



COPPER MOUNTAIN COLLEGE

VOCATIONAL NURSING PROGRAM

STUDENT HANDBOOK 2016 - 2017

Governed by:
Board of Vocational Nursing and Psychiatric Technicians
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Dear Vocational Nursing Student:

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

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

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

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

Best wishes as you embark on your journey.

Notice Regarding Service in Underserved Facilities:

This VN Program resides in a declared medically underserved area. This status indicates that there is a shortage of healthcare services provided to the local population. We encourage our graduates to consider working in local healthcare facilities to improve the region's healthcare delivery systems. This may be a way of paying back to the communities that provide the nursing education opportunity via this community college.



**COPPER MOUNTAIN COLLEGE
VOCATIONAL NURSING PROGRAM
PROGRAM COMPLIANCE AGREEMENT**

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

College Vocational Nursing Program Student Handbook.

I acknowledge responsibility for knowing, understanding and complying with:

- (1) All of the information in the Vocational Nursing Program Student Handbook.
- (2) The academic policies stated in the Copper Mountain College Catalog and the Schedule of Classes. These policies include, but are not limited to: admission, retention, readmission and grievance policies.
- (3) The College and Vocational Nursing Program graduation and completion requirements, obtaining timely counseling related to meeting those requirements, and submitting necessary petitions and applications for completion, graduation and licensure in a timely manner.
- (4) Course registration, purchase of required texts and ATI materials, maintaining current American Heart Association CPR skills and certification as evidenced by documented completion of an approved course for healthcare providers according to the requirements of the agency, Universal/Standard Precautions, health and safety requirements, drug dosage mathematics competency, and maintenance of school uniform, attendance, and behavior standards in accordance with all policies and deadlines.
- (5) Submitting complete and appropriate class and clinical written assignments, including self-evaluations as stated in the course syllabi.
- (6) Complete patient care preparation prior to providing clinical care in order to ensure safe, patient-centered care.

Student Signature

Date

1st 2nd 3rd
Semester (circle one)

SECTION I

PHILOSOPHY

The Vocational Nursing (VN) Program is an integral part of Copper Mountain College (CMC). The VN faculty endorses the institutional mission statement that supports comprehensive educational opportunities for vocational instruction and recognizes the challenge set forth by a diverse, growing and energetic community dedicated to lifelong learning. The Program meets the needs of the community by preparing students for career opportunities in Vocational Nursing. The purpose of the program is to produce an entry level practitioner of Vocational Nursing who is eligible to write the licensing examination for Vocational Nursing and who has the necessary knowledge, skills, and attitudes to provide safe, competent nursing care.

We believe community college students bring a variety of ethnic and cultural backgrounds, life experiences, learning styles, and developmental levels to the learning environment. The college community provides the opportunity for students and faculty to participate in cultural exchange; it encourages the examination and development of ideas through a balanced social forum and provides an environment for growth. We support self-development, including ongoing self-assessment and evaluation.

A. Philosophy of Man and Society

We believe each person, regardless of race, creed, religion or culture, is a unique, complex, holistic being, and deserving of respect. All persons share with others common human attributes and basic human needs, adapting to physical and psychosocial experiences and stresses. Individuals have an inherent right to strive to attain optimal health and to achieve their full potential in life. They possess dignity, self-worth, and have the right to information that will assist them to make informed decisions regarding health care. We believe that access to health care is the right of each member of society.

B. Health, Illness, and Health Care Delivery

We believe health and illness are relative, ever-changing states of being. Individuals exist on a continuum ranging from a state of optimal functioning, the absence of discernible disease, to obvious disease that can result in death. Illness occurs when there is an alteration in the function of one or more body systems.

We believe the health care delivery system is changing quickly in response to societal demands, rapidly changing technology and the increasing life-span.

C. Philosophy of Nursing

Nursing is a caring profession in which the nurse uses cognitive, psychomotor, and affective skills to assist individuals to achieve their highest level of health. It is concerned with helping people cope with adverse physiologic, psycho-social, and spiritual responses to illness. Nurses assist individuals to use their available resources to adapt at an optimum level of functioning. The practice of nursing incorporates the use of the nursing process to assess an individual's current and potential health care needs, and to plan, implement, and evaluate nursing care.

A variety of caregivers are educated at different levels to provide health care services to the public. The Vocational Nurse is educated to be a responsible member of a health care team, performing basic therapeutic, rehabilitative, and preventive care. The role of the Vocational Nurse is an evolving one and encompasses providing specific services to patients under the direction of a licensed physician and/or registered professional nurse.

D. Philosophy of Nursing Education

Nursing education occurs in a variety of settings and prepares graduates with different

levels of expertise. Vocational Nursing education involves teaching nursing theory, skills, and attitudes that assist the students to assume responsibility and accountability as Vocational Nurses. The faculty uses a systematic approach to instruction that builds on previously learned knowledge from related disciplines and life experience. Faculty select strategies, organize content, arrange experiences, and facilitate learning taking into consideration cultural factors, ethnic background, and the individual learning styles of students.

E. Philosophy of Teaching and Learning

We believe that learning results in a change in behavior that can be measured and which persists. Teaching and learning involve an interactive process between instructor and student. Optimum learning for a diverse student body occurs in a non-threatening, supportive environment in which frequent feedback is an essential element. Learning is maximized when the student feels a need to learn and accepts a share of the responsibility for planning and implementing the learning experience. Learning is facilitated when a variety of instructional modalities are coordinated with students' specific learning needs, goals, and individual support systems. Learning progresses from simple to complex, and involves active participation of both the student and the instructor. Ideally, learning is a life-long process.

SECTION 2

STUDENT LEARNING OUTCOMES

Using the nursing process, the graduate demonstrates the following entry level competency skills:

- Assesses basic physical, emotional, spiritual, and socio-cultural needs of patients using a variety of resources;
- Contributes to the development of nursing care plans, establishing priorities and revising as necessary;
- Provides safe, competent nursing care using accepted standards;
- Evaluates care to determine priorities, goals, and effectiveness of care;
- Uses effective communication skills in nursing role, in therapeutic relationships with patients and families and in collaboration with members of the health team;
- Assumes responsibility and accountability for managing own actions and care delegated to those with lesser preparation;
- Practices within the scope of practice of the Licensed Vocational Nurse;
- Adheres to nursing code of ethics;
- Seeks opportunity for continued professional growth and performance; and
- Advocates for the healthcare consumers through political, economic, and societal activities.

SECTION 3

CONCEPTUAL (ORGANIZING) FRAMEWORK

The conceptual (organizing) framework of the VN Program at CMC is derived from statements in the program philosophy relating to the human individual and society, health, and nursing. The philosophy and organizing framework provide guidance to the establishment of educational outcomes, course objectives, the sequencing of course content, and the program in general.

A. The Individual and Society

The individual is viewed as a unique holistic being with biological, psychological, social and spiritual needs. Individuals possess dignity and unconditional worth, have diverse values and beliefs, and have an inherent right to assume responsibility for development of their own potential.

The individual moves through the life span from conception to death, experiencing various needs at different stages. Individuals exist as a part of a family and world community in which they interact with and are affected by environmental situations.

B. Health, Illness and Health Care Delivery

Health is viewed as a changing state on the wellness/illness continuum. As individuals progress through life, optimum levels of wellness can be achieved. Illness results when alterations occur in an individual's optimum state of wellness.

Alternations in optimum wellness may be viewed differently by different individuals. Individuals' perception of the alteration may affect their ability to function.

C. Nursing

Nursing is a dynamic, caring profession in which the nurse assists individuals to achieve their highest level of functioning. Nursing activities are implemented through the use of the nursing process which involves assessment of basic physical, emotional, social-cultural, and spiritual needs; planning care; implementation; and evaluation.

SECTION 4

GENERAL INFORMATION

- A. CMC is fully accredited by the Western Association of Schools and Colleges. The VN Program is approved by the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT). CMC Adheres to the Title IX Civil Rights Act of 1964 and the Rehabilitation Act of 1973 and is an Affirmative Action employer. The District makes all Program decisions without regard to race, color, religion, sex, national origin, age or marital status. Reasonable accommodation will be made for disabilities which do not materially affect the applicant's ability to perform the job. The District encourages men/women to apply for both traditional and non-traditional programs.
- B. Retention/Dismissal/Termination Policy
1. Retention and Progression in the VN Program
 - a. Students must complete the curriculum requirements of the BVNPT: Total units 50, Theory Hours 576 and Clinical Hours 972.
 - b. A grade of 75% or better in both clinical and theory must be earned to progress to the next semester.
 2. Withdrawal from the Program
 - a. A student may withdraw from a course (and, thus, from the Program) prior to reaching the 75% mark; the transcript may show a "W." After 75%, the transcript will show an "F."
 - b. A student who withdraws from the Program a second time will not be considered for readmission.
 - c. A student leaving the Program for any reason other than graduation must attend an exit interview and sign the Exit Summary form. This is a requirement for future consideration of readmission.
 - d. Any student wishing to be considered for readmission must make formal application according to admission policy guidelines.
 3. Dismissal from the Program
 - a. A student will be dismissed from the Program for any of the following:
 1. Academic and/or clinical failure
 2. Unsafe clinical performance
 3. Acts of dishonesty or unethical behavior
 4. Violation of program professional conduct standards

A student who is dismissed for any of the above reasons will be denied readmission.
 - b. If dismissal occurs, the student transcript will show an "F."
 - c. All incidents must be documented in writing as soon as possible on a

Faculty/Student Meeting Record form and signed by both instructor and student.

- d. A student leaving the Program for any reason other than graduation must attend an exit interview and sign the required Exit Summary form.

C. Grading

- 1. The theory grade is based upon total points using the following scale:

90 – 100% = A	75 – 81% = C
82 – 89% = B	<75% = F

- 2. The clinical grade is based upon consistent satisfactory performance as specified in the clinical evaluation forms.

D. Students are encouraged to use the library facilities at CMC during regular library hours. Among library resources you will find computer workstations with internet access to websites such as Medline, Merck and other related health science information. Each workstation also has access to EbscoHost, a full-text database with over 2000 magazines and journals.

E. It is recommended that VN Program students limit outside employment to no more than 16 hours weekly.

F. Please consult the College catalog for student services available at CMC. They include the following:

- Counseling
- Financial Aid
- EOPS/CARE
- ACCESS
- Tutorial Services

G. Patients with Infectious Diseases: All students will be assigned to care for patients with infectious diseases. Standard precautions will be implemented in the care of all patients. All students will wear eye protection in situations where contact with body fluids is a possibility.

H. All Students Must Submit the original health examination form to the Health Sciences/ Nursing Programs (H SNP) Office and **keep a copy for their personal records.**

- 1. Students must maintain a level of physical and/or psychological health that enables them to provide safe nursing care to patients. When an instructor notes signs or symptoms that could indicate a health problem the student may be required to bring evidence of satisfactory physical and/or mental health from a physician.

The student must be free from communicable diseases, infection, psychological disorder, and other conditions that would present a threat to the wellbeing of faculty, students or patients or would prevent the successful performance of the responsibilities and tasks required in the education and training program. Any condition described above which is developed by the student after admission to the program may be considered sufficient cause for suspension and/or dismissal from the program.

2. The Program Director (Director) may require a student to be examined by a licensed physician and to have laboratory tests, as needed, to determine physical and/or mental fitness. The Director is authorized to require that records of any such examination be released to the Director. Such records may be used only to determine fitness for the program, and except for such use, the confidentiality of such records shall be maintained.
3. Suspension/dismissal from a Program for health reasons will be on a case-by-case basis and shall be reviewed by the Director in consultation with College officials, other officials, and/or the BVN/PT.
4. A licensed independent practitioner (MD, DO, NP, PA) must complete the Pre-Entrance Medical Record Fitness Evaluation form. The completed form must be submitted to the HSNP office by the deadline per student notification.
5. Copies of required lab reports and other documentation must be attached to the CMC Pre-Entrance Medical Record Fitness Evaluation form.
6. Tuberculosis (TB) testing is an ANNUAL requirement. Students entering the Program are required to undergo a two-step PPD screening and annual screening must be maintained during enrollment in the Program. If a student has tested positive in the past, documentation of the positive test and a current chest x-ray (within six months of beginning the Program) is required.
7. Documentation of the following titers is required for all students entering the Program: Rubeola (Measles), Mumps, Rubella, Varicella, Hepatitis B and Hepatitis Acute Panel. If any of the above titers are negative or equivocal, immunization is required a repeat titer six (6) weeks later is required to determine immunity. Additional health requirements may be imposed by facilities used for student clinical experiences and these must be met.
8. Current Diphtheria/Tetanus/Pertussis immunization is required.
9. As soon as a student suspects she is pregnant, she should be examined by a M.D. If pregnancy is confirmed, the following is required:
 - a. A signed statement, on official letterhead, from the physician and/or nurse practitioner stating that it is safe for the student to perform the work required in a clinical facility without restriction. This must be presented to the HSNP office and will be placed in the student's file.
 - b. A signed statement from the physician will be presented to the Health Sciences/Nursing Programs office every two months or more frequently if determined necessary by the Director. The statement will verify the student's health status and continued ability to perform the clinical assignments without restriction.
 - c. The student must submit a release to return to unrestricted activity to the HSNP office from the physician after pregnancy/childbirth.
10. All students are to have a background check and drug screen prior to entering the Program. Criminal background checks are required by all clinical agencies/facilities.

11. Injuries in the Clinical Area
 - a. Notify your instructor as soon as possible. The instructor will help you with the required documentation and to explore treatment options.
 - b. Neither the clinical facilities nor the College are responsible for providing treatment related to student injuries occurring as a result of this training program.
12. Students who have sustained an injury, whether during course activities or in the course of personal activities, are required to submit proof of fitness to participate in clinical activities. Failure to provide such documentation when requested by the course faculty or the Director may result in suspension and/or dismissal from the program.

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

SECTION 5

ATTENDANCE/ABSENCE POLICY

Students will be assigned clinical experiences in various facilities. These affiliations are governed by contracts between the College and the facilities. The contract requires adherence to certain standards by participating students. These standards are necessary to ensure that the policies and limitations set forth by the various hospitals are observed. Failure to follow these standards will result in students not being permitted to continue clinical training and would, therefore, result in exclusion from the Program.

- A. The BVNPT requires a specific number of units and hours in the various clinical areas. If absences exceed limits set by the department, the student may not have sufficient hours to qualify for the licensing exam. Tardiness and leaving early is disruptive to the educational process in the classroom and clinical areas. Program policies regarding attendance are:
1. The Program adheres to the College policies governing attendance (see College catalog). The students are expected to attend all class meetings of the course in which they are enrolled.
 2. Tardiness/Leaving Early: Tardiness is when a student is not in the learning location (clinical facility meeting location or theory classroom) and ready to begin at the time the class or clinical rotation is scheduled to begin. Leaving early is when the student leaves before the time the class (theory or clinical) is scheduled to end.
 3. Theory Absence: One absence from theory per semester is allowed. Two absences from theory subject the student to failure of the course and dismissal from the Program. All theory absences must be made up; theory makeup assignments, objectives and deadlines will be determined by the theory instructor.

Students are required to notify the theory instructor at least one hour before the start of the class session if the student will be absent.

4. Clinical Absence: Nine hours of clinical absence per course is allowed. More than nine hours of clinical absence subjects the student to failure of the course and dismissal from the Program. All clinical absences must be made up in the Nursing Resource Lab (NRL) or in a clinical facility. The student will be required to accomplish specific objectives as assigned by the clinical instructor or to complete an assignment as directed by the instructor on the clinical make-up form.

Students are required to notify the clinical instructor at least one hour before the start of the clinical shift if the student will be absent.

5. When absences exceed what is allowed per Program policy, the student will be dismissed from the course and required to withdraw from the Program or receive a failing grade (based on College deadlines which allow either a withdrawal or grade responsibility).
- B. Students who are absent from classes either for theory or clinical, shall meet with a faculty member at the earliest possible time to develop an individual plan for the makeup. Consideration will be given to the type of absence, the objectives not met and the student's previous achievements in the Program. A 'Make-Up Approval Form' (see Appendix A) will be completed indicating how and where these objectives can be made up.

- C. Evidence of current certification in cardiopulmonary resuscitation (CPR) techniques including resuscitation of adults, children and infants (Healthcare Provider level) is required of all students before enrollment in the Program. Continuing certification is required of all students in the Program. Students who do not have a current CPR card will not be allowed to participate in clinical rotations.
- D. All patient records are confidential. Students and faculty will examine patients' records ONLY for the purpose of meeting objectives of the Program.
- E. Students must arrange for their own transportation to and from the clinical facilities.
- F. Students are encouraged to meet with faculty at any time that they wish to discuss their progress or Program policy and procedures. Students who are experiencing difficulty meeting theory or clinical objectives will be asked to meet with the Director or faculty member. At the conference the student and the instructor will:
 1. Discuss the identified learning/performance problems;
 2. Draw up a written plan specifying specific actions that will result in improved performance and are agreed upon by both the student and the instructor;
 3. Determine a date for goals are to be satisfied;
 4. Schedule a sequence of meetings for progress by the student.

In the event the goals have not been met, a conference will be scheduled to include the student, the instructor and the Director during which the student may be required to withdraw from the Program.

- G. Uniforms are required to be worn for all clinical experiences at the clinical facility. Uniforms are not required to be worn for theory days. If the student's uniform and/or personal grooming poses a threat to patient safety, violates hospital policy or is not in compliance with the Program standards, the student may be excluded from the clinical area. Absence from the clinical area may result in failure of the course as described in this Handbook and College policy.

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

1. Complete uniforms must be worn whenever students are in the clinical facility or extended campus for clinical assignments and during assigned NRL sessions. All aspects of the uniform code must be observed. A cap is not part of the uniform, but photo ID is required (**lanyards are not allowed**).
2. The clinical uniform cannot be worn outside of clinical experience (e.g. personal errands, shopping etc.) unless participating in a function where uniform is appropriate (e.g. Health Fair) and as directed by Program faculty.
3. The CMC VN Program uniform is sold by Angie's Uniforms, 57353 Twentynine Palms Highway in Yucca Valley, (760) 366-5156).

The required uniform garments for both female and male students are:

- a. A navy 2 pocket v-neck tunic (Cherokee Workwear #4700).

- b. A navy drawstring pant with cargo pocket (Cherokee Workwear #4100).
- c. A navy cardigan unisex jacket (Cherokee Workwear #4350).

Optional uniform garments for both female and male students are:

- a. A white short sleeve crew neck tee-shirt (Cherokee #4808).
- b. A white long sleeve crew neck tee shirt (Cherokee #4818).

These uniform items **MUST** be exactly as indicated. A comparable but different product is **NOT** acceptable, even if produced by the same manufacturer.

- 4. The CMC Nursing Programs logo patch and VN rocker are a required part of the uniform. The logo patch is sewn on the upper left sleeve of the uniform top and the jacket. The logo patch may not be attached with Velcro, pins, staples or paper clips.
- 5. All students are required to obtain a CMC photo ID card prior to the first day of class. Photo ID cards are obtained in Student Services after you are registered as a student. The photo ID card must be worn on the outermost piece of clothing at shoulder height where it is clearly visible to others (**laneyards are not to be worn**).
- 6. All white socks of plain design (e.g. no lace/patterns/tennis socks or Peds) must be worn. Socks must be clean and free of holes.
- 7. Standard all white nurses' shoes or all white athletic shoes (low heels, closed toes and closed heels) must be worn. No clogs, sandals or canvas shoes will be allowed. Shoes and shoe laces must be kept clean to prevent bacterial collection. All portions of the shoe visible when the student is standing must be white – white athletic shoes with colored bands on the sides are not acceptable.
- 8. Additional items that must be carried while on duty include a black ink pen, bandage scissors, a watch with a second hand, a stethoscope.
- 9. Use a reliable deodorant and make certain that your teeth are clean and your breath fresh. Uniforms must be washed and ironed before every wearing because dirty uniforms carry body odor, harbor the growth of bacteria and look unprofessional.
- 10. Mustaches and beards must be neatly trimmed and acceptable to both the clinical instructor as well as the clinical facility.
- 11. Hair must be off the collar, away from the face and neatly arranged. Loose ponytails or hanging braids are not permitted. Barrettes and/or hair combs must be plainly styled and either hair-colored or clear. Hair color must be within the realm of genetic possibility.
- 12. Make-up extremes should be avoided. The application of permanent tattoos while enrolled in the Program is strongly discouraged. Temporary tattoos and henna-based skin designs will not be allowed in the clinical area. Clinical facilities require that tattoos be completely covered.
- 13. Perfume or cologne may not be used while in uniform.

14. Gum is not allowed in the classroom or clinical area.
15. Fingernails should be no more than ¼” beyond the fingertip and clean in order to prevent injury to the patient, to prevent collection of bacteria under the nails and to be in compliance with host clinical facilities. The use of polish and/or artificial nails is not allowed.
16. Smoking by students is discouraged and may be prohibited at the clinical facilities. If a student chooses to smoke, they must follow these restrictions:
 - a. Smoking is only permitted in designated smoking areas.
 - b. Smoking will only be allowed on approved break times; no additional breaks may be taken for smoking.
 - c. At a minimum, students will always wear an item of clothing that covers their uniform when they are smoking. This item of clothing must be the student’s personal clothing – students are not to take cover gowns, patient gowns, etc. from the facility for this use. The cover clothing must be removed before the student returns to the patient care area.
 - d. Clinical facility rules will be followed which may include:
 1. Restriction of smoking to certain areas.
 2. Changing uniform after smoking and before returning to the care of patients.
 - e. Items for smoking (cigarettes, lighter, etc.) will not be carried in the student’s uniform pockets at any time that they are in the patient care area. They may be stored in a designated staff area or in your personal vehicle.
 - f. Violation of a policy by facility staff does not give permission for students to do so. There is no excuse for the student to violate the facility smoking policy.
 - g. A first reported or observed infraction of these rules will result in counseling and an unfavorable entry in the student’s file and on their clinical evaluation. A second failure to comply with these rules may result in failure to meet clinical professional performance objectives which may result in course failure.
 - h. For additional information on how to comply with this policy, consult the clinical faculty.
17. Only the following jewelry may be worn with the uniform: One wedding band, photo ID badge, watch and one pair of rounded post-style studs for pierced ears (e.g. studs may be gold, silver or pearl white). You may not wear necklaces, chains, bracelets or lapel/slogan pins. Students will be required to remove jewelry resulting from body piercing (e.g. eyebrow, nose, tongue, etc.) while in the clinical area.

SECTION 6

STUDENT ETHICS AND BEHAVIOR

The ethical conduct, protection from legal action and courtesy demands certain restraints on the behavior of VN Program students.

All patient records and information are confidential; examination of them is a privilege extended to the student as a learner. This privilege must never be abused. Students should look at records of assigned patients only. They may also review files of patients with conditions pertinent to the subject matter being studied. If the patient is a relative or friend of the student, the matter should be discussed with the instructor before the assignment is undertaken. In any case, the information is confidential and should not be discussed anywhere except in clinical conference. Use the patient's age range whenever possible. At no time should you look at records or seek information from the health team about patients for your own benefit or to accommodate relatives, friends or neighbors. If a patient is a relative or friend, you must abide by the visiting policies of the health agency; you have no right to special information regarding the patient. The student uniform may not be worn while visiting.

Physician and health team members must be addressed and referred to as dictated by the health agency policies. This rule applies even if the physician or nursing team member is a relative or personal friend.

If any matter concerning a health team member's performance is discussed in conference for the purpose of increasing understanding of nursing care, names should not be used and specific incidents should not be repeated outside the conference situation.

Students have a right to freedom of speech and action in all ordinary matters, but will be held accountable for violations of ethical codes or professional conduct, even when not acting under the supervision of instructors.

The Code of Ethics of the National Association for Practical Nurse Education and Service is reprinted in Appendix C for your review.

IV. STANDARDS OF PROFESSIONAL BEHAVIOR

- A. An VN Program student enrolled at CMC will maintain the following behavior during clinical and theory class hours. Failure to adhere to these behavior standards may result in dismissal from the Program with a failing grade for the course:
1. Speak in a modulated voice and in socially acceptable language
 2. Interact with others in a respectful manner.
 3. Withhold opinions and value judgments as they relate to others in the clinical setting or classroom setting.
 4. Refrain from directly criticizing nursing and medical personnel and/or clinical facility management. Concerns should be discussed privately with clinical instructor.
 5. Stay in assigned areas. If necessary to leave the area, notify the instructor.
 6. No discussion of personal problems on the nursing units.

7. Eating, chewing gum or smoking only in designated areas.
- B. The following behaviors are not acceptable and may be cause for suspension from the class and/or dismissal from the Program:
1. Academic dishonesty including any form of cheating or plagiarism.
 2. Signing the attendance roster for someone other than yourself.
 3. Arguing with or challenging the instructor.
 4. Consistently arriving to class/clinical late and/or not staying for the entire class session.
 5. Disruptive behavior while class or clinical is in session..
 6. Reading other materials (newspapers, other books, etc.) while class is in session.
 7. Use of electronic devices such as cellular phones or tape recorders in class without permission of your instructor prior to the class session.
 8. Studying for another class while class is in session.
 9. Sleeping in class.
 10. Breach of confidentiality and/or violation of HIPPA and/or FERPA regulations.
 11. Patient abandonment.
 12. Habitual profanity and/or vulgarity.
 13. Violation of the NAPNES Code of Ethics.
 14. Failure to abide by the scope of practice of the Student Nurse.
 15. Placing or threatening to place a patient, staff member, student and/or instructor in physical or emotional jeopardy.
- C. Class work shall be legible (readable). Neatness, spelling and grammar count. All class work is expected to be at the collegiate level. Please refer to the course syllabus for further information.

SECTION 7

POLICY FOR STUDENTS WHO MAY BE IMPAIRED BY CHEMICAL DEPENDENCY AND/OR EMOTIONAL ILLNESS

- A. In the matter of Program students impaired by chemical dependency and/or emotional illness, the HSNP Department of CMC (VN Program) recognizes that:
1. These are illnesses and should be treated as such.
 2. Personal and health problems involving these illnesses may affect a student's academic and clinical performance and that the impaired student may pose a danger to self and a grave danger to the patients in his or her care.
 3. Students who develop these illnesses can be helped to recover.
 4. It is the responsibility of the student to voluntarily seek diagnosis and treatment for any suspected illness.
 5. Confidential handling of the diagnosis and treatment of these diseases is essential.
- B. Therefore, the faculty of the HSNP Department will document behaviors that may identify the impaired student. These behaviors include but are not limited to the following:
1. Clinical performance: Some of the changes in the clinical performance that the instructor will document include the following:
 - a. Absenteeism - lack of notification - calls in to be late at the beginning of the shift, long lunch hours - frequent and/or unexplained disappearances from the assigned unit.
 - b. Deterioration of clinical performance.
 - c. Increasing inability to meet schedules and deadlines.
 - d. Illogical, illegible or careless charting.
 - e. Excessive errors. Frequent medication errors; incorrect narcotic counts.
 - f. Frequent disappearances from the work area and returns with noted physical and/or behavior changes.
 2. In addition to deterioration in clinical performance, the impaired student will often exhibit a pattern of psychosocial problems. These may include but are not limited to:
 - a. Personality changes: increased isolation, eats lunch alone, avoids informal get-togethers, decreased interest in outside activities.
 - b. General behavior: frequent inappropriate responses, elaborate excuses for behavior, unkempt appearance.
 - c. Mental status: forgetfulness, complete loss of memory of event and

conversations, confusion, decreased alertness, euphoria or "glossed over" recall of unpleasant events or arguments.

- C. Students who may be experiencing problems with chemical and/or substance abuse and/or emotional illness while in the extended campus clinical setting, are reminded that the policies and procedures of that clinical facility may be followed first. When a HSNP Department student appears to be impaired by alcoholism, drug abuse or emotional illness, the following procedures will be followed:
1. The clinical facility and/or College may report the student to civil authorities.
 2. Documentation of unsafe and/or inappropriate behavior will be presented to the student by the clinical instructor at a meeting with the Director.
 3. According to the College Catalog the student may be subject to disciplinary action and legal penalties for violation of civil and criminal law and District and College rules.
 4. In addition to the actions outlined in the College Catalog, the Director will:
 - a. Review the student's performance and instructor's clinical evaluation.
 - b. Discuss the situation with the student.
 - c. Recommend any, all, or none of the following:
 - 1) Referral to an appropriate resource for help with the problem;
 - 2) Exclusion from the Health Science program at this time;
 - 3) Clinical probation with specific clinical objectives to be met by a specific date.

SECTION 8

STUDENT GRIEVANCE POLICY

If a student has a reason to believe that he/she has been unfairly treated, and wishes to bring charges against a member of the academic community, the following procedures are followed with respect to the faculty and/or administrators.

- A. Cause:
Within fifteen (15) school days from the time of the alleged grievance, any student who has reason to believe that he/she has been unfairly treated may initiate grievance procedures against the staff member in question.
- B. Procedures:
1. The student shall first discuss the matter with the staff member in question. If, however, the student cannot discuss the matter with the staff member, or if the student is not satisfied with the discussion, he/she may then;
 2. Within five (5) school days after consulting or attempting to consult with the staff member, bring the matter to the attention of the Dean for Instruction. After discussing the matter with the Dean for Instruction or their designee, if the student wishes to make a formal complaint it must be in writing. The Dean for Instruction or their designee will notify the staff member and conduct an investigation. At this point the name of the student may be kept confidential. The Dean for Instruction may request a meeting with the student and the staff member if it is believed that the matter can be resolved. At this meeting the student and the staff member are entitled to representation. The Dean for Instruction or designee shall communicate a decision to the student and staff member within forty (40) school days of the written complaint. If, however, the student is not satisfied, he/she may then;
 3. Within ten (10) school days of receiving that decision, the student desiring further appeal may appeal to the Superintendent/President for review of the matter and, at the Superintendent/President's discretion, hold a hearing on the matter.
 4. The Superintendent/President shall communicate a decision to the student and staff member within forty (40) school days of the hearing. If, however, the student is not satisfied, he/she may then;
 5. Within ten (10) school days of receiving that decision, the student desiring further appeal may appeal to the Board of Trustees for a review of the matter and, at the Board's discretion, hold a hearing on the matter.
 6. Due to contractual or other personnel regulations, decisions regarding grievances may not be shared with the student.

Students have the right to contact the BVNPT regarding Program concerns, especially if the student believes these problems have not been addressed by College faculty and administration after being brought to their attention.

Department of Consumer Affairs
Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Dr., Suite 205
Sacramento, CA 95823-2945
(916) 263-7800 www.bvnpt.ca.gov

SECTION 9

INFORMATION REGARDING LICENSURE WITH THE BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

- A. During the final semester of the Program, students will be provided with licensure applications and instructions regarding filing dates. The student will be responsible for completing the application materials by the stated deadline and paying the required application fee. All licensure application materials are to be submitted to the HSNP Department for submission to the BVNPT.
- B. Graduates of CMC VN Program are eligible to apply for the NCLEX-PN Examination.
- C. After completion of the Program, you may receive a survey form requesting information about the Program, your current position and plans for further schooling. An employer survey may also be included for additional Program assessment. We greatly appreciate your cooperation and participation.

SECTION 10

READMISSION TO THE PROGRAM

Because the size of each class is limited, readmission to the Program is subject to available space. However, the Director may determine that vacant seats will not be filled, even in the presence of qualified applicants, if it is deemed to be in the best interests of existing students and Program success. Any student seeking readmission must meet the following criteria:

1. Submit a written request for readmission to the Director;
2. Be readmitted to the Program within one year of the time the last VN course was taken and successfully completed;
3. Have a cumulative college grade point average of at least 3.0 excluding the grades of the course being repeated;
4. Be able to complete any remaining requirements without interrupting progression through the Program sequence; and
5. Provide evidence of sound emotional and physical health, if requested.

A. Prioritizing Requests for Readmission.

When there are more requests than space available, the Director and Program faculty will prioritize requests for readmission. The following guidelines are used to prioritize positions in the class:

1. First priority will be given to student who was satisfactorily meeting objectives at the time of withdrawal.
2. Second priority will be given to student who was unsatisfactorily meeting objectives at the time of withdrawal. A student who has a grade of "Incomplete" or a "W" will be considered in this category.

B. Ineligibility

A student will be considered ineligible to return if:

1. The student has been terminated or dismissed from the Program for unsafe clinical performance, documented acts of dishonesty or unethical behavior, violation of program professional conduct standards; and/or
2. The student has failed to satisfactorily complete a particular course after enrolling in that course twice.

C. Appeal

Any student seeking readmission who is ineligible as a result of any of the above standards and who believes that his/her situation should be considered an exception may appeal. The appeal process begins by making an appointment to discuss the matter with the Director of the Program.



**COPPER MOUNTAIN COLLEGE
VOCATIONAL NURSING PROGRAM**

MAKE-UP APPROVAL FORM

Student: _____ Date of Absence: _____

Class: _____ Date Turn In: _____

Instructor: _____

Content of Make-up: Clinical = Lab
 Theory = Classroom

Instructor Comments:

Instructor Signature: _____

This form must be used for make-up.
Form must be completed by your instructor.

**Copper Mountain College
Health Science/ Vocational Nursing
Student/Faculty Meeting Record**

Student Name: _____ **Date:** _____

Faculty Name: _____

Nature of Meeting: **Student Request** **Theory Performance** **Clinical Performance**

Other (describe): _____

Purpose of Meeting: _____

Student is is not At Risk for Failing related to:

Discussion:

Conclusion(s):

Plan:

Student is referred to:
 ___ CMC Counselor
 ___ Student Success Center for: _____
 ___ Student Services tutor for: _____
 ___ CMC Financial Aid Office
 ___ Other: _____

Student is recommended to:
 ___ Reduce work hours / stop working
 ___ Join a study group
 ___ Other: _____

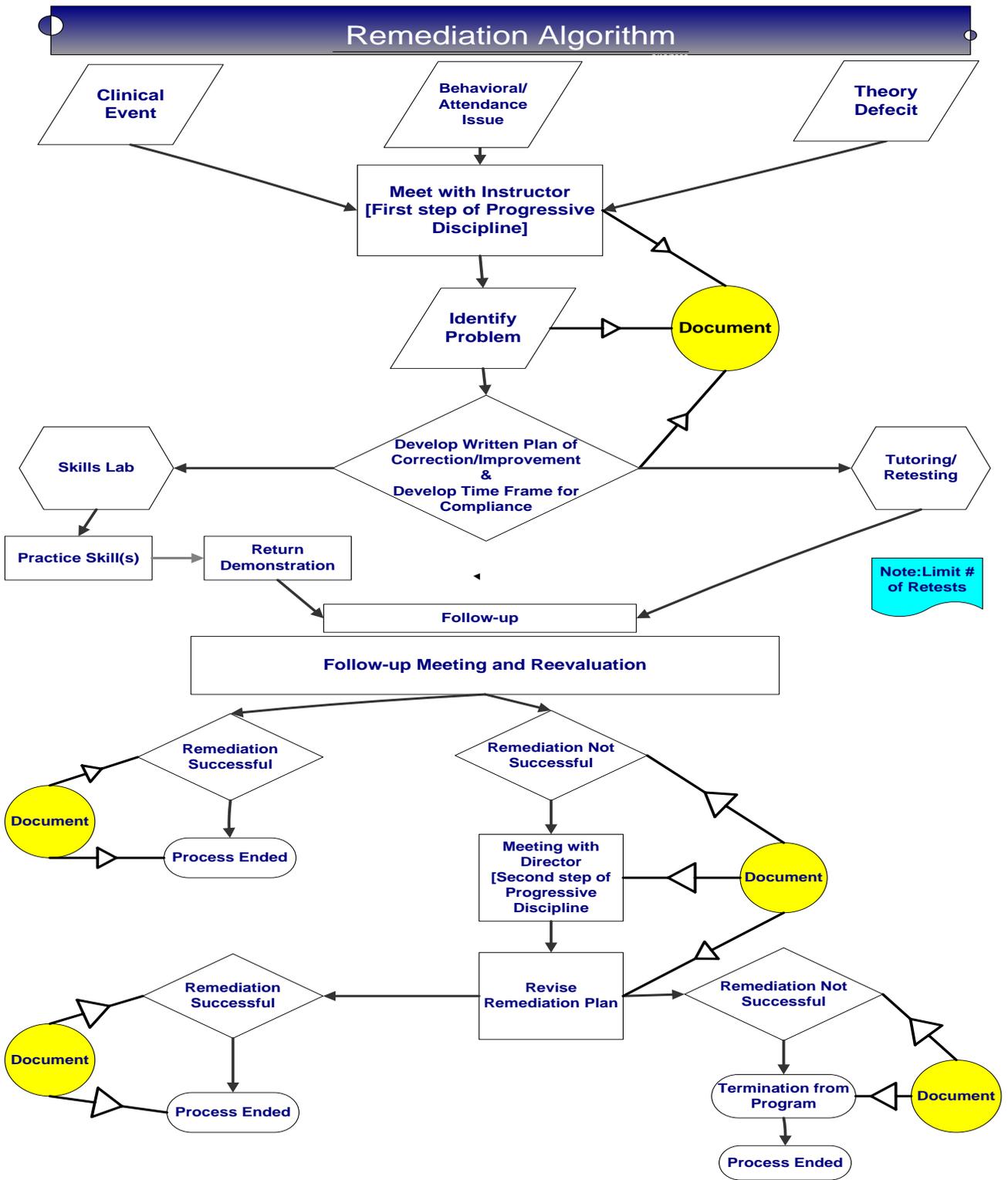
Next Meeting: _____

I, the student, am committed to the above plan for my success.

Student Signature: _____

I, the faculty, am committed to the above plan for the student's success.

Faculty Signature: _____





NAPNES CODE OF ETHICS

The LP/VN shall:

1. Consider as a basic obligation the conservation of life and the prevention of disease.
2. Promote and protect the physical, mental, emotional, and spiritual health of the patient and his family.
3. Fulfill all duties faithfully and efficiently.
4. Function within established legal guidelines.
5. Accept personal responsibility (for his/her acts) and seek to merit the respect and confidence of all members of the health team.
6. Hold in confidence all matters coming to his/her knowledge, in the practice of his profession, and in no way at no time violate this confidence.
7. Give conscientious service and charge just remuneration.
8. Learn and respect the religious and cultural beliefs of his/her patient and of all people.
9. Meet his/her obligation to the patient by keeping abreast of current trends in health care through reading and continuing education.
10. As a citizen of the United States of America, uphold the laws of the land and seek to promote Legislation which shall meet the health needs of its people.



COPPER MOUNTAIN COLLEGE
VOCATIONAL NURSING PROGRAM

EVALUATION OF CLINICAL PERFORMANCE

Student _____ Semester _____ Pass _ Fail __ Absences (dates) _____ Instructor _____
 Semester _____ Pass _ Fail __ Absences (dates) _____ Instructor _____
 Semester _____ Pass _ Fail __ Absences (dates) _____ Instructor _____

Rating Scale:

- 5 = Independent, self-directed
- 4 = Self-directed – student performs with observation
- 3 = Students needs only verbal direction from instructor
- 2 = Student needs verbal direction and assistance from instructor
- 1 = Unsatisfactory performance

NA = Not applicable

Note: In order to pass clinical, students must perform at no less than the level designated for each objective.

	VN I			VN II			VN III			Comments
	Mid	Final	Minimum Performance	Mid	Final	Minimum Performance	Mid	Final	Minimum Performance	
ROLE AS A MEMBER WITHIN THE DISCIPLINE OF NURSING										
Demonstrate and foster high standards of nursing practice										
1. Practice within the ethical-legal and regulatory framework of vocational nursing and standards of professional practice			2			3			3	
2. Demonstrate caring behavior towards the diverse patient, significant support person(s), peers, supervisors and other members of the healthcare team.			2			3			3	
3. Demonstrate responsibility, accountability, self-management and self-evaluation.			3			3			3	
4. Maintain and protect patient/organizational professional confidentiality.			3			4			4	
5. Demonstrate non-judgmental and sensitive behavior in providing care and in interpersonal relationships.			3			3			3	
6. Identify actual or potential ethical dilemmas in practice.			2			3			3	
7. Value vocational nursing as a career and value own practice.			3			4			4	
8. Support peers and other workers in the delivery of patient care.			2			3			3	
9. Demonstrate behaviors of the vocational nursing role.			2			2			2	
10. Participate in peer review and governance.			2			2			2	
11. Utilize standards of vocational nursing practice and information from current literature to implement and evaluate safe patient care.			2			3			3	
12. Utilize constructive criticism and self-evaluation as a basis for behavior change to improve nursing practice. Accept direction.			3			3			3	
13. Demonstrate professional behavior through appropriate civility, attendance, punctuality, grooming, dress and absence of substance abuse.			5			5			5	
BASIC ASSESSMENT (Data collection)										

	VN I			VN II			VN III			Comments
	Mild	Final	Minimum Performance	Mild	Final	Minimum Performance	Mild	Final	Minimum Performance	
1. Contribute to a database through systematic data gathering from patient, family and other sources to determine the patient's response to actual or potential health problems.			2			2			2	
2. Note changes in health status that affect the patient's self-care agency (ability to meet needs).			2			2			2	
3. Identify the impact of environmental, developmental, emotional, cultural, religious and spiritual influences on the patient's self-care agency (ability to meet needs).			2			2			2	
4. Identify the interaction patterns (verbal/nonverbal) of individual patients or significant support persons.			2			3			3	
DIAGNOSIS										
5. Analyze and utilize assessment and reassessment data to contribute to a plan for care for actual or potential self-care demands/deficits.			2			2			2	
6. Recognize nursing diagnoses on the basis of gathering and review of data.			2			2			2	
PLANNING										
7. Participate with the patient, family, significant others and members of the healthcare team to contribute to patient-centered goals and interventions directed toward restoring the patient's optimum state of health, promoting wellness, preventing illness and providing rehabilitation.			2			2			2	
8. Prioritize patient care.			2			3			3	
9. Contribute to and implement an individualized care plan that moves toward self-care, incorporating data related to the patient's cultural and spiritual beliefs and physiological, psychosocial and developmental needs and strengths.			2			3			3	
IMPLEMENTATION										
10. Utilize therapeutic communication skills when interacting with patients of all developmental ages, significant support systems and groups.			2			3			3	
11. Implement the prescribed plan of care within the legal, ethical and regulatory framework of vocational nursing practice according to priority of goals and adjust priorities as changes occur.			2			2			2	
12. Execute nursing interventions (wholly/partially-compensatory or supportive/educative) in accordance with the care/treatment plan.			2			3			3	
13. Provide a safe physical and psychosocial environment for the patient to achieve optimum comfort and functioning in diverse settings.			3			3			3	
14. Implement and monitor the prescribed medical regimen and nursing procedures for the patient undergoing diagnostic tests and/or therapeutic procedures.			3			3			3	
15. Perform nursing actions competently in an organized and timely manner, to assist the patient to achieve optimum comfort and functioning.			3			3			3	
16. Promote an environment conducive to prevention of self-care deficits and maintenance or restoration of the patient's ability to meet self-care requirements.			3			3			3	
17. Use evidenced-based information, collected electronically or through other means, to support clinical decision-making.			2			3			3	
18. Recognize inconsistencies in prescribed nursing and medical regimen and intervene appropriately.			2			3			3	
19. Promote patient autonomy by keeping him/her informed and involved in decision-making.			3			3			3	
20. Communicate relevant, accurate and complete information in a concise and clear manner.			2			2			2	
21. Contribute to the development and implementation of teaching plans that are specific to the patient's level of development, knowledge, learning needs and learning style.			2			2			2	

	VN I			VN II			VN III			Comments
	Mild	Final	Minimum Performance	Mild	Final	Minimum Performance	Mild	Final	Minimum Performance	
22. Identify roles of healthcare team members in providing for continuity of care.			2			2			3	
23. Identify resources for referral of patients with self-care deficits.			2			3			3	
EVALUATION										
24. Evaluate the effectiveness of care provided towards achieving patient outcomes.			2			3			3	
25. Collaborate with the patient, significant support person(s) and other members of the healthcare team to evaluate progress toward achievement of outcomes.			2			3			3	
26. Modify patient care as indicated by the evaluation of outcomes.			2			3			3	
ROLE AS MANAGER OF CARE										
Demonstrate management skills in providing care to a group of patients with diverse needs.										
1. Prioritize patient care for assigned patients and reprioritize as indicated.			2			2			2	
2. Facilitate the continuity of care within and across changing healthcare settings and management systems.			2			2			2	
3. Demonstrate accountability for vocational nursing care given by self or delegated to others.			3			3			3	
4. Provide assistive personnel with relevant instruction to support achievement of patient outcomes.			N A			2			2	
5. Interact creatively, openly and in a collegial manner with others to solve problems related to achieving patient goals and outcomes.			3			3			3	
6. Utilize the appropriate channels of communication to achieve positive patient outcomes.			2			3			3	
7. Collaborate to bring about fair solutions that balance differing needs, values and motivations for the purpose of achieving positive patient outcomes.			2			3			3	
8. Work cooperatively with others to achieve patient and organizational outcomes.			2			3			3	
9. Advocate for patient rights.			2			3			3	
10. Seek assistance from other members of the healthcare team when the situation is beyond his/her knowledge or experience.			2			3			3	
11. Demonstrate competencies and utilize information technology to support and communicate the planning and provision of patient care.			2			2			2	
12. Practice within the parameters of individual knowledge and experience.			2			2			2	
13. Coordinate the implementation of an individualized plan of care for patients and significant support person(s).			2			2			2	
PERFORMANCE	50 POINTS TOTAL POSSIBLE									
Attendance										
Punctuality										
Medicine pass preparation and knowledge										
Procedures										
Professional conduct										
Professional appearance										
Team player										
Interaction with peers										
Interaction with staff										
Communication										
Adherence and basic knowledge of facility policy/procedures and rules										

VNI MIDTERM COMMENTS:

Instructor Signature Date _____
Student Signature _____
Date

VNI FINAL COMMENTS:

Instructor Signature Date _____
Student Signature _____
Date

VNII MIDTERM COMMENTS:

Instructor Signature Date _____
Student Signature _____
Date

VNII FINAL COMMENTS:

Instructor Signature Date _____
Student Signature _____
Date

VNIII MIDTERM COMMENTS:

Instructor Signature Date _____
Student Signature _____
Date

VNIII FINAL COMMENTS:

Instructor Signature Date _____
Student Signature _____
Date



**COPPER MOUNTAIN COLLEGE
VOCATIONAL NURSING PROGRAM**

WAIVER FOR PREVIOUS EDUCATION AND WORK EXPERIENCE

I, _____ have been made aware of my rights to apply my previous work
(student name – print)
experience and education to the Vocational Nursing Program and I waive the right to apply such
experience and education to my coursework in VN Program.

Student Signature

Date

Witnessed by Director

cc: Student
Student Academic File



**COPPER MOUNTAIN COMMUNITY COLLEGE
HEALTH SCIENCES/NURSING PROGRAMS DEPARTMENT**

REQUIRED EXIT SUMMARY

DATE: ___/___/___

Name of Student: _____

Course Exiting: _____ Reapplying: Yes ___ No ___

REASON FOR EXIT:

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

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

RECOMMENDATIONS to improve chance of success if readmitted

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

Signature of Student

___/___/___
Date

Signature of Faculty

___/___/___
Date

Unsafe Practice Acts in the Clinical Setting

1. Unsafe Practice Acts related to medications:
 - 1) Failure to observe the seven rights of medication administration:
 - a. right patient;
 - b. right time and date;
 - c. right dose;
 - d. right route;
 - e. right medication;
 - f. right reason;
 - g. right response.
 - 2) Failure to recognize errors related to medications:
 - a. failure to recognize own inability to calculate dosages;
 - b. failure to report any medication error;
 - c. failure to recognize and report own errors;
 - d. failure to check and initiate appropriate nursing action for patient allergies or pertinent lab test or procedure results when indicated;
 - e. failure to know and report medication side reactions;
 - f. failure to handle medications/ampules/vials in a safe manner;
 - g. failure to double verify medication when indicated;
 - h. Failure to properly administer/monitor IV therapy.

2. Unsafe Practice Acts related to patient/nurse safety:
 - 1) Failure to practice Universal Precautions and/or Standard Precautions.
 - 2) Failure to properly wash hands at the appropriate times.
 - 3) Failure to identify a patient before beginning any procedure.
 - 4) Failure to elevate side rails on:
 - a. confused patient;
 - b. medicated patient;
 - c. patient in higher elevated bed;
 - d. child in a crib;
 - e. patient on a stretcher/gurney.
 - 5) Inserting a contaminated urinary catheter or using any contaminated equipment in patient care.
 - 6) Failure to ascertain and observe for patency in any tube.
 - 7) Failure to check placement of an NG tube before instilling fluid.
 - 8) Failure to check doctor's orders before beginning any treatment.
 - 9) Failure to recognize, report and record important changes in patient's condition including:
 - a. change in blood pressure;
 - b. change in pulse;
 - c. change in respirations;
 - d. change in patient's color;
 - e. new or unusual bleeding;
 - f. change in patient's emotional state;
 - g. low or no urine output.

3. Unsafe Practice Acts related to the patient's nutritional status:
 - 3.1 Administering liquids or solid foods to a patient who is NPO.
 - 3.2 Supplementing or altering without doctor's orders, the patient's therapeutic (special) diet.
 - 3.3 Attempting to administer liquid or solid food to a patient at risk of aspirating.
 - 3.4 Delivering food tray to the wrong patient.
 - 3.5 Not observing or maintaining an ordered fluid or dietary intake.

- 3.6 Failure to record an ordered intake and output.
- 4. Unsafe Practice Acts related to the patient's legal rights:
 - 4.1 Failure to maintain patient confidentiality.
 - 4.2 Failure to provide for patient privacy.
 - 4.3 Attempting to force or coerce the patient:
 - a. forcing medication on the patient when the patient is not on a legal hold;
 - b. forcing a treatment on a patient.
 - 4.4 Participating in holding a patient against his/her will when patient is not on a legal hold.
 - 4.5 Denying a patient his rights when the patient is not on a legal hold.
 - 4.6 Denying a patient his or her bill or rights.
- 5. Unsafe Practice Acts related to life support measures:
 - 5.1 Failure to initiate CPR on a patient.
 - 5.2 Failure to correctly perform CPR.
- 6. Unsafe Practice Acts related to student role performances:
 - 6.1 Failure to recognize own limitations:
 - a. attempts a procedure without prior education or practical experience;
 - b. does not report work overload;
 - c. causes a patient or staff injury due to negligence;
 - d. allows staff to assign student to procedures student does not feel competent to perform and the student performs the procedure without the instructor.
 - 6.2 Failure to recognize and report any errors.
 - 6.3 Failure to chart or to report off to staff and/or instructor before leaving the unit:
 - a. charts inaccurately and/or incompletely;
 - b. gives inaccurate and/or incomplete report;
 - c. failure to report incomplete care.
 - 6.4 Failure to demonstrate appropriate clinical professional behavior that could jeopardize a patient's safety:
 - a. tardiness, excessive absences, inappropriate grooming/dress, and/or inappropriate interpersonal behavior;
 - b. reporting to clinical lab under the influence of alcohol or drugs;
 - c. stealing or lying in regards to medications, possessions (staff or patient's) or treatments in the clinical experience;
 - d. does not follow policy of the nursing program, school and/or clinical agency;
 - e. makes judgment to change plan of care without approval of RN.



COPPER MOUNTAIN COLLEGE

HOSPITAL DRUG AND HAZARD AWARENESS FORM

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

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

The student is aware that:

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

Student signature verifies:

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

Signature: _____

Date: _____