capacity to correctly judge when assistance is required and seek appropriate assistance in a timely manner. Student nurses must be able to function cooperatively and efficiently with others. Student nurses must possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. Student nurses must possess the emotional maturity required for the full use of their intellectual abilities, the exercise of good judgment; and the prompt completion of all responsibilities associated with the care of patients. As nursing education involves exposure to a wide variety of situations, student nurses must be able to demonstrate resilience in both classroom and clinical settings, and participate in self-help and interventions as appropriate.

LEGAL AND ETHICAL STANDARDS

Student nurses are expected to exhibit professionalism, personal accountability, compassion, integrity, concern for others, and care for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status. Student nurses should understand and function within the legal and ethical aspects of the professional standards of practice, and maintain and display ethical and moral behaviors commensurate with the role of a registered nurse in all interactions with patients, faculty, staff, students and the public. Individuals whose performance is impaired by abuse of alcohol or other substances are not suitable student nurses for admission, promotion, or graduation. Student nurses must:

1. Be able to meet guidelines established by healthcare organizations where they will be engaged in clinical experiences, and
2. Legally be able to be licensed to practice nursing in the State of Washington.

As such, student nurses must detail in writing, to the Nursing Program, at the time of application, any felony offense or disciplinary action on any previous or current licenses. If a conviction occurs after matriculation, students are required to inform the Associate Dean for Nursing of any actions which might impair the ability of the student nurse to obtain a nursing license or meet guidelines established by healthcare organizations where they will be engaged in clinicals and practicums. Failure to notify the Nursing Program may result in removal from the program.

Technical Standards for the Associates in Nursing Program

I, _____, (print applicant name) have read the Technical Standards set forth above and understand that I may not succeed in the Nursing Program or be eligible for licensure as a registered nurse unless I meet the technical standards.

Applicant Signature: _____ Date: _____

TCC is committed to equal access for all persons in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. The College abides by the Americans with Disabilities Act and section 504 of the Federal Rehabilitation Act.

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