COPPER MOUNTAIN COLLEGE

VOCATIONAL NURSING PROGRAM

STUDENT HANDBOOK

Governed by:
Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833-2945
916.263.7800 www.bvnpt.ca.gov

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ADDENDUM – VN STUDENT HANDBOOK

Copper Mountain College
Vocational Nursing Program
Clinical Facilities

The following clinical facilities have contractual relationships with Copper Mountain College and are used in the Vocational Nursing Program as clinical practice sites:

1. Hi-Desert Medical Center
   6601 White Feather Road
   Joshua Tree, CA 92252

2. Hi-Desert Continuing Care Center
   6601 White Feather Road
   Joshua Tree, CA 92252

3. Robert Bush Naval Hospital
   1145 Sturgis Road
   Twentynine Palms, CA 92277

Clinical rotations may be scheduled any day of the week. Shifts may be scheduled for day shift or night shift any time during a 24-hour period.

TABLE OF CONTENTS

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 https://www.cmccd.edu/prospective-students/health-sciences/.

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.

Copper Mountain College
Vocational Nursing Program
Program Compliance Agreement

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

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. I understand that the most current published version of the Handbook, available on the Copper Mountain College website, is the official version governing the Vocational Nursing Program and supersedes all previous versions. I understand that the Program will make reasonable efforts to notify students of substantive revisions through official College communication, such as email. I am responsible for reviewing and complying with the current published version of the Handbook, whether or not I provide an additional acknowledgment or signature.

(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 graduation and licensure in a timely manner.

(4) Course registration, purchase of required textbooks, online testing and resource materials, maintaining current American Heart Association CPR skills and certification as evidenced by documented completion of an approved course for Healthcare Providers according to the requirements of the agency, Universal/Standard Precautions, health and safety requirements, drug dosage mathematics competency, adherence to Program uniform policy, attendance, and behavior standards in accordance with all policies and deadlines.

(5) Submitting complete and appropriate class and clinical written assignments, including self-evaluations as stated in the course syllabi.

(6) Complete patient care preparation prior to providing clinical care in order to ensure safe, patient-centered care.

_____ _____ 1st 2nd 3rd
Student Signature Date Semester (circle one)

SECTION 1: Program Overview

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 Nursing 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 take the Vocational Nursing licensing examination 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 healthcare. We believe that access to healthcare is the right of each member of society.

B. Health, Illness, and Healthcare Delivery

We believe health and illness are relative, every-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.

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 physiological, psychosocial, 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 healthcare needs, and to plan, implement, and evaluate nursing care.

A variety of caregivers are educated at different levels to provide healthcare services to the public. The Vocational Nurse is educated to be a responsible member of a healthcare team, performing basic therapeutic, rehabilitative, and preventive care. The role of the Vocational Nursing 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

We believe that learning results in a change in behavior that can be measured and 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 lifelong process.

STUDENT LEARNING OUTCOMES

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

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

CONCEPTUAL (ORGANIZING) FRAMEWORK

The conceptual 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 lifespan 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 Healthcare 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. Alterations 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, socio-cultural, and spiritual needs; planning care; implementation, and evolution.

PROGRAM APPROVAL

CMC is fully-accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC). 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 student's ability to participate in the Program. The College encourages men/women to apply for both traditional and non-traditional programs.

INFORMATION REGARDING LICENSURE

A. During the final semester of the Program, students will be provided with licensure application instructions and information regarding filing dates. The student will be responsible for completing and submitting the application and related documents and for paying the required application fee(s).
B. The Director and/or designee will submit the necessary Program documentation for students completing the Program to the BVNPT.
C. Graduates of the Program are eligible to apply for the NCLEX-PN Examination.
D. After completion of the Program, students may receive a survey requesting information about the Program, current employment and plans for further education. An employer survey may also be included for additional Program assessment. The Program appreciates your cooperation and participation.

SECTION 2: Academic Policies and Progression

GRADING

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

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

B. The successful completion of the clinical portion of the course is based upon consistent satisfactory performance as specified in the clinical evaluation forms.

Remediation Policy

A. Theory (Didactic) Remediation

- A minimum exam score of 75% is required on all theory (didactic) exams.
- Any student earning less than 75% on an exam is required to meet with the Nursing Resource and Learning (NRL) Coordinator or the Lead Course Instructor within one week of the exam grade being posted.
- During the meeting, the student and instructor will:
    - Review exam results and identify areas of weakness.
    - Document a Remediation Plan on a Student Meeting Record, including learning activities, tutoring, study strategies, and completion deadlines.
    - Students must submit documentation of completed remediation activities by the specified deadlines.
    - The instructor will evaluate remediation effectiveness through subsequent exam performance or student teach-back, with outcomes documented in a follow-up Student Meeting Record.

- Failure to complete the remediation process may result in a Professional Behavior Notice and affect eligibility for continued course participation.

B. Skills Performance Remediation

- All students must demonstrate satisfactory performance on each required skill check-off. Faculty may opt to omit certain repetitive or assumed steps, but all elements that involve patient safety must be completed as written in the spreadsheet.
- Any unsatisfactory skill performance (failure to meet required criteria) will result in:
    - Immediate feedback and documentation by the instructor.
    - Mandatory remediation with the NRL Coordinator or skills lab instructor.
    - Completion of assigned practice activities and demonstration of competency within a specified timeframe.
- A repeat skills check-off will be scheduled following remediation.
- Continued unsatisfactory performance may result in course failure according to program policy.

C. Clinical Performance Remediation

- Students must maintain satisfactory performance in all clinical evaluations to progress in the nursing program.
- If a student receives an unsatisfactory clinical evaluation or exhibits unsafe or unprofessional behavior as defined in the student handbook, the following steps will occur:
    - The student will meet with the Clinical Instructor and Lead Course Instructor or NRL Coordinator to discuss concerns.
    - Document a Clinical Remediation Plan on a Student Meeting Record, outlining expectations for improvement, learning objectives, and a timeline for reassessment.
    - The Clinical Instructor will evaluate remediation effectiveness through observation of subsequent clinical performance and document reassessment on a follow-up Student Meeting Record.

- Failure to meet remediation expectations or demonstrate improvement may result in clinical/course failure.

D. Math Competency Remediation

- Students must achieve 90% on all math competency assessments. A maximum of three attempts is permitted.
- Students scoring below 90% must:
  - Meet with the NRL Coordinator or Lead Instructor to review missed items.
  - Meet with a TASC tutor if referred by the instructor.
  - Complete assigned math remediation exercises and retesting according to course policy.
  - Successfully achieve a score of 90% or higher on makeup exam. Two make-up exam is available. A third failure is grounds for program dismissal.

E. Documentation and Follow-Up

- All remediation activities and outcomes must be documented using the Student Meeting Record (SMR) form.
- Documentation will be maintained in the student's academic file.
- The instructor and/or NRL Coordinator will monitor completion and determine readiness for return to normal course progression.

F. Non-Compliance

- Failure to participate in or complete required remediation within designated timeframes may result in:
- Loss of clinical eligibility.
- Course failure.
- Dismissal from the nursing program in accordance with program progression policies.

ATTENDANCE, TARDINESS & ABSENCES POLICY

A. The BVNPT requires a specific number of units and hours in the clinical area. If absences exceed limits set by the Program, the student may not have sufficient hours to qualify for the licensing exam. Students are required to attend all class meetings of the course in which they are enrolled.

B. Tardiness/Leaving Early: Tardiness is when a student is not in the learning location (clinical facility meeting location, NRL, simulation or theory classroom) and ready to begin at the time the class is scheduled to begin. Leaving early is when a student leaves before the time the class (theory or clinical) is scheduled to end. Repeated tardiness or leaving before the class is scheduled to end may subject the student to failure of the course and dismissal from the Program.

C. Theory Absence: One absence from theory per course is allowed. However, all theory absences must be made up; theory make-up assignments, objectives, and deadlines will be determined by the theory instructor. More than one absence from theory may subject the student to failure of the course and dismissal from the Program.

D. Clinical/NRL Absence: One absence from clinical/NRL per course is allowed. However, all hours must be made up and all clinical absences must be made up in a clinical facility or the NRL, and accomplish specific objectives as assigned by the clinical instructor. The clinical/NRL make-up form must be signed by both the student and the instructor prior to the actual make-up assignment. Make-up time may never be on a clinical day. The exact number of hours missed must be made up. All clinical make-up time must be completed as directed by the instructor prior to the end of the course final exam. Failure to complete make-up hours subjects the student to failure of the course and dismissal from the Program.

E. When absences exceed what is allowed per Program policy, the student may be dismissed from the course and required to withdraw from the Program and/or receive a failing grade (based on CMC deadlines which allow either withdrawal or grade responsibility).

F. The student must notify the clinical instructor prior to the start of the clinical rotation if it is necessary for the student to be absent.

RETENTION, WITHDRAWAL, AND DISMISSAL POLICY

A. Retention and Progression in the VN Program
   1. Students must complete the curriculum requirements of the BVNPT: 50 total units, 576 theory hours and 972 clinical hours.
   2. A grade of 75% or better in theory and a "satisfactory" in clinical must be earned to progress to the next semester.

B. Withdrawal from the Program
   1. 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."
   2. A student who withdraws from the Program a second time will not be considered for readmission.
   3. A student leaving the Program for any reason other than graduation must attend an exit interview and sign an Exit Summary form. This is a requirement for future consideration for readmission.
   4. Any student wishing to be considered for readmission must make formal application according to admission policy guidelines in effect at the time of reapplication.

C. Dismissal from the Program
   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
   5. A student who is dismissed for any of the above reasons will be denied readmission.

D. If dismissal occurs, the student transcript will show an "F."

E. All incidents must be documented in writing as soon as possible on a Faculty/Student Meeting Record form and signed by both the instructor and the student.

READMISSION TO THE PROGRAM

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

B. Prioritizing requests for readmission. When there are more requests than space available, the Director will prioritize requests for readmission. The following guidelines are used:
   1. First priority will be given to a student who was satisfactorily meeting objectives at the time of withdrawal.
   2. Second priority will be given to a 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.

C. A student will be considered ineligible for readmission if the student has failed to satisfactorily complete a course after enrolling in that course twice.

D. 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 student may initiate appeal process begins by making an appointment to discuss the matter with the Director.

SECTION 3: Clinical and Professional Conduct

UNIFORM AND APPEARANCE POLICY

As a student of the CMC Health Sciences program, compliance with the uniform policy is essential for maintaining our reputation of excellence within the communities we serve. Students are required to wear uniforms for Clinical Nursing Skills Labs and clinical rotations. When students are in uniform, they must adhere to all requirements of the CMC Nursing Program.

To ensure compliance with all federal, state, and local agency policies, students are expected to report for clinical experiences each day in a neat, clean, pressed uniform. This includes:

1. Official CMC nursing uniform and jacket. Other outerwear is not permitted.

2. Hair must be worn above or off the collar or tied back secured with a small neutral colored hair clip or band. Hair must be secure, so the strands are not hanging in the face when the student bends forward. No colored hair clips/hair accessories are permitted. Only natural hair colors are permitted. Extreme hair colors are not permitted (orange, pink, blue, etc.). Male students (without beards) must be clean-shaven before coming to clinical and all students must be neatly groomed. Male beards and mustaches must be short and neatly trimmed. Facial stubble is not permitted. Hair is to be neat and trimmed or pulled back and secured.

3. For cultural or religious purposes, a solid-color scarf may be worn with the uniform. Students with special uniform needs pertaining to cultural or religious requirements should inform the clinical faculty and the Director of Nursing.

4. Nails Fingernails must be clean and kept short, trimmed to no longer than ¼ inch beyond fingertips (tips of nails not visible from palm of hand view), and no nail polish. No artificial nails Artificial nails include, fake nails, false nails, acrylic nails, gels, acrylic cover coats, nail tips, and nail extenders, glued on nails and appliques are not allowed in clinical. Artificial fingernails or other nail enhancements are NOT permitted because of documented outbreaks of infection due to gram negative bacteria associated with artificial nails.

5. Make-up If worn, must be applied in moderation to enhance the natural features and create a professional image. Glitter, sequins, and false eye lashes (including lash extensions) are prohibited.

6. Jewelry/Piercings: One small plain post earring in each ear is allowed in the clinical areas. Plugs are not allowed. Bracelets, decorative wrist bands, chains, necklaces, multiple earrings, large dangling, or hoop earrings are prohibited. Jewelry must be removed from any other visibly pierced locations. No other visibly pierced jewelry is permitted such as the head, face, or oral piercing while in the clinical area. Watches or Time Device: A watch with a second hand is to be worn with a simple single band. No color band is permitted.

7. Fragrances: No fragrances. For patients and staff health, the use of all scented products, such as cologne, perfume, scented deodorant, after-shave, hairspray, or lotions, are not allowed to be worn because they may have adverse effects on patients, visitors, and other staff. Students must maintain good personal hygiene. Observe proper bathing habits, use unscented deodorant products to prevent odor.

8. Tattoos: All tattoos must be covered with a long sleeve shirt and not visible through clothing.

9. Smoking is prohibited while in uniform.

10. Shoes: Solid black standardized leather like nursing shoes, to be kept polished and clean. Black shoelaces, black nylon stockings or socks. No open toe shoes or heels.

11. The Logo Patch is a required part of the student uniform. The logo patch is sewn on the upper left sleeve of the uniform top and jacket. 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 registration. The photo ID card must be worn on the outermost piece of clothing at shoulder height where it is clearly visible to others. Lanyards ID card holders are not permitted. Retractable ID card holders may not be used during mental health rotations. In all other clinical settings, retractable holders must have a reel made of non-porous material that is easy to disinfect and must be professional in appearance, free of offensive or unprofessional words or images.

12. Clinical uniforms may not be worn outside of clinical experiences (e.g., shopping, dining out, etc.) unless participating in a function where the uniform is appropriate (e.g., Health Fair) and as directed by program faculty.

13. The uniform items MUST be exactly as indicated. A comparable but different product is only permitted if the items listed are not available, and the alternate is approved by the Program Director. The required uniform garments are:

WW620 WW670	Cherokee Revolution	Ladies' Top Men's Top	Navy
WW120 WW140	Cherokee Revolution	Ladies' Pant Men's Pant	Navy
OPTIONAL WW310 WW360 Long/short sleeve t-shirt/undershirt	 Cherokee Revolution Cherokee Revolution Any Brand	 Ladies' Jacket Men's Jacket Any Brand	 Navy Navy White

CONFIDENTIALITY AND PRIVACY POLICY - HIPAA

Confidentiality and Privacy Policy Students are involved with the complete personal care of clients in various facilities. Students will comply with all privacy standards as accorded by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. For further information about HIPAA Guidelines visit the Human Health Services website. https://www.hhs.gov/hipaa/for-professionals/index.html

The third provision of the ANA Code of Ethics for Nurses (2015) addresses the nurse's responsibility to protect patients' privacy and confidentiality.

The nurse promotes, advocates for, and protects the rights, health, safety, and safety of the patient. Protection of the Rights of Privacy and Confidentiality: Privacy is the right to control access to, and disclosure or nondisclosure of, information pertaining to oneself and to control the circumstances, timing, and extent to which information may be disclose. Nurses safeguard the right to privacy for individuals, families, and communities. The nurse advocates for an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature. Nurses also participate in the development and maintenance of policies and practices that protect both personal and clinical information at institutional and societal levels.

Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse patient relationship. Central to that relationship is an element of trust and an expectation that personal information will not be divulged without consent. The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical in the work setting and off duty in all venue, including social media or any other means of communication. Because of rapidly evolving communication technology and the porous nature of social media, nurses must maintain vigilance regarding postings, images, recordings, or commentary that intentionally or unintentionally breaches their obligation to maintain and protect patients' rights to privacy and confidentiality. The patient's well-being could be jeopardized, and the fundamental trust between patient and nurse could be damaged by unauthorized access to data or by the inappropriate or unwanted disclosure of identifiable information.

1. All nursing students must adhere to strict confidentiality of all patient/client/resident, student, agency, and healthcare team information always without exception, including but not limited to social media sites. Facilities have stringent policies regarding photography and social media. Even if a photo does not contain HIPAA-

protected information, taking pictures can violate the facility's rules and compromise privacy and confidentiality. To ensure we maintain good relationships with our clinical partners, **students must refrain from taking any photos inside clinical settings.**

2. Communication (verbal, electronic, or written) about clients and/or clinical experience that reveals any Patient Health Information (PHI) is a direct violation of privacy and confidentiality regulations and client rights.

3. Any documents containing PHI may not leave the clinical facility.

4. Removal of documents from facilities will result in a safety violation and removal from the program.

5. Failure to maintain the confidentiality of others will not be tolerated and may lead to immediate dismissal from the program without readmission privileges.

6. Maintaining confidentiality of the patient/client/resident information supersedes the student's personal, religious, or cultural responsibilities.

7. In addition, students are protected by Family Educational Rights and Privacy Act (FERPA) and should not be discussing the performance of other students with anyone without a need-to-know of information.

8. Students should also not be sharing student ID numbers, usernames, and passwords with anyone as this information links to a student's personally identifiable information.

Privacy Protected Health Information includes the following patient identifiers. This list was obtained from the HIPAA Security and regulations.

- Name & initials
- Geographic subdivisions smaller than a state (includes street address, city, county, precinct, zip code and equivalent geo codes - except the first three digits of zip codes unless the population density is under 20,000).
- All date elements, other than year, related to an individual (includes birth date, admission date, discharge date, date of death).
- Telephone numbers
- Fax numbers
- E-mail addresses
- Social Security numbers
- Medical record numbers of Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers (includes license plate numbers)
- Device identifiers and serial numbers
- Web universal resource locators (i.e., URLs)
- Patient-related photos

SUBSTANCE ABUSE AND MENTAL DISABILITY POLICY

The nursing student must be emotionally and mentally healthy and free of any illegal drugs/alcohol in all nursing program classes, laboratories, and clinical rotations. Additionally, students may not be impaired by any prescribed medication while attending any school function.

Nursing faculty of CMC support the California Board of Registered Nursing statements regarding alcoholism, drug abuse, and emotional illness and recognizes that:

1. These are disorders and should be treated as such.
2. Personal and health problems involving these disorders can affect one's academic and clinical performance, and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care.
3. Students who develop these disorders must seek assistance to recover.
4. It is the responsibility of the student to voluntarily seek diagnosis and treatment of any suspected illness.
5. Students are required to report any change in health status and provide clearance to participate in unrestricted activities essential to nursing practice.
6. Confidential handling of the diagnosis and treatment of these disorders are essential.
7. Students must be free of any evidence of impairment.
8. Patient safety is always the number one priority.
9. Procedure for dealing with a student who has no documented impairment who discloses drug abuse, mental disability, or inappropriate use of alcohol while enrolled in the program:

Conference between the student, Director, and/or didactic or clinical faculty to develop a plan of action.

Recommendations for remediation and referral to the CMC counseling services. Below is a list of behaviors that suggest impairment. This list is not comprehensive.

- trembling hand
- persistent rhinorrhea (excessive nasal discharge)
- altered pupil dilation
- flushed face, red eyes
- slurred speech
- odor of alcohol
- tachycardia
- somnolence (drowsiness/sleepiness)
- unsteady gait
- irritability and mood swings
- pattern of absenteeism and tardiness
- fluctuating clinical and academic performance
- change in dress or appearance
- inappropriate or delayed responses
- elaborate excuses for behavior
- decreased alertness/falling asleep in class/clinical
- dishonesty
- inappropriate joking about drug and alcohol use
- paranoia
- delusions
- hallucinations

STUDENT STANDARDS FOR PROFESSIONAL BEHAVIOR

A. Ethical conduct, protection from legal action, and courtesy demands certain constraints on the behavior of VN Program students. All students 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. All patient records and information are confidential; examination of them is a privilege extended to the student. 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 an assignment is undertaken. In any case, patient information is confidential and should not be discussed anywhere except in clinical conference. Under no circumstances are patient records to leave the clinical facility. Failure to adhere to this policy will result in dismissal from the Program.
2. At no time should the student look at records or seek information from the healthcare team about patients for their own benefit or to accommodate relatives, friends or neighbors. If a patient is a relative or friend, you must abide by the policies of the healthcare agency; you have no right to special information regarding the patient. The student uniform may not be worn while visiting.
3. Physicians and healthcare team members must be addressed and referred to as dictated by the healthcare agency policies. This rule applies even if the physician or nursing team member is a relative or personal friend.
4. If any matter concerning a healthcare 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 of the conference situation.
5. 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.
6. Speak in a modulated voice and in socially acceptable language.
7. Interact with others in a respectful manner.
8. Withhold opinions and value judgments as they relate to others in the clinical or classroom setting.
9. Refrain from directly criticizing nursing and healthcare personnel and/or clinical facility management. Concerns should be discussed privately with the clinical instructor.
10. Stay in assigned areas. If it is necessary to leave the area, notify your instructor. Under no circumstances are students allowed to leave the assigned clinical area without the specific permission of the clinical instructor; if facility personnel direct the student to another assignment, the student must obtain permission from the clinical instructor before doing so.
11. No discussion of personal problems on the nursing units.
12. Eating and/or smoking is to be in designated areas only.
13. The VN Program does not allow students to act as translators, or assist in the use of translation devices or services to translate for patients or families.

B. The following behaviors are unacceptable and may be cause for suspension from the class and/or dismissal from the Program (this list is not all-inclusive):

1. Academic dishonesty including any form of cheating or plagiarism.
2. Signing the attendance roster for someone other than yourself.
3. Arguing with or challenging the instructor.
4. 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 or clinical is in session.
7. Use of electronic devices such as cellular phones or tape recorders in class without the 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 HIPAA and/or FERPA regulations.
11. Patient abandonment.
12. 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. Classwork shall be:

1. Legible (readable). Neatness, spelling and grammar count. Completed work shall be at college level.
2. Written work that looks like a rough draft or from a website used for gathering information will not be graded.
3. All written activities must be original and demonstrate your own work.
4. Please become familiar with CMC student discipline policies.

D. Students must arrange for their own transportation to and from the clinical facilities.

E. Students are encouraged to meet with their instructor at any time they wish to discuss their progress or Program policies and procedures. Students who are experiencing difficulty meeting theory or clinical objectives will be required to meet with the instructor and/or Director. At the conference, the student, instructor and/or Director will:

1. Discuss the identified learning/performance issues;
2. Draw up a written plan identifying specific actions that will result in improved performance and are agreed upon by the student and the instructor;
3. Determine a date goal are to be met;
4. Schedule a sequence of meetings to monitor progress by the student.
5. 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.

F. Any student who is arrested or charged with a criminal offense while enrolled in the program must notify the Director of Nursing and Health Sciences in writing within five (5) calendar days of the incident. Failure to report may result in disciplinary action, up to and including dismissal from the program.

UNSAFE PRACTICE ACTS IN THE CLINICAL SETTING

A. 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.

B. 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.

C. Unsafe Practice Acts related to the patient's nutritional status:
1. Administering liquids or solid foods to a patient who is NPO.
2. Supplementing or altering without doctor's orders, the patient's therapeutic (special) diet.
3. Attempting to administer liquid or solid food to a patient at risk of aspirating.
4. Delivering food tray to the wrong patient.
5. Not observing or maintaining an ordered fluid or dietary intake.
6. Failure to record an ordered intake and output.

D. Unsafe Practice Acts related to the patient's legal rights:
1. Failure to maintain patient confidentiality.
2. Failure to provide for patient privacy.
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. Participating in holding a patient against his/her will when patient is not on a legal old.
5. Denying a patient his rights when the patient is not on a legal hold.
6. Denying a patient his or her bill or rights.

E. Unsafe Practice Acts related to life support measures:
1. Failure to initiate CPR on a patient.
2. Failure to correctly perform CPR.

F. Unsafe Practice Acts related to student role performances:
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.
2. Failure to recognize and report any errors.
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.
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.

SECTION 4: Student Support and Campus Resources

NURSING RESOURCE LAB

The Nursing Resource Lab is located in Room 222 and Room 220. The Lab is maintained to supplement and enhance instruction for students enrolled in health sciences and nursing programs. Students will be assisted and supervised by faculty and/or the Nursing Resource Lab Coordinator.

A. Nursing Resource Lab (Skills Lab)
   1. The NRL contains equipment, supplies and training mannequins to simulate a clinical situation. The NRL is utilized to demonstrate patient care and procedures and to provide a setting in which students may practice skills being taught. It is also used to test a variety of skills.
   2. When not in use for class or Simulation, students may practice skills under faculty supervision. When the practice period is completed, students are expected to help with clean-up. The faculty may determine that a student needs more practice in a skill and direct him/her to spend specific time in the NRL. Retesting and evaluation may be done by the instructor.
   3. Food and drink are NOT permitted at any time in the NRL.

B. Media for NRL
   1. The NRL contains computers, videos and software programs. As part of each course, students may be assigned to access specific media in the NRL.
   2. Equipment & media:
      a. must be obtained from NRL instructor
      b. may only be taken out of the NRL with the permission of the NRL instructor or the Director.
   3. Students must be respectful of fellow students and faculty in the NRL by observing basic rules of courtesy.
   4. Computer software/applications may not be copied for any reason.

COPPER MOUNTAIN COLLEGE RESOURCES

Please consult the CMC catalog for services available to students. Those services include the following:

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

LIBRARY RESOURCES

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 in addition to EbscoHost, a full-text database with over 2000 magazines and journals.

STUDENT DEPARTMENTAL COMPLAINTS

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

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

STUDENT GRIEVANCE PROCEDURE – COLLEGE LEVEL

Refer to the current CMC catalog.

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

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833-2945
916.263.7800 www.bvnpt.ca.gov

SECTION 5: Health and Safety Requirements

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

B. 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 Personal Protective Equipment in situations where contact with body fluids is a possibility.

C. Student Medical Requirements: All students must submit the original health examination form and associated documents to the HSNP 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 clients. When an instructor notes signs or symptoms that could indicate a health problem, the student may be required to bring evidence of satisfactory physical and/or mental health from a physician.
    a. The student must be free from communicable diseases, infection, psychological disorder, and other conditions that would present a threat to the wellbeing of faculty, students or patients or would prevent the successful performance of the responsibilities and tasks required in the education and training program. Any condition described above which is developed by the student after admission to the Program may be considered sufficient cause for dismissal from the Program.
    b. The Director may require a student to be examined by a licensed physician and to have laboratory tests, as needed, to determine physical and/or mental fitness. The Director is authorized to require that records of any such examination be released to the Director. Such records may be used only to determine fitness for the Program, and except for such use, the confidentiality of such records shall be maintained.
    c. Dismissal from the Program for health reasons will be on a case-by-case basis and shall be reviewed by the Director in consultation with CMC officials, other officials, and/or the BVNPT.
2. A Licensed Independent Practitioner (MD, DO, NP, PA) must complete the Pre-Entrance Medical Record form.
3. Copies of required lab reports and other documentation must be attached to the Pre-Entrance Medical Record form.
4. Tuberculosis (TB) screening is an ANNUAL requirement. Students entering the Program are required to undergo a two-step PPD screening and an 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.
5. Documentation of the following titers is required for all students entering the Program: Rubeola (Measles), Mumps, Rubella (German Measles), Varicella (Chickenpox), Hepatitis B and the Hepatitis Acute Panel. If any of the above titers are negative or equivocal, immunization is required. Additional health requirements may be imposed by facilities used for student clinical experiences which must be met.
6. Current Diphtheria/Tetanus/Pertussis immunization is required.
7. Pregnancy/childbirth. As soon as a student suspects she is pregnant, she should be examined by her healthcare provider. If pregnancy is confirmed, the following is required:
    a. A signed statement, on official letterhead, from the physician and/or nurse practitioner stating that it is safe for the student to perform clinical assignments 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/nurse practitioner must be presented to the HSNP office every two months or more frequently if determined necessary by the Director. The statement will verify the student's health status and continued ability to perform the clinical assignments without restriction.
    c. The student must submit a release from the physician/nurse practitioner stating the student is released to return to unrestricted activity to the HSNP office after pregnancy/childbirth.
8. All students are to have a background check and drug screen prior to entering the Program. Criminal background checks and drug screens are required by all clinical agencies/facilities.

9. Injuries in the clinical area
    a. Notify your instructor as soon as possible. The instructor will help you with the required documentation.
    b. Neither the clinical facilities nor CMC are responsible for providing treatment related to student injuries occurring as a result of this training program. It is highly recommended that students without health insurance purchase insurance coverage.
10. Students who have sustained an injury, whether during Program activities or in the course of personal activities, are required to submit proof of fitness to participate in clinical activities without restriction. Failure to provide such documentation when requested by faculty or the Director may result in dismissal from the Program.
11. Students must be aware of hospital hazard policies. Please refer to appendix G for the related attestation.

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.

COPPER MOUNTAIN COLLEGE
VOCATIONAL NURSING PROGRAM

THEORY/CLINICAL MAKE-UP FORM

STUDENT NAME: _____ DATE OF ABSENCE: _____

COURSE: VN-001 VN-001L VN-002 VN-002L VN-003 VN-003L (circle one)

FACULTY NAME:_____

ASSIGNED AREA(S)/FOCUS FOR DAY MISSED:_____

NUMBER OF HOURS MAKING UP: _____

GOALS FOR THE ASSIGNED MAKE-UP (required):

_____

_____

WRITTEN ASSIGNMENT (if applicable):

_____

_____

INSTRUCTOR COMMENT:

SIGNATURE: _____ DATE: _____
STUDENT

_____ DATE: _____
INSTRUCTOR

DOCUMENTATION OF MAKE-UP COMPLETION:

TIME IN: _____ TIME OUT: _____

TOTAL TIME COMPLETED: _____

_____ _____
Signature of Faculty Overseeing Make-Up Date

Note: The theory or clinical instructor will initiate the form. The student will take the original copy of the form to the faculty member overseeing make-up when reporting to make up the missed time. The faculty member will document the student's completion of the required make-up and turn form in to Program Director.

Copper Mountain College
Registered Nursing Program
Vocational Nursing Program
Student Meeting Record

Student Name: _____ Faculty Name: _____

☐ **ROUTINE ADVISORY** ☐ **STUDENT REQUEST**

RN ☐N-010 ☐N-015 ☐N-020 ☐N-025 ☐N-030 ☐N-035 ☐N-036 ☐N-040
VN ☐VN-010 ☐VN-020 ☐VN-030

☐General

☐Support System

☐Financial

☐Theory

☐Clinical

☐ PPD / CPR / Immunizations

☐Other

IDENTIFIED CONCERN
☐ **THEORY** ☐ **CLINICAL** ☐ **TUTOR** ☐ **REMEDIATION**

RN ☐N-010 ☐N-015 ☐N-020 ☐N-025 ☐N-030 ☐N-035 ☐N-036 ☐N-040
VN ☐VN-010 ☐VN-020 ☐VN-030

☐Student is at risk for failure

Identified concern:

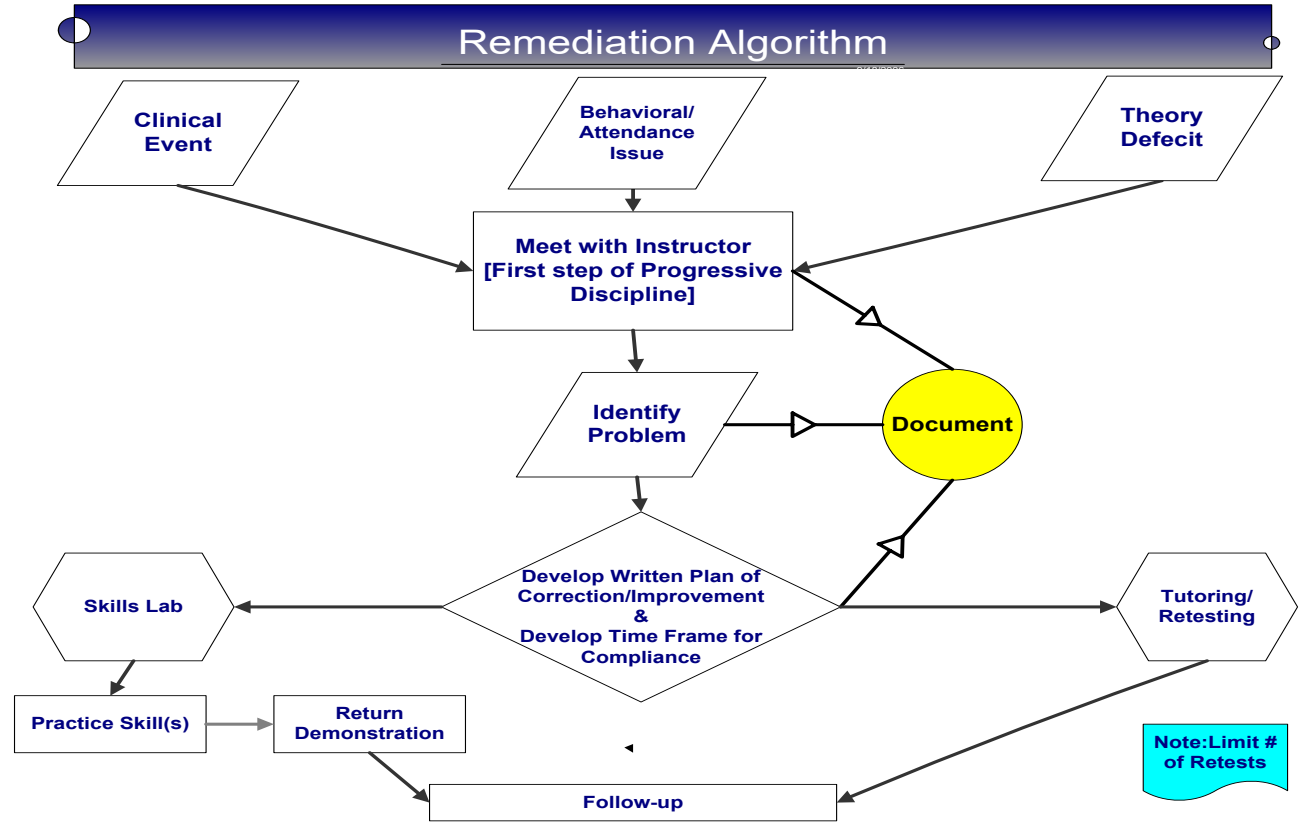
Plan of Action / Assignment(s):

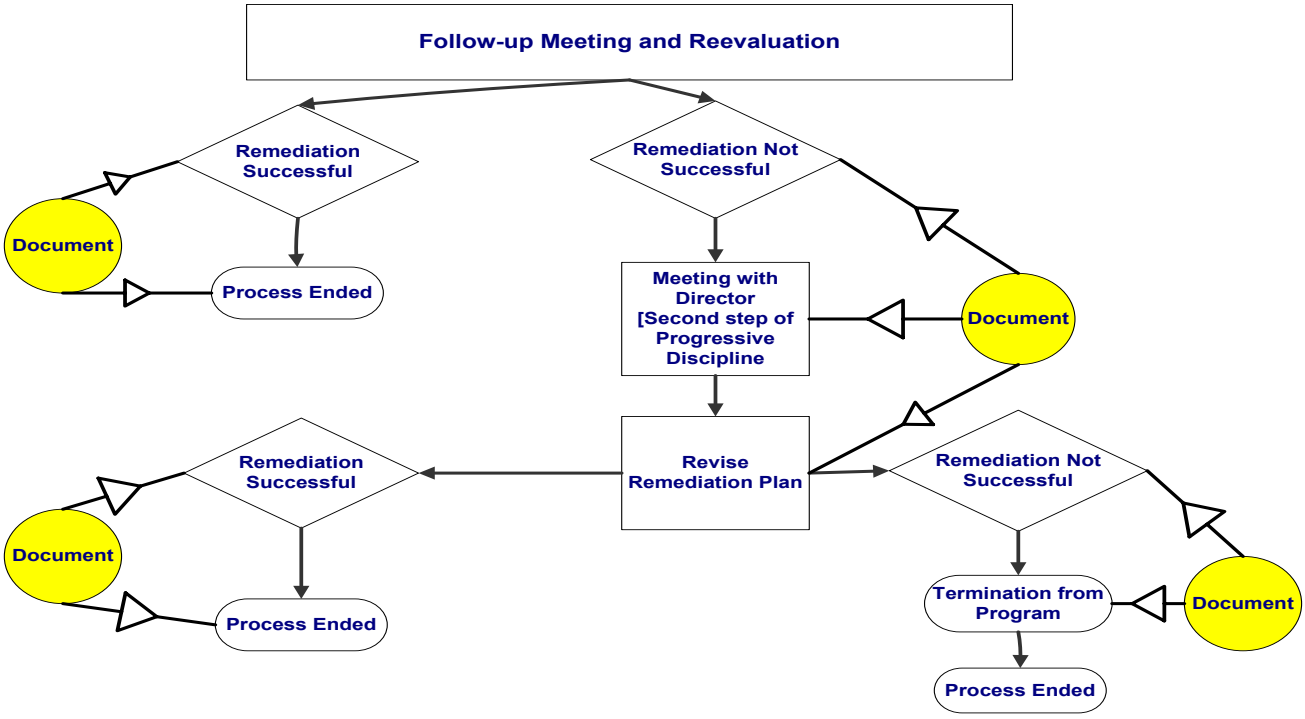
Meeting re. this concern
☐#1 ☐#2 ☐#3 ☐#4 Date of next meeting:_____

Student Signature: _____ Date: _____

Faculty Signature: _____

Review. 08/2019


Remediation Algorithm
Clinical Event
Behavioral/ Attendance Issue
Theory Defecit
Meet with Instructor [First step of Progressive Discipline]
Identify Problem
Document
Develop Written Plan of Correction/Improvement & Develop Time Frame for Compliance
Skills Lab
Tutoring/ Retesting
Practice Skill(s)
Return Demonstration
Note:Limit # of Retests
Follow-up


Follow-up Meeting and Reevaluation
Remediation Successful
Remediation Not Successful
Document
Process Ended
Meeting with Director [Second step of Progressive Discipline
Document
Revise Remediation Plan
Remediation Successful
Remediation Not Successful
Document
Process Ended
Termination from Program
Document
Process Ended

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

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 _____ 3. In Danger of Failing _____

2. Clinical Failure _____ 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 or Director Date

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 cytoxic (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: _____

Document Revision History			
Publish Date	Pages	Changes	Notes
8/4/25	Multiple	Updated HIPAA, Uniform, and Substance abuse policies.	Updates made to align with recent faculty-approved changes to the RN handbook.
5/29/26	7	Added remediation policy	Approved by BVNPT NEC (Tara Davila) Spring 2026.
7/27/26	4	Updated attestation page to note that students are responsible to comply with the version published on the CMC website.	Published July 2026.