Welcome to the Reynolds Associate of Applied Science Degree in Nursing Program. The faculty and staff are here to facilitate student completion of the program and meet the requirements to apply to take the NLCEX-RN® licensure exam. A student is responsible and accountable for their role in achieving the program outcomes. A student must understand the relationship between personal choices and actions in program success. The Student Nurse Handbook and the Reynolds college catalog and student handbook contain information and procedures so that a student will know and understand policies and procedures and possible consequences. Nursing advisors or instructors are able to clarify any items on the following pages.

Again -- Welcome and best wishes for success in nursing!
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REYNOLDS Mission and Nursing Program Philosophy

COLLEGE MISSION

J. Sargeant Reynolds Community College (Reynolds) provides an accessible, quality education that develops students for success in the workplace, prepares students for successful transfer to colleges and universities, builds a skilled workforce that contributes to regional economic development, and promotes personal enrichment and lifelong learning. The nursing program adopts the mission, vision, and values of J. Sargeant Reynolds Community College.

VISION

Reynolds will be the preeminent pathway to the workforce and degree attainment for the greater Richmond region.

VALUES

Our Students
We promote high academic standards and innovative programs that enable our students to go further and faster in pursuit of their goals.

Our People
We promote a culture of collaboration, hire talented individuals, and invest in their professional and personal growth.

Our Community
We enrich our community through education, leadership, partnerships, and volunteerism.

Our Environment
We create and foster safe, healthy and inclusive places for learning, teaching, and working.

NURSING MISSION AND PHILOSOPHY

Mission: The mission of the VCCS Nursing Programs is to provide affordable, community access to quality nursing education. The VCCS nursing programs prepare qualified students to provide safe, competent, entry-level nursing care in 21st century healthcare environments. Students are prepared to meet the ever-increasing complexity of the healthcare needs of the citizens of Virginia.

Philosophy: VCCS nursing faculty ascribe to the core competencies for nursing and nursing education. While firmly based in science and the arts, the essence of nursing is caring and compassionate patient centered care. Ethical standards, respect for individual dignity, and consideration of cultural context are implicit in the practice of patient centered care. The nurse advocates for patients and families in ways that promote self-determination, integrity, and ongoing growth as human beings. Nursing care is provided in collaboration with the patient, the family and members of the health care team. The nurse displays a spirit of inquiry by examining evidence to improve quality of care, promote safety and improve patient outcomes. Nursing judgment is integral to making competent decisions related to the provision of safe and
effective nursing care. Information management essential to nursing care is communicated via a variety of technological and human means.

Reviewed/Revised: 5/14

PROGRAM OUTCOMES

1. Educate graduates to deliver safe, patient centered nursing care to a diverse population with health alterations in structured health care settings.

2. Eighty percent of most recent graduates pass the NCLEX-RN exam as first-time test takers within 12 months.

3. Seventy percent of students who start the first semester will graduate within 150% of the program length.

4. Eighty percent of graduates will indicate employment as a registered nurse 6 – 12 months after graduation.

Revised: 2/18

STUDENT LEARNING OUTCOMES (GRADUATES)

Student Learning Outcomes:
Students who complete the Associate Degree of Applied Science with a major in Nursing will be expected to:

1. Provide client-centered care promoting therapeutic relationships, caring behaviors, and self-determination across the lifespan for diverse populations.

2. Practice safe nursing care that minimizes risk of harm across systems and client populations.

3. Demonstrate nursing judgment through the use of clinical reasoning, the nursing process, and evidence-based practice in the provision of safe, quality care.

4. Practice professional behaviors that encompass the legal/ethical framework while incorporating self-reflection, leadership and a commitment to recognize the value of lifelong learning.

5. Manage client care through quality improvement processes, information technology, and fiscal responsibility to meet client needs and support organizational outcomes.

6. Demonstrate principles of collaborative practice within the nursing and interdisciplinary teams fostering mutual respect and shared decision-making to achieve stated outcomes of care.
Student Learning Outcomes with Competencies

1. Provide client centered care promoting therapeutic relationships, caring behaviors, and self-determination across the lifespan for diverse populations.
   a. Coordinate client centered care delivery with sensitivity and respect.
   b. Evaluate the effectiveness of teaching plans and outcomes and revise for achievement of desired outcomes.
   c. Promote client self-determination in making healthcare decisions as a level 4 student.
   d. Integrate therapeutic communication skills when interacting with clients and the client’s support network.
   e. Advocate independently for diverse individuals, families, and communities across the lifespan.

2. Practice safe nursing care that minimizes risk of harm across systems and client populations.
   a. Evaluate human factors and safety principles.
   b. Participate in the analysis of errors and designing system improvements.
   c. Incorporate client safety initiatives into the plan of care.
   d. Practice safe client care as a level 4 student.

3. Demonstrate nursing judgment through the use of clinical reasoning, the nursing process, and evidence-based practice in the provision of safe, quality care.
   a. Evaluate an individualized plan of care based on client values, clinical expertise and reliable evidence.
   b. Independently prioritize changes in client status and intervene appropriately.
   c. Apply the nursing process to guide care.
   d. Prioritize client care using evidence based practice independently.
   e. Evaluate existing practices and seek creative approaches to problem solving.

4. Practice professional behaviors that encompass the legal/ethical framework while incorporating self-reflection, leadership and a commitment to recognize the value of life-long learning.
   a. Incorporate ethical behaviors and confidentiality in the practice of nursing.
   b. Assume responsibility and accountability for delivering safe client care.
   c. Deliver nursing care within the scope of nursing practice.
   d. Evaluate professional behaviors in interactions with clients, families and healthcare providers.
   e. Engage in reflective thinking for the purpose of improving nursing practice.
   f. Develop a plan for lifelong learning in the nursing profession.

5. Manage client care through quality improvement processes, information technology, and fiscal responsibility to meet client needs and support organizational outcomes.
   a. Evaluate the common quality measures encountered in clinical practice.
   b. Evaluate use of technology and information management to promote quality.
c. Evaluate fiscally responsible client care.

6. Demonstrate principles of collaborative practice within the nursing and healthcare teams fostering mutual respect and shared decision-making to achieve stated outcomes of care.
   a. Compare and contrast the effectiveness of the members of the interdisciplinary team to promote optimal client outcomes.
   b. Participate in the interdisciplinary plan of care to promote optimal client outcomes.
   c. Evaluate communication strategies that are inclusive of various communication and cultural differences.
   d. Evaluate management skills and principles of delegation when working with other members of the health care team.
   e. Reflects at a professional level on individual and team performance.

Approved 8-17
ACREDITATION
The Associate Degree Program in Nursing is fully approved by the:
Virginia Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
Phone: 804-367-4400
Fax: 804-527-4475
Website: https://www.dhp.virginia.gov/nursing/
(Next scheduled site visit: 2026)

The Associate Degree Nursing program is also accredited by the:
Accreditation Commission for Education in Nursing (ACEN)
3343 Peachtree Road NE, Suite 850
Atlanta, GA 30326
P. 404.975.5000; Fax 404.975.5020
Website: www.acenursing.org
(Next scheduled site visit: 2023)

NON-DISCRIMINATION POLICY

J. Sargeant Reynolds Community College is an equal opportunity institution providing educational and employment opportunities, programs, services, and activities. Reynolds does not discriminate on the basis of age, color, disability, family medical history or genetic information, military service, national origin, parental status, political affiliation, race, religion, sex (including pregnancy and gender identity), sexual orientation, or any other non-merit based factor. The College also prohibits sexual harassment including sexual violence or misconduct.
ASSOCIATE DEGREE NURSING PROGRAM - STUDENT POLICIES
NOTICE OF POTENTIAL PROGRAM CHANGE INFORMATION

The college offers this program in affiliation with the healthcare agencies and practitioners in the communities the college serves. The college relies on its community affiliates to provide clinical education opportunities for its students, expert clinical preceptors, and course instructors for many courses. The often rapid changes in healthcare law, standards of practice, technology, clinical agency policies, and content of credentialing examinations increasingly necessitates changes in the program’s policies, procedures and course scheduling.

As a result the college cannot guarantee every student continuous and uninterrupted clinical and course instruction as outlined in the printed catalog curriculum for this program. Circumstances beyond the control of the college may necessitate the postponement of course offerings or changes in the sequencing and/or location of scheduled courses or clinical assignments. Additionally the college may have to change the instructor for courses after instruction has started.

FUNCTIONAL SKILLS REQUIREMENTS: A student entering and continuing in the Nursing program must possess the following functional skills:

- Sufficient eyesight to observe patients, read records, manipulate equipment, and visually monitor patients in dim light.
- Sufficient hearing to communicate with patients and members of a health care delivery team, monitor patients using electronic equipment, hear necessary sounds during operation of equipment, and hear a patient whispering.
- Satisfactory speaking, reading, and writing skills to effectively communicate in English in a timely manner.
- Sufficient bilateral finger dexterity to manipulate equipment.
- Ability to lift, stoop, or bend in the delivery of safe nursing care.
- Satisfactory physical strength and endurance to be stand for extended periods, push equipment and move immobile patients.
- Satisfactory intellectual and emotional functioning to ensure patient safety and to exercise independent judgment and discretion in performing assigned care.
NURSING PROGRAM POLICIES

1.0 Nursing Student Responsibilities Across the Nursing Program-

1.1 General Requirements and Notifications

- A student must be aware that admission/progression through the A.A.S. in Nursing programs is specifically conditioned upon a satisfactory background check, drug screen, health, immunization, flu, CPR and such other documentation that is acceptable by Reynolds, clinical agencies and/or as required by law throughout the curriculum. A student is further notified that requirements may change based upon law or clinical agency requirements.

- Clinical agency providers reserve the right to refuse and/or reject for clinical practice any student whose background, drug screen, health/immunization and/or other required information does not meet the applicable guidelines and agency contract with the college. A student who do not meet the deadlines and/or requirements will not be included on the clinical rosters for the clinical agency to approve for participation in direct patient care learning experiences.

- Each student must follow published clinical agency policies and provide safe care. Clinical agencies have the right to dismiss a student from their agency at any time for due cause. This will be done with advance notice except in an emergency. If a student is dismissed from a clinical agency, alternate placement if available will require disclosure of information related to the dismissal. The student must consent to disclosure through completion of a FERPA form. If a student is dismissed from a clinical placement and no alternate qualifying direct patient care environment is identified, the student will be dismissed from the AAS Nursing program.

- Each student must submit all required documents with each clinical rotation. A student who does not meet the published deadline forfeits his/her enrollment that semester. Deadline for providing all documentation is the first Monday in August for the fall semester, and the first Monday in December for the spring semester.

- **Positive drug screening test results**
  A student who tests positive on the Drug Screen will be contacted directly by a medical reviewer from CastleBranch®, Inc. The student will be given the opportunity to provide verifiable prescription drug information. The medical reviewer will confirm the validity and accuracy of the information provided which will result in a drug screen report being listed as acceptable. Unverifiable information will result in a drug screen report being listed as positive. A positive drug screen results in the student being removed from the course.
Reynolds Community College does not represent or guarantee that a student will be eligible for placement in a clinical agency when a student is accepted into the A.A.S. Nursing Program.

1.2 Documentation Requirements Upon Admission

Each student must have the following documents approved by CastleBranch®. If a student does not meet the following criteria, participation in direct patient care learning experiences may be denied. The program has requirements and deadlines established by area healthcare agencies that must be met.

- Background check / re-check
- Drug screening/testing (See Positive Drug Screen Results in Part 1.1)
- Physical Health Exam form
- Proof of immunity to measles, mumps, rubella, varicella, tetanus, diphtheria and pertussis (Tdap) and Hepatitis B
- TB results negative (2-Step process)
- Seasonal Flu vaccination (annually) received within identified guidelines*
- American Heart Association Basic Life Support for Healthcare Providers (AHA-BLS) CPR
- Assumption of Risk form
- Professional Boundaries
- Virginia Board of Nursing Barrier Crimes acknowledgement document
- Social Security Card and/or Green Card
- Driver’s License or government issued identification
- Family Educational Rights and Privacy Act (FERPA) form
- HIPAA Certification
- Confidentiality & Security Agreement
- Academic Honesty Pledge
- Student Agreement to Program and Course Responsibilities (This document is located on the last page of this handbook).
- Participation in Practicums
- Documents required by specific health care facilities - Example: for Hospital Corporation of America (HCA) - HCA handbook, social media contract, exhibits, quizzes & signature page.

*Note that those receiving the seasonal influenza vaccine should not receive a live (nasal) form as health care agencies may bar the student from clinical for some period of time after the vaccine. A student should receive the inactive form.

1.3 Documentation Requirements During Program Continuation

The student is responsible for being current in all documentation areas. A student must maintain the following to be eligible to remain enrolled in a nursing course or progress to the next course:
- Confirm that CastleBranch Document Manager® account is still active for viewing of all clinical documents including social security number.
- Negative TB results, annually (2-Step process required).
- Updated Physical Health Exam form annually
  - Confirmation of receipt of seasonal flu vaccine, annually, by published deadline.
  - Active C.P.R. status across the program.
  - Background Checks update if requested.
  - Completion of required clinical agency paperwork by the deadline established by the agency, or the AAS Nursing program.
  - Document approval by CastleBranch®. A student is responsible for monitoring emails from CastleBranch® and responding as directed.
  - Barrier Crimes form update if requested.
  - Drug Screening*: Random drug screening/testing may be repeated during the program. A student may be directed to complete a random drug screen at any point in the program based on agency requirement and/or instructor/agency concerns related to observed behaviors. The student will have two (2) hours from notification to complete the drug test. The cost for this drug test is the responsibility of the student.

1.4 Documentation Requirements for a Student Returning After Gaps in Enrollment
- A student returning to the program following any gap in enrollment must comply with all requirements at the time of readmission as identified in this student handbook, or received in writing from the program.
- A student who has a gap in enrollment in a nursing course must repeat the Background Check and Drug Screening*, and may be required to update health, immunization, influenza vaccination/ CPR and other documents to maintain currency before returning to the nursing program.

1.5 Student Failure to Submit Timely and Acceptable Documentation:
- An AAS Nursing student who is unable to complete the clinical portion of a nursing course, due to failure to timely submit documents or failure to have approved documents, will receive an “F” for the clinical portion of his/her course if the student chooses to stay in the course past the drop or withdrawal dates. This “F” will result in a failing grade for the nursing course. See Progression Policy statements.

2.0 Program Progression

The program adheres to the following:
A student must achieve a course grade of at least “C” 80% (79.5% rounds to 80%) in each nursing course and at least “C” in each non-nursing course to progress through the Nursing AAS degree.

In accordance with policy of the Virginia Community College System (VCCS Policy No. 5.6.3) a student may not normally enroll in the same course more than twice. Enrollment is defined as staying in the course beyond add/drop period.

A student with two enrollments in the same course resulting in any combination of W, D, or F grades, or who receives a failing grade (D or F) in any two different nursing courses will not continue in the nursing program (See Appeal Process).

The clinical portion of designated nursing courses is evaluated as “Pass/Fail.” A student who does not meet the clinical learning outcomes will fail the course with a grade of F and will not continue in the nursing program. (See Appeal Process)

The student must pass the clinical portion of a nursing course before a theory grade for the course is calculated and submitted to S.I.S.

A student must have a cumulative grade point average (GPA) of 2.0 or above to progress to next course and level of the program.

A student who is not eligible to continue in another AAS Nursing program within the VCCS may not apply to Reynolds AAS Nursing Program for a period of five years (60 months) from time of departure from that VCCS program. This applicant must meet all criteria at the time of application and complete all nursing (NSG) courses even if previously taken.

A student who withdraws, fails, or takes a leave of absence and does not enroll and complete a nursing course within twelve (12) months will need to re-apply to the program. A student in this category must meet the current admission criteria.

The first attempt in NSG 100, NSG 106, NSG 130, and NSG 200 will be included in the two (2) attempts within any course for a student who is re-admitted to the AAS Nursing program following failure or withdrawal with a failing course average.

A student must complete all general education and nursing courses within each level with a grade of C or better before that student may progress to the next level.

a) Pre-acceptance:  SDV 100, ENG 111, BIO 141, PSY 230
b) Semester I: NSG 100, NSG 106, NSG 130, NSG 200, BIO 142
c) Semester II: NSG 152, NSG 170, BIO 150
d) Semester III: NSG 210, NSG 211, ENG 112
e) Semester IV: NSG 230, NSG 250, NSG 270, and a Humanities/Fine Arts elective from the following list: PHI 101, PHI 220, PHI 225, PHI 227, or CST 229.

- The AAS Nursing program will identify the courses and sections for enrollment for each eligible student. A student who chooses to register for nursing (NSG) courses out of the established sequence will be notified to drop the course. The student who fails to complete this action will be administratively dropped.

- A student who withdraws from NSG 106, must also withdraw from NSG 100. This student cannot provide direct patient care without demonstrating competency of skills presented in NSG 106.

- A student who successfully completed NSG 100 and NSG 106, and remains in the AAS Nursing program may apply to take the C.N.A. certification exam at any point in the program. See Appendix E and the Coordinator for Nursing for additional directions. There is a cost for this testing.

- A student who receives less than a C in a course, may not self-register into a course, and will be notified to drop. If this action is not completed, the student will be administratively dropped. See section on Progression Status for process.

- A student who is not eligible to continue in the AAS Nursing program, or decides to leave the program must plan to meet with the Coordinator for Nursing Programs.

- A student is expected to complete the full-time AAS Nursing Program within 6 semesters. Any student who anticipates exceeding this time must receive permission from the Nursing Student Affairs Committee to extend his/her time in the program.

- A student who does not complete the program curriculum is ineligible for graduation from the Reynolds Community College AAS in Nursing Program.

- Online registration for all nursing courses is open for a time to be determined by the nursing coordinator and relayed to Progression I students.

- Each student is responsible for checking that there are no holds on his/her account prior to registration, sufficient financial aid is available in his/her account to fully cover the tuition costs, and/or sufficient credit load is met.

- A student is responsible to process the registration and pay the tuition by the first deadline established by the college. If enrollment is dropped by the college for non-payment of tuition, the student must seek re-registration through the program’s Lottery system, after Progression 2 students are placed.
2.0. A Clinical Course Information (See Section 7: Clinical Evaluation)

- A student who misses clinical orientation for any nursing course will not be eligible to make-up this experience and will receive a failing grade for the course if enrollment continues and therefore, the student is advised to drop the course.

- A student who fails clinical, based on any aspect of Professional Behavior and/or Safety, will not be eligible for re-admission to the AAS Nursing program or submit an application to the Practical Nursing program. This student will receive a grade of F for the course.

- This program requires clinical placements at a clinical facility. The facility has the right to dismiss any student for any reason. If a student is dismissed from a clinical facility and the student is unable to complete the clinical hours, then a failing grade is assigned. All identified clinical hours must be completed for a NSG course.

- Clinical Attendance hours are required for course completion and must meet course and VA Board Of Nursing regulation. See Section 5.

2.1 Student Progression Status

Reynolds Community College has entered into an implied contract with all accepted nursing program students via the Reynolds catalog. The catalog indicates that once accepted into the nursing program a student can complete the program within two years assuming the student attends four consecutive semesters (summer is a session, not a semester).

The catalog also indicates that our ability to offer clinical instruction is based on available clinical sites and instructors.

I. **Student Progression 1** status is designated for a student who has never failed, withdrawn, or taken a leave of absence (any interruption of enrollment) for non-academic reason.

   A Progression 1 student will be assigned course/section placement by program faculty.

II. **Student Progression 2** is designated for a student who has withdrawn, failed, or taken a leave of absence. This student has stopped program progress and will be enrolled based on a lottery process for available seats. See JSR Nursing Program Blackboard site for updates of directions for this procedure.

   A Progression 2 student will **not** participate in online registration independently. This student will be eligible to participate in a lottery draw for available seats.
Progression 2 Student will return to a Progression 1 Student status under the following conditions:

- **The student who withdrew failing**: following successful completion of the course where the withdrawal occurred.
- **The student who failed a course**: following successful completion of the course where the failing grade occurred.
- **The student who took a leave of absence**: following successful completion of the next nursing course.

A student who has been granted permission to return to the nursing program following a special appeal hearing will work directly with the Coordinator for placement in the required nursing course. This student will be placed in a course only after both Program Progression 1 and Program Progression 2 students are placed.

2.2 **Standards of Conduct**

Each student within the nursing curriculum automatically assumes responsibility and accountability for his/her individual, as well as professional judgments and actions.

Dismissal from the nursing program may be recommended for violators of standards of conduct.

Notification of the Virginia Board of Nursing – Complaint Division, will occur if the allegations are found to be true if the action applies to Licensed Practical Nursing or Certified Nurse Aides who are under the jurisdiction of the Virginia Board of Nursing.

These circumstances include (but are not limited to) the following:

- If a student is found in violation of any portion of the ANA Code of Ethics, Federal, State, Local laws, or Virginia Board of Nursing regulations.
- Exhibiting behavior in the clinical area that a faculty member deems potentially life threatening or that may lead to client injury. This includes observations reported by professionals within a healthcare agency.
- Failing to act in a responsible or prudent manner in carrying out professional responsibilities.
- Violation of Reynolds policy 1-34 Academic Honesty 1-34 in any form, including remaining silent when involved.
- Violation of Reynolds policy 1-35 Student Conduct (classroom and/or clinical learning environment).
- Violation of Reynolds policy 1-14 Student Sexual Misconduct.
- Being charged with professional misconduct related to his/her role as a Certified Nursing Assistant or LPN, resulting in the suspension or revoking of a certificate or
license. Such student may not proceed in the nursing program until the charge is
resolved and the certificate or license is reinstated without restrictions. It is a student's
responsibility to report any such misconduct. Failure to report such occurrences will
result in suspension or dismissal from the program.

2.2 A Disciplinary process:
1. Notification to the Coordinator for Nursing of a student action that violates any
standard of conduct listed above, or demonstrates an action that potentially falls
into one of the categories. The Coordinator for Nursing Programs will notify the
Dean for School of Nursing and Allied Health.
2. Violation of College Policy 1-14 Student Sexual Misconduct will be managed with the
submission of a Behavioral Intervention Team (B.I.T.) form and the involvement of
the Title IX Coordinator (V.P. of Student Affairs)
3. Violation of College Policy 1-34 Academic Honesty will be managed by the Dean for
the School of Nursing and Allied Health.
4. Violation of College Policy 1-35 Student Conduct will be managed with the
submission of a Behavioral Intervention Team (B.I.T.) form and the involvement of
the Office of Student Affairs. (Policy 1-35 lists behaviors that fall into this policy.)
5. Violation of AAS Nursing program policies, including acts that compromise patient
safety, any portion of the ANA Code of Ethics, Federal, State, Local laws, or Virginia
Board of Nursing regulations will be managed through the AAS Nursing program.
6. Faculty member is to notify the student of the notification to the Coordinator and/or
submission of the Behavioral Intervention Team form.
7. If the observed behavior involves direct patient care safety, the student is unable to
return to the clinical learning environment until the program or college process is
completed.
8. If within the AAS Nursing program, the Coordinator will identify a hearing date, time.
and location with notification, within 10 business days to:
   a. Student
   b. Witnesses to event(s)
   c. Dean of the School of Nursing and Allied Health
9. Hearing Panel will be composed of three (3) AAS Nursing faculty members selected
by lottery, plus a facilitator. This process could include faculty who previously had
the individual in a nursing course.
10. Disciplinary Hearing outcomes:
   a) Dismissal from the A.A.S. in Nursing Program without the right to reapply.
   b) Suspension, with conditions to be met prior to returning to the program
   c) Changing the final course grade to “F”.
   d) Opportunity to remain in the program with specific behaviors outlined to be
      maintained
11. Notification of the student of the outcome of the Hearing to the address noted in
    the SIS system. Failure of the student to provide an accurate address does not
    constitute a failure of the program to inform the student of the outcome.
2.2 B Appeal process for the student who has had two attempts for academic success within the AAS Nursing Program and believes extenuating circumstances impacted academic success.

To appeal for program re-entry within the A.A.S. in Nursing Program the student must:

1. Present a written request to the Nursing Student Affairs Committee seeking an Appeal Hearing appointment. This request is sent to the Committee Chairperson.
2. Adhere to the policy that the program of learning must be completed within six (6) semesters of initial admission for full-time program.
3. Understand that the decision to readmit will be based on a review of all academic, attendance, clinical data, as well as proof of extenuating circumstances.
4. Understand that if he/she is seeking this appeal process and has implemented the grievance procedure, the hearing will not be scheduled until all Grievance procedures have been completed.
5. Be aware that the Nursing Student Affairs Committee will establish the appeal hearing schedule.
6. Have program (curricular) G.P.A. of 2.0 or above. This includes NSG and required general education courses.
7. Understand that if he/she withdrew or failed a nursing course with an academic average less than 80% he/she may not be granted readmission for a third attempt in the program.
8. Understand if he/she failed to meet the clinical outcomes of a course, he/she may not be recommended for readmission.
9. Understand that the decision of the Nursing Student Affairs Committee can be appealed to the Coordinator for Nursing, whose decision is final.

If a student is granted re-admission into the nursing program

1. Enrollment in a course is on a space available basis.
2. The re-admitted student must complete theory, laboratory and clinical components of the course.
3. A written agreement is required to document re-entry, identification of expected student actions, and acknowledgment of the final attempt with course/program. This contract will be developed by the Coordinator for Nursing Program. A contract is required to continue in the program.
4. A student approved to return is designated Progression 3, and is awarded a seat after all Progression 1 and 2 students are placed.

2.3 Exposure/Development of a Communicable Disease

If a student has been exposed to a communicable disease, the student must immediately contact the Coordinator for Nursing, or Clinical Coordinator, to report exposure. It will be left to the discretion of the Coordinator, in conjunction with the faculty and agency staff, to determine if it is safe for the student to attend clinical assignments. Any student diagnosed
with a communicable disease is required to present documentation to the Coordinator indicating that they are no longer infectious before they will be allowed to participate in classroom/laboratory/clinical activities.

2.4 Pregnancy
If a student becomes pregnant while enrolled in the program her confidentiality will be protected. It is always prudent to inform the clinical instructor to prevent maternal/fetal exposure to known risk factors. Postpartum (after delivery) the student must provide a completed and signed “Return to the Program” health form. This form signed by the student’s health care provider, prior to a return to class and clinical learning experiences, must be submitted to the Course Coordinator. The health care provider must indicate that the student can participate fully in all clinical experiences, See Appendix D. Pregnancy is not identified as a condition where the principles of the Americans with Disabilities Act are applicable.

2.5 Significant Health Event
Completion and submission of the “Medical Release form must indicate that the student can participate fully in all aspects of skill lab, Simulation Lab, and clinical. See Appendix D: Medical Release Form. This documentation must be submitted to the Program or Course Coordinator, and Clinical Coordinator before the student will be allowed to return to the clinical setting.

A student cannot participate in direct patient care with a splint, cast, or any appliance that can compromise patient safety.

3.0 Student Expectations

Review Statement of Professionalism:
The principles of respect, responsibility, accountability, altruism, honor, integrity, caring, compassion, communication, excellence, scholarship, leadership, knowledge and skills are central to the profession of nursing. We expect each student to integrate these principles as she/he grows into the profession. Any violation of professional behavior standards may result in suspension or dismissal from the AAS Nursing Program following a hearing with an Ad Hoc Faculty Committee established by the Coordinator for Nursing Program. Please review the Professionalism content in Appendix A.

Student responsibilities:
1. Each student is accountable for maintaining a level of competency based on their level of program progression. Recall of previous learning is expected in both the academic and clinical setting. Faculty will include previous program content in course unit and/or final exams.

2. Each student is responsible for their own transportation to all course assigned clinical learning experiences.
3. Each student is responsible for medical costs for any injury received while in any clinical setting, including injuries for which testing is required by clinical agencies.

4. Each student must monitor their progression toward completion of all Reynolds and Program courses to meet graduation requirements. (Self-service student center site through My Reynolds account).

5. Each student is accountable for all college/program policies identified in this student handbook as well as the Reynolds student handbook.

Approved: 4-11-88 Reviewed / revised: 12-93; 5-00; 5-02; 5-04; 5-05; 11-06; 08-08; 09-08, 05-10, 12-10, 3-12, 5-16, 2-18

3.0 Professional Behaviors

3.1 Professional Behaviors to implement while in a clinical learning environment:

- Each student should consistently demonstrate those professional behaviors identified in the statement of Professionalism (Appendix), and A.N.A. Code of Ethics for Nurses with patients, family members, faculty, interdisciplinary team members, and peers. Each student must follow federal, state, and local laws, as well as Virginia Board of Nursing regulations.

- Each student is to consistently implement principles of safety, accountability, and responsibility.

- Each student is expected to demonstrate accountability by ensuring safe transfer of patient care to another health care individual, under the direction of course faculty, before leaving the assigned nursing unit. A student will not leave the clinical learning environment without notification to faculty.

- Professional communication, in English, is expected at all time, in all clinical learning environments.

- The use of nicotine in any form is not permitted when in uniform, with the exception of a nicotine patch. A student observed using nicotine by a faculty member or member of the staff will be dismissed from the event or facility.

- Drinking alcoholic beverages while in uniform is not permitted.

- Gum is not to be chewed during clinical experiences.

- Food should not be eaten in nursing care areas.
- Use of any audio or visual recording device in a clinical area is prohibited.
- A student will be provided a unit contact number for emergencies.

### 3.2 Student Privacy and Release of Information

This program requires clinical placements at health care facilities. The facilities have the right to dismiss any student for any reason. If a student is dismissed from a clinical facility and clinical hours are unable to be completed at an alternate location, then a student would receive a failing clinical grade and an “F” for the course.

Prior to or on the first day of class, each student will be asked to complete a FERPA form that will be posted to Castlebranch Document Manager®. This is a release of student information form that gives the program head permission to share contact information to a facility and discuss legitimate educational and clinical issues with a clinical facility. A legitimate educational interest is defined as when a college official, such as the program head, needs to discuss the student’s educational record to secure a clinical placement for a student. Only information that is relevant and necessary to complete the clinical placement will be discussed. Your signature on the release of information form gives the program head permission to share information related to your clinical with the educational partner (clinical facility) for the sole purpose of securing a clinical placement (see College Policy 1-26: Student Privacy and Release of Student Information).

The program head or coordinator will share student records with a clinical facility under the following conditions.

- The student has been dismissed from another clinical site resulting from unprofessional behavior as witnessed by the clinical instructor or clinical staff member(s) or found so by the agency or school by other means.
- The student has been dismissed from another clinical site due to misconduct or has committed misconduct at any school site or event according to Reynolds Policy 1-35, Student Conduct.

The student will be informed when information is shared with the clinical agency.

Each student should review Policy 1-26 (Student Privacy and Release of Student Information) at [http://www.reynolds.edu/policy/student.aspx](http://www.reynolds.edu/policy/student.aspx) prior to or on the first day of class. In order for the program to place you in a health care agency for clinical experiences, a release of information form must be signed.

### 3.3 Patient Safety

Each student is responsible to maintain all aspects of patient safety within the academic and clinical environment. (See additional policies / notes related to clinical evaluation.)

- performing a skill that may adversely affect patient safety
- performing in a dishonest/unethical manner in the classroom or clinical area
• pilfering unauthorized clinical or academic materials (hospital or college supplies, exams, tutoring course textbooks, or electronic media).

Virginia Board of Nursing Regulation states, “a nursing student while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.” 18VAC 90-20-96

Each student is expected to address and report to an appropriate official or supervisor, individuals observed performing any of act that risks client safety, is viewed as dishonest or unethical, or stealing of supplies.

Should any healthcare agency refuse to permit a student to continue to obtain clinical learning experiences at the agency, the program will seek student placement at another facility, based on availability. The program will activate the student’s signed FERPA form and share details related to the reason the first agency has refused to permit the student to remain at that healthcare agency. It may not be reasonably possible to find alternate placement. The outcome of this event could be student dismissal from the program.

A student must meet all criteria of the functional health abilities listed on the program health form at all times. Examples that prevent a student from attending direct client care learning experiences: a splint or cast, lifting restrictions, side effects or untoward effects of prescribed medications. (Supportive devices for a student with an injury may put at risk a client’s safety during a transfer or other nursing care intervention.)

3.4 Professional Behaviors to implement while in class

The teaching-learning process is collaborative and mutually respectful. Participative presence is necessary to facilitate the teaching-learning process. The delivery of health care and nursing in particular is a participatory activity and cannot be done without individual and collective involvement. That means that your absence affects the learning of others. Missing class and arriving late or not participating in class may affect your grade. It is important to understand that class participation means more than showing up for class.

• Professional communication, in English, is expected at all times, and in all course learning environments. Unprofessional language or actions while in the learning environment is unacceptable. See Reynolds Student Handbook – Code of Conduct.

• Each student is expected to arrive on time and be prepared to be an active participant through the content identified in the Syllabus, Course Learning Pack, and/or Blackboard site. The student who arrives late may not be able to enter the classroom until a breaking period, if one exists, occurs. This is an individual faculty member decision.

• Every student is to implement the principles of professionalism in all class activities.
• Any student who identifies a class / course concern is expected to discuss the concern with course faculty as an initial action.

• Audio and/or recording of any individual, without his/her permission is a violation of the law.

• Each student is expected to be honest (and sensitive) in reactions to class discussions.

  ▪ Every student is expected to demonstrate classroom courtesy always. This includes
    a. taking the closest available seat;
    b. not disrupting the class activities in progress;
    c. refraining from talking to others or conducting non-classroom business while the lecture is in progress [this includes texting];

3.5 Use of Cell Phones / Recording Systems

In accordance with Reynolds college policy, cell phones must be turned to silent mode in classroom/campus lab settings. See Reynolds Student Handbook.

Cellular or recording devises cannot be physically on a student, on a desk or table top during any exam or exam review. A student observed in violation of this policy will be considered in violation of the Reynolds Academic Honesty policy and subject to dismissal from the AAS Nursing program.

4.0 Program Policies

4.1 Academic Honesty

Each student has the responsibility to promote the highest standards of academic honesty. The nursing faculty accepts and supports the Reynolds Academic Honesty Policy. Any student believed to be in violation of this policy will be treated according to the procedures described in this policy, this student handbook, the course syllabus, and/or the course learning pack. Reynolds policy # 1-34 (Academic Honesty) at http://inside.reynolds.edu/_policies/Section%201/

Any student who violate the Academic Honesty Policy may not register (continue) in the next nursing course until a college or program outcome has been identified.

This includes:
  ▪ plagiarizing nursing care plan, course or clinical assignments
  ▪ submitting documents used in a previous, or another nursing course
  ▪ cheating during a quiz, test, or exam
- altering graded Scantron exam forms and/or other test answer sheets
- discussing assessment/evaluation items with other students by any manner (test or quiz questions, simulation, and/or clinical details) (both giving information or asking for details from another student)
- other criteria identified in the College Student Handbook, or as applied to the clinical learning environment (i.e. false documentation)

4.2 Nursing Course Exams

- All nursing exams are confidential and the property of the nursing faculty and AAS Nursing Program.
- No student may divulge any question on an exam to any individual. The unauthorized possession, reproduction, or disclosure of any exam materials, including the nature or content of exam questions, before, during, or after the exam, using any method, is in violation of the Academic Honesty Policy.
- Each student must turn all cell phones to off during an exam. Phones will be placed in the student’s book-bag, or placed on the desk of the faculty member during the exam and, during an exam review.
- Each student will place all belongings brought to class in a designated area during an exam, and exam review, if directed. A student may not retrieve anything from these belongings while the exam/review is in process.

4.3 Impaired Student

Each student is expected to attend clinical learning experiences unimpaired by potential side effects from over-the-counter and/or prescription medications. A student needs to be aware that even cold and cough medications can impact cognitive and psychomotor function which could impact self as well as patient safety. Any student demonstrating effects of over-the-counter and/or prescription medications will be directed to leave the clinical learning environment. Clinical faculty may identify additional student safety actions which will be implemented.

Each student needs to recognize personal levels of stress and behavioral responses to the classroom and clinical environment that may impact patient safety or individual performance. Changes in cognitive and psychomotor function related to increased stress levels can impact patient safety. Any student demonstrating effects of altered cognitive and/or psychomotor function related to identified stress / anxiety levels will be directed to leave the clinical learning environment. Clinical faculty may identify additional student safety actions which should be implemented.

Each student is expected to adhere to the college's Substance Abuse Policy for Students. Every Nursing student is to demonstrate effective client care in every clinical learning environment unimpaired by the effects of drugs or alcohol. Any nursing student whose performance is impaired by the effects of drugs or alcohol at the college or while
representing the college at clinical or other sites may be subject to random drug screen, disciplinary action, including dismissal, and/or referral to an assistance or rehabilitation program at the discretion of the program faculty. Notification of the Dean of Student Services is mandatory. See Reynolds Student Handbook, Code of Conduct.

4.4 Confidentiality
Any violation of Health Insurance Portability and Accountability Act (HIPAA), which protects the privacy of individually identifiable health information; including, but not limited to a breech in confidentiality is grounds for dismissal from the nursing program. In addition, additional charges may be filed against the student(s) by the health care agency.

4.5 Course Assignments
Each student assumes full responsibility for the content and integrity of the coursework they submit. Therefore, to assist each student in observing academic integrity, the following guidelines have been developed.

- Each student must do their own work and submit only his/her own work, unless otherwise permitted by the instructor.
- American Psychological Association (A.P.A) format and citation style is required for all written assignments as well as citation of references.
- A student may collaborate or cooperate with other students on assignments or examinations only as directed by the instructor.
- Each student must follow all written and/or oral instructions given by instructors or designated college representatives for taking exams, placement assessments, quizzes, and other evaluative instruments.
- Each student must understand that to resubmit work completed for a previous course is a violation of the Reynolds Academic Honesty Policy.

4.6 Social Media Policy
The purpose of this policy is to provide guidelines for the appropriate use of, and conduct on, social media sites. Once an individual becomes a student in a professional nursing program, his/her public visibility options on social media are changed and he/she is subject to scrutiny by a wider audience, including future employers. See National Council of State Boards of Nursing brochure.

- Do not post confidential or sensitive information about J. Sargeant Reynolds Community College or its community affiliates including patients, other students, faculty or staff.
- Do not post comments or use language that could reflect poorly on you, the college, or the Nursing Program.
- Understand that each student who participate in social networking represents himself/herself, and by extension, J. Sargeant Reynolds Community College and the Nursing Program.
- A student must conduct himself/herself professionally at all times in all social settings, virtual or otherwise.
- Use privacy settings when appropriate.
• A student in the AAS Nursing program does not have college permission to use the J. Sargeant Reynolds Community College name.
• A student in the AAS Nursing program does not have permission to discuss faculty members, clients or other students.
• A student in the AAS Nursing program does not have permission to use images of the program, the college or any faculty or staff.
• Each student must understand, what the student writes/posts in any format print or online is his/her responsibility, and so are any repercussions.

The consequences of violating this policy may include disciplinary action up to and/or including dismissal from the nursing program. See HIPPA statements later in this handbook.

5.0 Attendance

5.1 Laboratory, Simulation and Clinical Attendance

Attendance is expected for all clinical/campus/simulation laboratories. Scheduled participation absences will be addressed in individual course syllabi. **A student may be assigned an alternate assignment that meets Board of Nursing criteria for direct patient care hours.** Simulation hours may be counted as laboratory or clinical hours based upon course requirements and would then adhere to the clinical or laboratory rules listed below.

**Direct Patient Care Attendance:**

a) Individual course syllabi and Course Learning Packs identify individual course expectations regarding attendance. Should a student miss any clinical experience, the Course Coordinator and Clinical Instructor will determine if there will be an opportunity to make up the absence, and continue in the course.

b) A student who misses more than one scheduled day of direct patient care hours in a course may be unable to meet course outcomes and will receive a course grade of “F” if outcomes are not successfully completed.

c) Faculty will schedule one make-up day (if a site is available) for an excused clinical experience in each clinical course. Absences that exceed this amount will be evaluated by the Course Coordinator and may require a hearing before the Nursing Student Affairs Committee. The location and schedule of the make-up opportunity is at the discretion of the course and clinical faculty. Clinical make-up guidelines will be included in the course syllabus and/or the course learning pack and must be completed before a student can progress to the next nursing course.

d) Each student must demonstrate achievement of the required hours identified in the Regulations of the Virginia Board of Nursing, and meet hours identified in course credits.
Laboratory Attendance

- A student who is late/absent from laboratory experiences must demonstrate all missed learning competencies validated by instructor evaluation prior to attending clinical where direct client care requires the competency. The campus lab must be made up within one week, or as identified in the course syllabus or course learning pack.

- The course and/or clinical instructor reserves the right to restrict a student from attending direct client care experiences after any missed campus lab, if any part of that lab is deemed necessary by the instructor for safe client care in that week of clinical practice. This may occur even if the laboratory skill is in one course and the clinical hours are in another course.

General Guidelines

- The student must notify the clinical/campus laboratory instructor if an absence is anticipated. All clinical/campus laboratory absences must be excused by the instructor prior to, or as early as possible during the scheduled learning experience. The student is to follow the directions provided by the Clinical Instructor. If the student is unable to reach his/her Clinical Instructor, the student should call the clinical unit and request that the following information be given to his/her Instructor:
  - Name,
  - School’s name,
  - The name of the clinical instructor; and
  - The reason for absence or delay.

  Please note the name of the person taking the message.

- A student who does not call or notify the clinical instructor (verifiable manner), and obtain permission from the instructor to be absent from clinical/campus laboratory will be noted as having an unexcused absence, and placed on clinical warning.

- A student who arrives more than fifteen (15) minutes late for skill lab, Simulation lab, or healthcare agency clinical learning experience will be placed on clinical warning related to “Accountability”. This student may be sent home at the discretion of the clinical instructor based on the expectations of the student assignment. A student who is sent home will have this absence considered unexcused. Repeated tardiness will be noted on the clinical warning form and could result in the student failing to meet the clinical outcomes for the course.
Each student is responsible for keeping the college nursing skill and simulation laboratory areas neat and orderly. This means returning all equipment to its proper place, taking personal belongings when leaving the laboratory, and discarding used paper and supplies in the appropriate containers immediately after use.

Each student is expected to follow the published simulation and skill lab policies and guidelines. (See Appendix G: Laboratory Safety Rules and Appendix H: Simulation Laboratory Usage and Rules)

The Program seeks to support a student who miss time due to civic responsibilities (e.g., jury duty or military service). However, this student must consult with Program Coordinator in advance.

5.2 Test/Exams
Attendance is expected for all tests.

- In order to be excused from a test, the student must call the instructor prior to the beginning of the scheduled test or quiz and arrange for a make-up test at that time.
- A student will be excused from tests only for documented emergencies. The full-time faculty member teaching the course will decide whether or not to accept the reason given as an emergency. If not, then the absence is unexcused.
- A student will receive a zero for any unexcused test absence.
- An unexcused test absence is described as failing to notify the course instructor on or before the start of the test, or if the reason given is not excused.
- A student arriving after a test has started must complete the test by the designated time within the same time frame as the other students and will be graded on the basis of the total point value of that test.
- Make-up test, if permitted by faculty, must be completed within five (5) business days of original test, unless stated differently in a course syllabus. The Make-up test may have a different format.
- No more than one make-up test is permitted in any course.
- No quizzes, tests, exams, or Kaplan Integrated tests can be re-taken.
- A student who requires testing accommodations should see section 8: Americans with Disabilities Act and Student Accommodation.
  - The student is expected to complete the exam in the time span identified for the exam.
- Each student is encouraged to meet with course faculty to review/analyze each course exam to increase understanding of test taking strategies, and comprehension of concepts included in the test.
- All test grades are cumulative within a nursing course.
- Course examinations are scheduled and weighted by faculty as stated in the course syllabus and/or the course learning pack.
- Submitted answers will be the only basis on which grades will be determined.
- Nursing faculty reserve the right to determine test designs, content and method as determined by regulatory agencies.
- No exam questions, answers, or exam review content may be recorded in any form.

### 6.0 Final Course Grades

- A student who received an incomplete grade must complete the course before progression to the next level.
- No extra credit is permitted to improve a student’s academic average to a passing grade.

A final grade of 80% (C) is required in order to pass a course and continue in the nursing program. A grade of 79.5% and above rounds to 80%. This grade must be achieved before any additional points can be added based on individual course optional assignments.

### 6.1 Program Grading Scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>92 - 100</td>
</tr>
<tr>
<td>B</td>
<td>84 - 91</td>
</tr>
<tr>
<td>C</td>
<td>80 - 83</td>
</tr>
<tr>
<td>D</td>
<td>70 - 79</td>
</tr>
<tr>
<td>F</td>
<td>Below 70</td>
</tr>
</tbody>
</table>

Faculty evaluate student knowledge and understanding of course concepts by multiple methods, including oral and written tests, and/or assignments.

**EXAMPLE:** clinical / lab evaluations + classroom average:

A Clinical rating of "Satisfactory" with a theory average of 80 or above will result in the student receiving the letter grade that corresponds to the theory average – e.g., "Satisfactory" + 83 = C

If a student receives an "Unsatisfactory" in clinical, she/he will receive a final grade of "F", and may be unable to continue in the nursing program.

### 6.2 Written Assignments

Each student is accountable for meeting identified deadlines for submission of each assignment within a nursing course.

- If a written assignment is submitted after the due date, the program policy requires the subtraction of 5 points per day.
- Course faculty may identify a lesser penalty in the specific course syllabus and course learning pack. If there is no reference to a lower penalty, the policy of 5 points per day will be implemented.
- Each student should proofread all written assignments before submitting for grading. If a student has difficulty proofreading, then he/she should have someone else proof
the assignment. It is expected that all assignments will meet the standard for college level written assignments. Spelling and grammar will be included in a grading rubric, as will appearance following A.P.A. format guidelines.

- Individual course faculty will determine if a written assignment may be revised and resubmitted following grading. Course faculty will publish a statement in the course syllabus that identifies if there is a change in a grade, how the new grade will be incorporated into the grading value of the assignment. (i.e. new grade is substituted for original grade; original grade and new grade are averaged together; highest potential grade on a resubmission is 80%)

6.3 Kaplan Testing program:
The AAS Nursing Program has contracted with the Kaplan Company to facilitate student success within the program, as well as preparation for the NCLEX-RN® licensure exam.

- Participation in Kaplan Integrated Testing, or assignments using additional Kaplan resources is mandatory.
- A student must complete each course/program Kaplan Integrated Test as scheduled by the course faculty. Integrated Tests must be completed prior to submission of a final course grade.
- Each student should incorporate Kaplan resources with each nursing course. Remediation of Kaplan test questions will facilitate student understanding of content and test taking strategies.
- A student will forfeit the opportunity to earn additional points for his/her final course grade if the exam is taken after the identified date.
- Student must have all Kaplan testing proctored, either by faculty or staff. Any student who does not meet this standard will not receive credit for the test score. Each course syllabus will identify the role any Kaplan resource has in course grading.

6.4 Clinical Grades
Clinical laboratory performance must be at a satisfactory level in order to continue or to receive credit for the course and have the theory grade calculated. If a student receives a "Satisfactory" in clinical, and a "D" or "F" in theory the student will receive the theory letter grade as the final course grade. *(Previously stated above.)*

**Dosage Calculations**: Each student must demonstrate achievement of dosage calculation competency at, or above 90% prior to engaging in direct patient care. See Appendix F (Rounding Rules for Dosage Calculation).

- Medication administration is contingent upon achievement of the course identified requirement on the dosage calculation competency test.
- Dosage calculation tests are administered at each level:
  a. Level 1 (NSG 106)
  b. Level 2 (NSG 170)
  c. Level 3 (NSG 211)
  d. Level 4 (NSG 270)
e) A student will have a maximum of three (3) attempts to achieve the identified level of competency.

f) A student who fails to achieve the identified level on the dosage calculation competency test will be rated as “unsatisfactory” on the clinical outcome related to safety, and receive a failing grade for clinical, and the course.

g) A student may drop/withdraw from the course if he/she is unable to pass the dosage test to avoid a grade of “F”.
   a. A student who is unsuccessful on NSG 106 dosage cannot be successful in NSG 100 clinical and is advised to drop/withdraw from that course.
   b. A student who is unsuccessful on NSG 211 dosage calculation cannot be successful in NSG 210 and is advised to drop/withdraw from that course.

h) A student who drops a nursing course related to being unable to pass the dosage test with three attempts will use the Program’s Progression 2 process for re-enrollment.

7.0 Clinical Evaluation

Each student is accountable for meeting identified clinical learning experience outcomes. A student who is not demonstrating progression toward mastery of the clinical outcomes will be notified both verbally and in writing by the student’s clinical instructor.

7.1 Clinical Warning

- Clinical Warning is a formal process which provides a student an opportunity to focus on learning experiences which demonstrate growth toward clinical outcomes.
- The “Clinical Warning” form will be completed by the clinical instructor and identify the specific areas of concern observed.
- The student is expected to sign the “Clinical Warning” form indicating that he/she has had the opportunity to read and discuss the observed behaviors.
- The student will develop a written plan for clinical growth that focuses on the identified areas/outcomes of concerns.
- The clinical instructor and student will communicate weekly through completion of the student’s weekly self-evaluation. The student and instructor will review/revise and document clinical growth that includes identified areas/outcomes of concern.
- Clinical Warning status will end with the achievement of the clinical outcomes of the course.
- Clinical Warning will be applicable to the new enrollment,
- A student who withdraws from the course with an active “Clinical Warning”, and is eligible to return to the program, will have the Clinical Warning re-activated, regardless of the course, or clinical instructor, unless specifically documented as resolved by all parties. The Clinical Warning will remain until a final clinical evaluation demonstrates satisfactory achievement of clinical outcomes.
- The student who fails to demonstrate achievement of the clinical outcomes will receive a failing grade for the clinical learning experience.
Clinical evaluations for each nursing course will be maintained in the student’s Document Manager through CastleBranch®. A student who receive a failing evaluation for his/her clinical learning experience will not be eligible for enrollment in the Practical Nursing program.

7.2 Clinical Evaluation Policies
Nursing process is the foundation for nursing practice and is the major focus in the evaluation process. Knowledge and skill in nursing actions embedded in the process serve as the basis for evaluation. The clinical evaluation tool provides data relative to the student’s progress toward achievement of specified outcomes. Faculty and student anecdotal records serve as a method to assess the student’s observed knowledge and skill as demonstrated through the nursing process.

Clinical performance will be evaluated using "Criteria for Clinical Evaluation" and Course Outcome Standards as criteria. Personal qualities, attitudes, skills, and clinical reasoning of the student in the clinical area will be evaluated on the basis of anecdotal notes maintained by both faculty and the student. These notes will be discussed in individual conferences and used for guidance purposes. Standards for clinical laboratory learning must be maintained at all times. Guidelines for grading may vary slightly in different clinical nursing courses. These variations will be clearly outlined in course packs of those courses.

The student must submit a completed self-evaluation using the clinical evaluation tool, to the instructor, prior to the final evaluation conference, as identified by the Instructor. Course grade will not be issued until this evaluation process is completed.

Clinical Evaluation Tool
The Clinical Evaluation Tool includes the criteria used to evaluate the student’s clinical performance. The outcomes on the tool are the standards that will be used to measure Satisfactory (S), Needs Improvement (NI), and Unsatisfactory (U) performance. A Satisfactory performance indicates that the student has met all outcome standards, performs consistently at the expected level, and demonstrates growth (progress).

Each student is expected to perform safely in all areas of client care on a consistent basis. Unsafe practice in the clinical area will result in documented unsatisfactory performance for the clinical experience. Mid-term evaluations may include acknowledgement of “Needs Improvement” evaluation for clinical outcomes. It is expected that the student, with faculty support, will continue to demonstrate growth to a satisfactory level of performance to successfully meet all clinical outcomes for the course.

If the instructor observes, or learns of, serious compromise of client safety, it will result in clinical failure and subsequent course failure. If a healthcare agency, or other learning experience requests that a student be removed from the facility because of compromised client safety, the student will receive a failing grade for the clinical portion of the course.
All clinical outcomes must be rated at a “satisfactory” level by the conclusion of the course.

Clinical Course Requirements:

- **Anecdotal Record**
  Anecdotal notes on student clinical performance will be maintained on the Clinical Evaluation Form by each student to document achievement of satisfactory clinical performance. The student is to complete an anecdotal note for each week and submit it to his/her instructor. The instructor will monitor student progress on an ongoing basis and will review the student’s self-evaluation weekly, document his/her own observations and return the form to the student. If a student receives an unsatisfactory rating, that is not a serious compromise of client safety, he/she is expected to remediate the problem area so that satisfactory performance is achieved. If a student receives an unsatisfactory rating that presents a serious compromise of client safety, it may result in an inability to return to clinical, and a clinical failure. Each course syllabus will include a faculty response time for all submitted clinical documents.

- **Mid-Term Evaluation**
  Prior to the withdrawal date for each clinical nursing course, the student will receive an evaluation of his/her clinical performance. The information contained in the anecdotal record will be used as the basis for this evaluation. A student who receives a needs improvement, or unsatisfactory mid-term performance rating will be expected to develop a written action plan indicating what the student will demonstrate to meet clinical outcomes over the remainder of the course. Documentation of the meeting and review of the evaluation will be developed by the instructor and maintained by the instructor for submission to the Course Coordinator and subsequently will be placed in the student’s program file.

- **Final Evaluation of Achievement of Clinical Outcomes**
  The student must demonstrate satisfactory performance within each outcome to receive a final evaluation of Satisfactory for the clinical component of the course. Passing clinical is the criteria that must be met to have a theory grade calculated for submission to Central Records & Admissions.

**8.0 Americans with Disabilities Act and Student Accommodations**

The college is committed to compliance with both the letter and spirit of the Americans with Disabilities Act as well as the Rehabilitation Act of 1973 and other laws protecting the rights of individuals with disabilities. A student with special needs should contact the offices of the Dean of Student Development Services on each campus for additional information and complete the Request for Accommodations form. Policies developed by the Office of Student Accommodations are applicable to a student receiving services through this department.
A student, after meeting with persons in Office of Student Accommodations, is responsible for submitting required paperwork to the instructor stating the need for special accommodation with appropriate documentation at the beginning of the semester.

Any student granted testing accommodation will be permitted to complete course exams the day before, the day of or the day after the scheduled course exams. Scheduling is to be coordinated with the course faculty member and the Accommodation Center.

It is a program goal that no student receiving testing accommodation, have the testing time impact the student’s participation in classroom activities.

Each student is responsible for participating in the scheduling of course exams at testing locations.

A student who misses scheduled test appointments will be unable to take the identified exam, and will receive the grade identified in the course syllabus.

A student who arrives late for a scheduled testing appointment will have his/her testing time calculated from the beginning of the appointment. [Example: A student has time + one-half for testing. A student has 90 minutes to complete a test, and has scheduled his/her testing time to begin at 9 am. The student arrives to begin the test at 9:30. The 90 minute testing time is calculated based on the 9 am appointment, and not the 9:30 am arrival time. This student would therefore only have 60 minutes to complete his/her exam.]

Approved: 4-11-88; Reviewed / revised: 5-09-05; 11-06; 08-08, 12-12, 5-15, 5-16, 2-18

9.0 Dress Code Policy

Clients have the right to know the identity of the people caring for them. A student’s appearance reflects professionalism and is representative of the A.A.S. in Nursing Program.

Each student will wear the school uniform in the clinical setting. Any specific adaptations will be written in course learning packs. Each student must also adhere to any additional dress codes required by the clinical agencies. Any student who does not meet the standards identified below will be asked to leave the clinical agency and be required to make up missed learning experiences, based on the stated clinical attendance policy.

Each student in uniform must meet the following standards:

A. Uniform

- The uniform must fit appropriately without evidence of being tight-fitting such as creases, rolling or pulling, or with pant leg extending beyond the top of the shoe.
- Faculty must approve any lab coat. Lab coats may not be worn into a patient’s room.
- Clean, solid white, short sleeved tee shirt may be worn under uniform top. Course and/or clinical faculty will identify any exceptions to this standard.
- Underwear should not be visible through the uniform, or over the top of the scrub bottoms of the uniform.
- A Reynolds student picture ID, which states “Professional Nursing Student” is to be worn on the uniform top.
• The uniform must be clean, pressed and be in good repair with no obvious stains.
• Color of uniform must match the uniform identified by the AAS in Nursing Program.
• Program patch must be attached to uniform top and jacket.

B. Foot and leg wear
• Black socks/black hose must be worn.
• Nursing style shoes must be clean, black and impervious to fluid with closed toes, and heels.
• No athletic shoes displaying color logos may be worn.

C. Hair
• Hairstyles must be clean, well kept, conservative and neatly arranged above the uniform collar.
• Beards, mustaches and sideburns must be neatly trimmed.
• No caps, bows, hairbands, bandanas or ribbons are to be worn in the hair.

D. Jewelry/Body Modifications
• Jewelry will be limited to ONLY a wedding band set, a watch that shows seconds and minutes, and no more than two pairs of small stud earrings.
• Loop and dangling earrings and necklaces are prohibited.
• All other visible body piercings must be removed when in the clinical setting.
• Gauges or other visible items are not permitted in direct patient care areas.
• A student may not wear a nose ring, eyebrow jewelry, or have visible tongue jewelry during an identified clinical experience.
• Ear spacers must be flesh tone.

E. Nails
• Fingernails must be clean and no longer than the ends of the fingertips.
• Fingernail polish is no longer permitted in area healthcare agencies related to infection risk.
• Artificial nails or acrylic overlays may not be worn as they pose an infection risk.

F. Miscellaneous
• Cell phones must not be carried into the clinical area.
• No perfume, cologne or after-shave is to be worn in the clinical setting.
• Make-up must be discreet and of limited quantity.
• Tattoos must be covered when possible. Clinical agencies may have policies that prohibit patient contact in such cases. Course and/or clinical faculty will identify specific healthcare agency policies.
• A student must be clean, neat and free of odor.
• Equipment needed in the clinical setting includes a stethoscope, ball point pen of the color required by the particular agency, and a pocket notebook. A penlight is optional.
• Use of clip-boards / large notebooks may provide a means to spread organisms, and
  should not be carried into patient rooms.
• When visiting in the clinical setting for pre-clinical assessment or direct patient care,
  simulation and laboratory activities, the student will wear the identified student
  uniform.
• The student must wear a Reynolds student picture ID at all times.
• Smoking, use of smokeless tobacco, or alternative forms of “smoking” (i.e. electronic
cigarette) is prohibited when in uniform unless specifically addressed by a Clinical
Instructor. Any form of “smoking” is completely prohibited within a healthcare
agency, per agency policy.

Adopted: 4-11-88
Review / revised: 12-6-93; 5-10-00; 5-11-04; 5-9-05; 11-28-06; 09-08; 05-10; 10-10; 08-11, 12-12, 5-16, 2-18

10.0 Health Insurance Portability and Accountability Act of 1996 (HIPAA)
A student working in a clinical setting is accountable to understanding HIPAA. Each student
must read the information below and uphold the highest standard of HIPAA.

Because of the complexity and importance of compliance with HIPAA legislation, healthcare
institutions are required to set up a HIPAA team to provide education and oversee
implementation of HIPAA regulations. HIPAA legislation can be divided into three basic
components—administrative simplification, protection of patient privacy and security of
patient data. This article will discuss each section and how it affects you!

Administrative Simplification
The use of computers and other electronic systems have proven to be a tremendous benefit
for healthcare providers and patients. However, there has also been a proliferation of
different standards and formats for gathering, coding and storing patient information
which, in turn, presents numerous issues with clear communication of data and software
compatibility. HIPAA Administrative Simplification provides a common language for transfer
of data and encompasses four set of regulations—electronic transaction standards, privacy
standards, security standards and unique identifiers.

Privacy standards
Institutions and healthcare providers must ensure privacy of protected health information.
Protected health information (PHI) is any information that includes the patient's name or
other identifiers, such as birth date or medical record number. PHI can be written, spoken
or electronic. HIPAA regulations support "minimal disclosure" which means disclosure of
PHI only if it is directly related to treatment and the minimum necessary for the immediate
purpose. If disclosure is needed or requested for any other purpose, prior authorization
must be obtained from the patient (exceptions discussed below).

Healthcare institutions must provide clear written notice of the allowable use and
disclosure of PHI and explain patients' rights to their medical records. Patients must be
asked to acknowledge that they have seen this privacy notice. However, if they refuse to
sign it, treatment may be still being provided. HIPAA allows exceptions to the requirement for this privacy notice and written acknowledgement:

- In situations when privacy notices and acknowledgement might prevent or delay timely care. However, the institution must still provide the privacy notice and attempt to obtain written acknowledgement as soon as possible.
- Disclosure of PHI may be permitted if the patient is given an opportunity to "object" before the disclosure is made—for example, disclosures made to family and friends. Often, family members or friends want to talk to healthcare providers about the patient's treatment or status. Before a healthcare provider can do this, they must ask the patient for permission to do so (or give them a chance to object). If the patient is unable to answer or is not there, the healthcare provider can use their judgment to decide whether to talk to the family member or friend.
- Disclosures viewed as "beneficial" to the public such as reporting—vital statistics, communicable diseases, adverse reactions to drugs or medical devices, and information related to organ donation.

**Security standards**
The healthcare institution must ensure data security. Data must be protected against unauthorized access and other breaches of confidentiality. Policies and procedures must guard passwords, change them frequently and make sure there is no password sharing among staff. Electronic signatures, when required by HIPAA, must comply with standards set by HIPAA. The healthcare institution must also ensure that procedures are in place to remove an employee's access to the facility and electronic systems in the event that they are terminated or reassigned, and audit employee access to electronic systems that contain PHI.

**Resources**


**HIPAA Violations: Do not let this happen to you!**

This student posted on her Facebook that she had seen in one of the medical records that a patient had been admitted after being stabbed at school and the young boy may die. She said it was really hard for her to deal with because she had a younger brother that was the same age. She did not use any names to protect the patient's privacy, but her Facebook site identified her as a J. Sargeant Reynolds student and the hospital was in a small community. Because it was a small community, there had only been one incident that matched this description, and the family brought charges against the student, as well as the hospital and Reynolds.

While at the bookstore, two students were discussing a recent medical record they were reviewing for a course assignment. The patient had an unusual accident at a local factory which precipitated chest pain, and a history of a prior heart attack. Unknowing to this student, the patient's wife was also a student and was in the bookstore. When she overheard the discussion, she became upset and angry, and confronted the students. Although the students apologized, she could not be consoled and took legal action against the students.

This young man was a recent graduate and recently started a new job as a medical coder. He wanted to do a good job and impress his employer. When confronted with a difficult case for coding, he asked a colleague for help (so he would not have to tell his supervisor he did not know the appropriate coding). He faxed a copy of pertinent information to his friend. An hour later, his friend called asking when he was going to send the information to him. He had misdialed the number and
the fax went to a local resident. The resident brought the fax back to the hospital. The recent graduate was terminated from his new job for breach of patient privacy and company policy.
11.0 End of Program

11.1 Pinning Ceremony

The School of Nursing has determined that this ceremony will be scheduled twice a year. (January and May).

In order to participate in the Professional Recognition Pinning Ceremony and/or Commencement the student must:

- Have completed all program requirements with a grade of C (80%) or better,
- File application for graduation with Central Records and Admissions by the College’s deadline date,
- Meet all graduation requirements,
- Be in good standing with the program,
- Be professionally dressed for the Professional Recognition Pinning Ceremony. At faculty discretion, any student who is inappropriately dressed will be denied participation.

11.2 Graduation

- A student who does not complete the applicable program coursework is ineligible for graduation from the Reynolds Community College AAS Nursing Program.

- Each student is responsible and accountable to meet all college expectations for graduation.
- Each student is responsible to participate in the Graduate Follow up Study six months after graduation.

COLLEGE POLICIES

12.0 Financial Aid

Any student may be eligible to receive financial aid. Financial aid information and policies can be obtained in the Financial Aid Office at the College or on line at the College web site. Each student who receives financial aid has an ethical responsibility to meet all financial aid regulations.

13.0 Student Record Policy

J. Sargeant Reynolds Community College follows and enforces all federal and state laws protecting the confidentiality and security of student records. The Family Educational Rights and Privacy Act applies to all academic, financial and other student records. The AAS Nursing Program maintains records in compliance with the federal, state, and college regulations. [JSR Policy No: 4-38] Central Records and Admissions maintain the permanent
academic record for the student. The following provides an overview of the student record categories.

*Enrolled Student*
Copies of admission data and transcripts of a currently enrolled student is maintained in Central Admission and Records.

Castlebranch Document Manager® Account is the site for lifetime storage of a student’s Health Form, Immunization data, TB, CPR, Assumption of Risk, Clinical Evaluation Forms, etc.

*Graduates*
Names of graduates and transcripts will be maintained by Central Admissions and Records – by law these must be maintained. All program related documents are discarded when the student completes the program. Copies of clinical evaluations will be maintained for 3 years. Health Forms are maintained for 5 years per Virginia Board of Nursing (VBON) regulation.

*Withdrawals*
Program records on a withdrawn student will be maintained for three years. Central Admissions and Records office maintains the official transcript.

*Failure*
A student who has failed a second nursing course and has been required to leave the program have records maintained for one year.

*Program Records*
Program records including catalog, self-study reports, program plan, curriculum, annual reports, program committee minutes, brochures and NCLEX – RN® results are maintained for a period of five years through the office of the Coordinator for Nursing Programs, or other college departments.

**14.0 Online/Hybrid Course Instruction**
- Each student taking online instruction should visit the college’s distance education website at [http://www.reynolds.edu/get_started/distance_learning/default.aspx](http://www.reynolds.edu/get_started/distance_learning/default.aspx) for training and pretesting. This site may also be accessed from the Reynold’s Home Page under Distance Education.
- It is recommended that a student who has not taken the Smarter Measure Test for Distance Learning do so before starting the course. This test may be accessed at [http://reynolds.smartermeasure.com/](http://reynolds.smartermeasure.com/) or through the Distance Education site noted above.
- Each student should be able to access the internet as it can also provide resources for this class. If you do not have home internet access, you may visit the school computer
labs at

- Each student using the computer laboratory must provide their own headphones.
- To take an online course, you must have a computer, high speed connection, an Internet Service Provider, Blackboard and a browser Access instructor provided web-links from Blackboard. Mozilla Firefox is the recommended internet browser for full functionality of all materials on Blackboard and can be downloaded for free. Contact your instructor immediately if you have difficulty accessing required materials or would like additional information. See below for Hardware and Software Requirements.
- The course utilizes Microsoft Office documents including PowerPoint presentations, several videos, web-links, flash animations, and audio/visual presentations. For help and support with any of the features please visit:
  http://www.reynolds.edu/register_for_classes/technology_support/default.aspx or call the Massey Library at (804) 523-5157
- A student must abide by college policy Reynolds Usage Of Computers And Computer Information Resources Policy 4-32 at the following site
  http://www.reynolds.edu/register_for_classes/technology_support/computing_centers.aspx

14.1 Hardware/Software Requirements

Please visit:
http://www.reynolds.edu/get_started/distance_learning/technical_requirements.aspx

Distance learning courses are accessible through the Internet and you will need a reliable Internet service provider. It is your gateway to access assignments, transmit completed work to the instructor, interact with other students, and receive feedback on your work.

To take a distance learning course you must have:
- A computer with Windows XP, Vista, 7, 8, or Mac OSX (or later) operating system
- A modern Windows or Mac computer with 500 megabytes (MB) RAM or better (1 GB recommended)
- 800 x 600 screen resolution (1024 x 768 recommended)
- 1 gigabyte (GB) of hard drive space (40 GB recommended)
- A reliable Internet connection (broadband recommended)
- A current, secure browser (Internet Explorer, Firefox, Safari, Chrome – two recommended) with cookies enabled
- Standard word processing software (Google Docs can be accessed by each VCCS student through your student email)
- Current virus scanning software
- A VCCS student email account (set up for every student)
- CD-ROM drive, sound card and speakers (may be needed for some courses)
- Additional plug-ins and software as required for your course
14.2 Netiquette Statement

During the progression of this course the following Netiquette rules will be followed.

Each student is expected to:
1. Show respect for the instructor and for students in the class.
2. Respect the privacy of other students.
3. E-mail your instructor if you have questions about the course materials, or are experiencing frustrations.
4. If you feel that a student is behaving inappropriately, please send the instructor an e-mail message explaining the situation as soon as possible. The purpose is to allow the instructor the opportunity to handle the situation appropriately without causing interruption in the course.

A student should not:
1. Show disrespect for the instructor or for students in the class.
2. Communicate or facilitate the sending of messages or comments that are threatening, harassing, offensive or inappropriate in the context of the respiratory therapy program.
3. Use inappropriate or offensive language.
4. USE ALL UPPERCASE IN THEIR MESSAGES -- THIS IS THE EQUIVALENT OF SHOUTING!!!

Failure to adhere to the Netiquette statement will result in a meeting between the student and the instructor of the course. Further action may be taken to the Program Head, Assistant Dean, Dean and, if necessary, the Office of Student Affairs. Ultimate resolution may result in the student being removed from the course and potentially removed from the program.
**STUDENT AGREEMENT TO PROGRAM POLICIES AND ETHICAL EXPECTATIONS (SAPPEE)**

Full Printed Name: ____________________________________________________________

Orientation Date: ____________________________________________________________

<table>
<thead>
<tr>
<th>Student Attestation Statements</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have accessed an electronic copy of the Student Nurse Handbook at my entrance to the A. A. S. in Nursing Program.</td>
<td></td>
</tr>
<tr>
<td>I have both read and participated in a discussion of the A.A.S. in Nursing Program Student Nurse Handbook.</td>
<td></td>
</tr>
<tr>
<td>I have had my initial questions answered, and will communicate new or additional questions to the Program Blackboard site.</td>
<td></td>
</tr>
<tr>
<td>I know how to access the Blackboard system, and contact the College “Help” desk.</td>
<td></td>
</tr>
<tr>
<td>I am able to open each course syllabus and learning activity pack through Reynolds’ Blackboard system.</td>
<td></td>
</tr>
<tr>
<td>I know how to access the Academic Support Center, Nursing Retention Specialist, course faculty (class, skill lab, clinical) for each nursing course I am taking.</td>
<td></td>
</tr>
<tr>
<td>I know of no new events in my life that would affect my Background Check or Drug Screen results.</td>
<td></td>
</tr>
<tr>
<td>My tuberculosis, influenza, and American Heart Association Basic Life Support CPR documents are current and will not expire this semester.</td>
<td></td>
</tr>
<tr>
<td>I understand that all program and/or faculty electronic communications will occur through my email.vccs.edu address.</td>
<td></td>
</tr>
</tbody>
</table>

**Academic Ethics Pledge:**

I will not discuss, accept, or provide any test/student assessment details to another student. I will not remain silent; I will immediately communicate with course faculty should I receive any test/assessment details or become aware that other students are engaging in unethical behavior. I understand that the program’s sanction for cheating, in any form, including failure to report, is dismissal from the AAS Nursing program.

Student Signature: ____________________________________________________________

Printed Name: ____________________________________________________________

Date: __________________________
APPENDIX A: PROFESSIONAL BEHAVIOR

Orientation to Health Care

THE BEHAVIORS OF PROFESSIONALISM

This document outlines behaviors of health care professionals as identified by the National Board of Medical Examiners (NBME). They website is http://professionalbehaviors.nbme.org/

**RESPECT**

*Institutions, systems and processes*
- Respects physical property and environment
- Respects institutional staff and representatives
- Is respectful toward faculty
- Is not disruptive to the organization and individual learning process
- Is respectful toward administrative staff in interactions
- Aware of and follows protocols (e.g. getting charts countersigned)

*People*
- Respects patient rights, dignity (privacy, confidentiality, and consent)
  - Knocks on door
  - Introduces self
  - Does not depersonalize patients
- Attends to modesty and privacy needs
  - When possible draws curtain
  - Drapes patients appropriately
  - Responds to patient discomfort
  - Responds truthfully to patient and family questions
  - Is not condescending, using rhetorical and mindless statements in patient interactions
  - Does not dismiss patient concerns based on cultural traditions/customs that are different from their own
- Requests permission when required or advisable
- Deals with confidential information discretely and appropriately
- Appropriately references patients, colleagues, co-workers, subordinates
- Ensures patient autonomy
- Respects differences in people
  - Demonstrates tolerance to a range of behaviors and beliefs
  - Adjusts to other person’s culture, background, socioeconomic status, etc.
- Respects other professionals
  - Refers to other disciplines and professions respectfully
  - Treats other professionals with dignity
- Follows and adjusts to accepted etiquette of others’ culture
- Facilitate the inclusion and participation of others in groups/teams
- Shows balanced treatment of people (does not show preferential treatment)
- Maintains personal boundaries
- Withholds asserting blame in presence of patients
- Does not take advantage of relationships with unequal power
- Does not take advantage of friendships or collegiality
RESPONSIBILITY & ACCOUNTABILITY

Self

- Aware of own limitations, and needs and means for improvements
  - Demonstrates insight into learning needs
  - Initiates self-improvement and/or educational activities
- Asks for help when needed
- Controls own emotions and channels them appropriately
- Cares for self appropriately and presents self in a professional manner (demeanor, dress, hygiene)
- Conducts self appropriately amidst adverse and trying circumstances; maintains personal control; does not yell and scream; does not throw objects; does not show disrespect through body language (feet up on desk, rolling eyes, etc.) or other passive aggressive behavior (multiple tasking while another person is trying to carry on a conversation with you, or reading newspaper in class)
- Adapts to changes and pressures caused by external circumstances (e.g., inability of a colleague to perform responsibilities because of illness)
- Requests and accepts constructive feedback and criticism and makes changes accordingly
- Manages time wisely to be efficient and effective
- Manages personal affairs in a way that does not interfere with professional activities

Peers, subordinates, superiors, co-workers, teams

- Counters unprofessional practices and tenets
- Recognizes and reports errors and poor behavior in peers to appropriate entities
- Deals effectively with physician impairment that threatens patient care or the professional environment
- Helps peers who are having trouble (with performance or other skills)
- Gives feedback with intention to help and educate/share knowledge
- Informs others when not available to fulfill responsibilities and secures replacement
- Responsible to self and team for education
- Seeks consultation for policy or other conflicts
- Takes responsibility for appropriate share of team work
- Willingly takes on responsibilities not assumed by others
- Is fair in making decisions affecting co-workers and subordinates
- Does not attribute blame

Patient care

- Manages resources optimally and exhibits judicious application and allocation of resources independent of patient age, gender, belief system, socioeconomic status
- Assures continuity of care
- Ensures provision of accurate information to transition team
- Balances expediency with what’s right and does not yield to the demands or pressures of others (patient, colleagues) when the “right” solution will be more work or take more time

Administrative and general work-related

- Knows, lives and upholds professional ethics and demonstrates a commitment to ethical principles
Respectfully and tactfully questions unfair policies, procedures and practices
Arrives on time
Devotes adequate time to tasks and responsibilities
Attends meetings, appointments, classes, etc.
Accountable for administrative responsibilities
  Completes in a timely manner forms, paperwork, charts, course evaluations
  Documents adequately (maintains records that are detailed, accurate, legible, comprehensible
Accountable for deadlines (completes assignments and responsibilities on time)
Follows up with tasks in area of responsibility (e.g., patient lab results, etc.) and follows through on promises
Answers letters, pages, e-mail and phone calls in a timely manner
Prioritizes when over-committed
Complies with policies, rules, regulations and laws
Seeks to repair damage caused by errors
Arrives at emergency scenes with due haste
Takes responsibility in urgent situations when no one with greater knowledge is present
Intervenes on behalf of patients, colleagues, subordinates or co-workers when others are demonstrating behaviors counter to principles of professionalism and confronts unprofessional behavior

ALTRUISM

Patients
  Puts patients’ needs ahead of own
  Goes beyond requirements of expected service
  Cares for patients even when their values may be inconsistent with own values
  Endures inconveniences to meet patient needs
  Advocates for individual patients to improve service provided
  Advocates for underserved populations, and those who can’t advocate for themselves
  Does not seek to profit from patients
  Endures unavoidable personal risk in provision of health care

Colleagues, co-workers
  Promotes the common good of teams and work groups
  Takes personal and professional risks on behalf of others
    Example: defends others when personal and professional inaccuracies are alleged
  Willing to facilitate knowledge transfer and provides information readily to peers and others
  Seeks opportunities to share knowledge and stimulate professional growth and learning
  Demonstrates supportive behavior, avoiding destructive competitiveness
  Respects varying levels of the work environment
  Facilitates others receiving credit and praise
  Shares opportunities with others
  Demonstrates awareness of and sensitivity to the needs of colleagues and co-workers
  Inquires about workload and work needs of others
  Offers assistance and support for others’ and team members’ work load, especially when busy
  Contributes to building, facilitation, and education of team members and co-workers
Community/Profession
- Places interests of community and profession above personal interests
- Volunteers for and/or performs community service
- Involved in societal/community health issues including access to care, resource allocation, cost containment, and cost effectiveness
- Proactive on important social and health issues
- Contributes to the profession, active in local and national organizations (e.g., AAMC, OSR, etc.)

Negative examples
- Uses “altruism” as an excuse, to misprioritize, accommodate or rationalize certain behaviors (I can’t be with my family because my patients need me.)
- Lacks personal commitment to medicine/health care - focus on extrinsic rewards, motivated by expectation (salary) only, financial gain and/or status. This does not mean that you don’t want to be pay for a job well done or to improve your career status.

Honor and Integrity
Patients, colleagues, co-workers
- Is forthright - answers questions directly and tactfully
  - Forthcoming with colleagues, co-workers and subordinates; does not withhold and does not use information as power
- Tells the truth
  - Does not misrepresent data and/or circumstances, etc.
  - Does not plagiarize, falsify documents (medical records, credentials), does not copy from other’s patient notes without seeing the patient
  - Does not make inaccurate self-representation of identity (in signature or phone calls) or of position or status
- Works to resolve problems directly with people involved.
- Admits errors
  - Communicates directly to those involved concerning intentions to disclose error
- Conducts research activities with integrity
  - Truthful about methods, data collection
  - Follows highest standards in teaching
- Follows the highest standards in administrative activities
- Deals with confidential information discretely and appropriately
  - Does not talk in public places about patients or other professional issues (colleagues’ perceptions of other health professionals)
- Makes appropriate attribution (reference) to source of ideas and accomplishments
  - Attributes accomplishments appropriately to others
  - Accurately references true sources of ideas
  - Investigates the lineage of ideas to ensure accurate attribution
- Balances authority with humility in caring for patients
- Balances authority with humility in interacting with subordinates and members of the healthcare team
- Inspires trust in patients, colleagues, co-workers and subordinates
- Maintains professional autonomy to act in the best interest of patients
- Isn’t inappropriately influenced by individuals or entities (e.g. pharmaceutical companies) where professional principles might be at risk; avoids conflicts of interest
- Informs appropriate audience when unavoidable or perceived conflict of interest exists (paid speaking engagements)
- Seeks input from appropriate source to address perceived or real conflict of interest
- Does not steal or cheat
- Does not misuse resources (eating patient’s food, etc.)
- Does not misuse power in relationships (e.g., unequal relationship between patient and provider)
- Does not cross personal, emotional or physical boundaries with patients, co-workers, instructors or students
- Does not participate in activities that distract from learning or compromise education (memorizing confidential exam questions)
- Does not participate in activities that compromise authority and attempts to resolve problems with the people involved.

**Caring, Compassion and Communication**

*Patient*

- Provides appropriate amount of communication; adjusts communication style (language, approach, non-verbal), and content of communication and conduct to adapt to patient (age, gender, socioeconomic level) to optimize transmission of information
- Offers patients management options equitably without imposing own biases
- Is sensitive to others (patients, peers, etc.) based on differences (age, gender, culture, race, socioeconomic level, religious beliefs, sexual orientation, etc.)
- Implements medical care by viewing the patient as an individual, taking into account lifestyle, beliefs, personal idiosyncrasies, support system
- Takes time to listen to patients, families, etc.; takes time to seek out and talk to patients and families
- Ensures that patients understand information communication (e.g., diagnosis, prognosis, treatment options, etc.)
- Deals with patient distress appropriately
- Takes seriously those with cognitive deficits, and acts respectfully and caringly
- Takes seriously those from cultures that are different from own and acts respectfully and caringly
- Develops appropriate relationship with and level of caring for patients, maintaining professional boundaries while providing nurturing required for optimal care
- Breaks bad news with sincerity, caring and honesty
- Deals with sickness, death and dying in a professional manner with patient and family members; provides a model for balancing compassion with appropriate personal distance
- Knows when to listen, when to talk and when to be silently present.
- Maintains composure with “difficult” patients (e.g., combative, incommunicative, etc.)
- Is not demeaning or condescending

*Self, peers, students, co-workers*

- Provides colleagues, co-workers and team members with information that is accurate, timely and organized
- Communicates orally and in written form clearly, effectively and appropriately with peers,
co-workers and subordinates

- Demonstrates compassion for colleagues, co-workers and subordinates; understands and is able to deal with other health professionals’ stress.
- Demonstrates effective listening skills
- Uses rhetorical and other devices and methods (e.g., humor) appropriately to communicate a message and facilitate team and leadership processes
- Develops appropriate relationships with peers, co-workers and subordinates and understands and respect boundaries for professional relationships
- Provides support and assistance to colleagues, co-workers and subordinates with impairments
- Is aware of the need and takes responsibility to balance personal and professional activities for self.
- Is aware of facilitates the need of co-workers and subordinates to balance personal and professional activities.

Excellence and Scholarship

- Conscientious
  - Is aware of own responsibilities and those of others, and ensures that “the job gets done” with excellence and in a highly professional manner no matter what
  - Is well prepared for classes, rounds, etc.
- Cognitive excellence
  - Thorough
  - Leaves no stone unturned and does not miss details or discard inconsistent data
  - Information gathering and synthesis
  - Reads extensively
  - Masters and integrates large amounts of data quickly
  - Problem solving, decision making, judgment
  - Does not discard hypotheses (ideas/potential solutions/theories) prematurely
  - Is able to reconsider hypotheses when new data is presented
  - Demonstrates creativity in problem solving
  - Makes evidence based decisions when evidence is available
  - Works well with uncertainty
- Written and verbal communication
  - Makes presentations that are informative and engaging
  - Tailors presentation to needs of audience
  - Communicates clearly, effectively and appropriately through written media
  - Writes legibly
- Improvement of self, others, and profession
  - Learns from mistakes, provides feedback to self and system based on experience (engages in practice-based improvement)
  - Provides feedback in learning setting to improve instruction
  - Shares discoveries with others (clinical reports, letters to editor, publications, grand rounds)
  - Takes initiative in organizing and collaborating in peer study groups
  - Recognizes value of self-assessment and self-reflection
  - Participates in small group settings
  - Facilitates learning in others
  - Contributes time for research and to add to knowledge
• Values knowledge and learning, seeks learning not only from experience but also other forms of learning
• Masters techniques and technologies of learning
• Receives and responds to feedback from disparate sources
• Is self-critical and able to identify own areas for learning/practice improvement
• Has internal focus and direction, setting goals
• Commitment
  • Demonstrates commitment to excellence
  • Demonstrates commitment to maintain knowledge, skills and lifelong learning
  • Demonstrates commitment to spread knowledge
  • Demonstrates commitment to advancing knowledge

Negative examples
• Takes shortcuts (asks others for answers rather than taking responsibility for own learning)
• Follows formulaic approaches rather than practicing true scholarship
• Is satisfied with minimally acceptable performance

LEADERSHIP
• Provides leadership for individuals
• Provide constructive approaches for conflict resolution
• Promotes the professional development of others
• Teaches
• Mentors individuals
• Acts as a role or mentor for colleagues, co-workers and subordinates/trainees
• Demonstrates understanding of the importance of serving as a role model or mentor
• Promulgate knowledge and tenets of the profession
• Provides leadership for the profession
• Protects and extends the tenets of the profession
• Helps build and maintain a culture that facilitates professionalism
• Is an advocate in spoken and written form for the profession
• Does not provide disruption leadership (e.g., organizing pranks, inappropriately confrontational with authority figures)
• Remains involved in the profession, contributing to organizational agenda
• Provides direction for health care delivery and policy
• Promotes professional issues in local, state and national forums
• Demonstrates leadership in
  • Small groups, teams
  • Situations in which there is no leadership
  • Committees, local administration
  • County, state, and national forums

Negative examples
• Competes destructively
• Is arrogant
• Uses leadership for own benefit
  • Misuses power in leadership positions
  • Uses power from leadership position to avoid patient care or learning activities
KNOWLEDGE OF AND SKILLS RELATED TO PROFESSIONALISM

- Demonstrates a wide range of knowledge and keeps current
- Knows rules of care, organization, profession and keeps current
- Demonstrates knowledge about the history of medicine (i.e. nursing)
- Demonstrates knowledge about the organization, financing and delivery of health care including major medical organizations for health care advocacy
- Understands codes of professional behavior and the principles underlying professionalism, their definition and importance, and maintains knowledge of these
APPENDIX B: STUDENT GRIEVANCE POLICY: 1-12 STUDENT GRIEVANCE

http://inside.reynolds.edu/_policies/Section%201/
APPENDIX C: DEFINITION OF TERMS

1. **Plagiarism** is the representation of the words and/or ideas of another as one’s own in any academic assignment. Examples include but are not limited to: stealing or downloading the entire text of a paper, cutting and pasting various sources together to simulate a new essay, copying small portions of a paper, or misattributing source material.

2. **Cheating** is using or attempting to use unauthorized materials, information, or study aids in any graded assignment. Examples include but are not limited to: copying from another student, accessing unauthorized books or documents, receiving messages without authority during an exam, and improper use of calculators, computers, or any other cellular devices during exams or other assignments.

3. **Fabrication** is the falsification of any information or citation in any academic assignment. Examples include but are not limited to: inventing sources, data, or citations for a paper or assignment.

4. **Facilitation** is knowingly aiding or abetting acts of academic dishonesty. Examples include but are not limited to: assisting others to cheat or plagiarize or participating in a conspiracy to cheat.

5. **Misrepresentation** is engaging in acts of deception or forgery in an academic context. Examples include but are not limited to: misrepresenting one’s own work as something that it is not, lying to an instructor or fabricating excuses to improve a grade or to make up for missed work, and excessively misusing computer software to create works that do not truly reflect a student’s skill level.
**APPENDIX D: MEDICAL RELEASE FORM**

This form is available from Course Coordinators, Administrative Assistant for Nursing, and/or Clinical Coordinator.

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**Reynolds Community College**

P.O. Box 85622

Richmond, VA 23285-5622

(804) 371-3000

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**School of Nursing Return to Program Medical Release Form**

Term/Year: ______________________________________________________________________

Student Name: ___________________________________________________________ I.D. # ____________

Student Address: ______________________________________________________________________

Course: __________________________________________________________________________

**Functional Skills Requirement**

A student in any Nursing Program must be able to demonstrate the following functional skills.

- Sufficient eyesight to observe patients, read records, manipulate equipment, and visually monitor patients in dim light;
- Sufficient hearing to (1) hear a baby’s cry, (2) hear an elderly patient’s whisper without facing the patient, (3) hear audible alarms and sounds, (4) communicate with patients and members of health care delivery team, (5) monitor patients using electronic equipment, and (6) auscultate physical assessment data – such as blood pressure, and heart sounds;
- Satisfactory speaking skills to effectively communicate in English in a timely manner and to effectively interact with patients, families and health care team members;
- Accurate writing skills to meet time constraints for documentation of client assessment and outcome of nursing care, as well as course written assignments. Correct spelling and grammar are mandatory.
- Ability to read, understand, and implement written directions
- Sufficient bilateral finger dexterity to manipulate equipment;
- Sufficient strength and mobility to lift, stoop or bend in the delivery of safe nursing care;
- Satisfactory physical strength and endurance to stand for extended periods and to move immobile patients (70 lbs.); and
- Intellectual ability and emotional function to ensure patient safety and to exercise independent judgment and discretion in performing assigned tasks.

I find this student able to meet the functional requirements listed above and to return to the clinical setting without restrictions.

Name (printed): ____________________________________________________________

Signature: ________________________________________________________________

Date: ___________________________________________________________________

Address: _________________________________________________________________

City ___________________________ State: _______ Zip Code _________________

Phone number: ________________
APPENDIX E: CERTIFIED NURSE AIDE INFORMATION

Students are eligible to take the Certification test as a Nurse Aide at any point in the program once he/she has passed NUR-111. The Virginia Board of Nursing requires that all individuals registering to take the C.N.A. exam acknowledge awareness of “Barrier” Crimes. This form is available on the Reynolds Nursing Program Blackboard site under the Documents tab. The cost of the Certification Exam is $94.00, and can be scheduled to be take here in our nursing lab on selected Saturdays based on the NACES schedule. Receipt of Virginia State Code for Nurse Aides As required by the Virginia State Legislature, all Nurse Aide students are to be provided with a copy of the Virginia law regarding criminal history records checks for employment in certain health care facilities and a list of crimes which pose a barrier to such employment. By signing my name below, I am acknowledging that I have received a copy of the above information on the first day of my Nurse Aide class.

Name (print) __________________________________________________________

Signature: __________________________________________________________

Date: ______________________________________________________________
### APPENDIX F: Rounding Rules for Dosage Calculation

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule 1:</td>
<td>Drops, capsules and suppositories should be in whole numbers.</td>
</tr>
</tbody>
</table>
| Rule 2: | Liquids less than one milliliter should be rounded to the nearest hundredth (second decimal place).  
Examples: 0.257 = 0.26 ml  
0.253 = 0.25 ml  
0.50 = 0.5 ml  
0.999 = 1 ml  
Note: It is not 0.50 ml as there is no trailing zero, it must be written as 0.5 ml.  
Also Note: 1.0 ml is written as 1 ml as there can be no trailing zero. |
| Rule 3: | Liquids including IV medication greater than one milliliter should be rounded to the nearest tenth (first decimal place).  
Examples: 1.25 = 1.3 ml  
1.43 = 1.4 ml  
1.20 = 1.2 ml  
1.999 = 2 ml |
| Rule 4: | Round to the equipment. However, if rounding would seriously change the dosage or concentration then check with physician and/or pharmacist for verification of correct dosage. |
| Rule 5: | Numbers can be rounded only one time.  
Example: 4.746 does not become 4.75 and then 4.8 ml. It remains at 4.7 ml because the number behind the 7 is less than five.  
Note that a zero must be present before any decimal.  
There can be no trailing zeros. |

APPENDIX G: LABORATORY SAFETY RULES

Reynolds Community College
Nursing Laboratory Safety Rules

1. No eating or drinking in the lab with the exception of bottled water.
2. No smoking in the lab.
3. All furniture and equipment should be used in the manner intended by the manufacturer.
4. Horseplay or practical jokes cause accidents and, therefore, have no place in the laboratory.
5. Use proper body mechanics at all times.
   a) Maintain a broad base of support by keeping the feet 6-8 inches apart.
   b) Use the stronger and larger muscles of your body. These are located in the shoulders, upper arms, thighs, and hips.
   c) Bend from the hips and knees to get close to an object.
   d) Use the weight of the body to help push or pull an object.
      Whenever possible, push or pull rather than lift.
   e) Carry heavy objects close to the body.
   f) Avoid twisting the body as you work. Turn feet and entire body and face the direction in which you are working.
   g) Avoid unnecessary bending and reaching and bending for long periods of time.
   h) Get help from a coworker to move heavy objects or patients when necessary.
6. While working with a partner in patient simulations, observe all safety precautions taught in caring for a patient.
7. Do not operate or use any equipment until instructed how to use it.
8. Check labels three times before contents are used and discard unlabeled bottles.
9. Refer to the SDS manual as needed. Some solutions can cause injury or be poisonous; therefore, avoid contact with the eyes and skin. Use as directed.
   - Attend immediately to the removal of spilled liquids, broken glass and other trash.
   - Report any injury to the instructor immediately.
   - Know the location of and how to operate the fire alarm and the fire extinguishers. All exits must be marked clearly with exit signs.
   - Wear closed toe flat shoes only, unless in bed.
   - If a latex allergy or betadine allergy exists or is expected, please notify the clinical instructor or lab personnel.
   - Identify all personal items with your name. Keep purses and wallets with you.
   - All simulated needles should be safety capped and disposed of in the red sharps containers. All syringe boxes, syringes and needles must remain in the nursing lab.
10. At the end of the lab, students and instructors should leave the lab area neat.
   a. All chairs should be placed under the table,
   b. All over bed tables should be at the foot of the beds, and
   c. Beds should be locked and in the low position.
   d. If linens are soiled, they should be put in the hampers.
   e. All beds must be made up neatly.
   f. All equipment should be put back in boxes and on the carts.

11. Students will not be allowed in the lab without direct supervision by a nursing faculty member.

12. No lab equipment is to be removed from the lab without completion of the proper form.

13. Cell phones must be turned off in the lab. All other hand held technological devices are to be used only when instructed by the nursing faculty member.

References:
Bedford Science and Technology Center
600 Edmund Street
Bedford, VA 24523

Harper College
1200 W. Algonquin Road
Palatine, IL 60067

James Madison University
800 S. Main Street
Harrisonburg, VA 22807

Approved: Faculty Organization 2015-2016.
APPENDIX H: SIMULATION LABORATORY USAGE AND SAFETY RULES

Reynolds Community College
Nursing and Allied Health

Simulation Laboratory Usage and Safety Rules

1) No students are allowed to use the simulation lab without the permission of the instructor.

2) All bags and personal belongings are to be left in the debriefing room as they can be hazardous to the laboratory environment.

3) No foods or liquids are allowed near the manikins or in the laboratory. They shall be left in the debriefing room with other belongings.

4) The debriefing room is to be locked when no students are there to attend their belongings. The instructor in charge will receive a key to the room at the beginning of the session and will return the key at the end of the session.

5) Instructors are to follow and consult the simulation laboratory technician in charge to insure best outcomes and prevent any damage to the laboratory equipment.

6) Students are to follow the instructor’s directions.

7) If any damage or malfunction occurs, it must be reported to the technician in charge immediately at 804-523-5375. If the technician is not available, report as soon as reasonably possible. If a dangerous condition exists, report to security at (804) 523-5219.

8) All furniture and equipment should be used in the manner intended by the manufacturer.

9) Horseplay or practical jokes cause accidents and, therefore, have no place in the laboratory.

10) Use proper body mechanics at all times.
   a) Maintain a broad base of support by keeping the feet 6-8 inches apart.
   b) Use the stronger and larger muscles of your body. These are located in the shoulders, upper arms, thighs, and hips.
   c) Bend from the hips and knees to get close to an object.
   d) Use the weight of the body to help push or pull an object.
      Whenever possible, push or pull rather than lift.
   e) Carry heavy objects close to the body.
   f) Avoid twisting the body as you work. Turn feet and entire body and face the direction in which you are working.
   g) Avoid unnecessary bending and reaching and bending for long periods of time.
   h) Get help from a coworker to move heavy objects or patients when necessary.

11. While working with a partner in patient simulations, observe all safety precautions taught in caring for a patient.

12. Do not operate or use any equipment until instructed how to use it.

13. Check labels three times before contents are used and discard unlabeled bottles.

14. Safety: Refer to the SDS manual as needed. Some solutions can cause injury or be poisonous;
therefore, avoid contact with the eyes and skin. Use only as directed.

- Attend immediately to the removal of spilled liquids, broken glass and other trash.
- Report any injury to the instructor immediately.
- Know the location of and how to operate the fire alarm and the fire extinguishers. All exits must be marked clearly with exit signs.
- Wear closed toe flat shoes only, unless in bed.
- If a latex allergy or betadine allergy exists or is expected, please notify the clinical instructor or lab personnel.
- Identify all personal items with your name. Keep wallets with you.
- All simulated needles should be safety capped and disposed of in the red sharps containers. All syringe boxes, syringes and needles must remain in the nursing lab.

15. When leaving the laboratory area:

At the end of the lab, students and instructors should leave the lab area neat.

- all chairs should be placed under the table,
- all over bed tables should be at the foot of the beds,
- beds should be locked and in the low position.
- If linens are soiled, they should be put in the hampers.
- All beds must be made up neatly.
- All equipment should be put back in boxes and on the carts.

16. Students will not be allowed in the lab without direct supervision by a nursing faculty member/simulation staff.

17. No lab equipment is to be removed from the lab without completion of the proper form.

18. Nursing laboratory safety rules are also in effect in the simulation area.

19. Cell phones must be turned off in the lab unless as directed by faculty members or staff for use in the simulation. All other hand held technological devices are to be used only when instructed by the nursing faculty member.

References:
Simulation Rules from:
Bedford Science and Technology Center - 600 Edmund Street, Bedford, VA 24523
James Madison University- 800 S. Main Street, Harrisonburg, VA 22807
Harper College - 1200 W. Algonquin Road, Palatine, IL 60067

Approved: Faculty Organization 2015-2016.