



# NURSING STUDENT MANUAL 2020-2022



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Wayne Community College is a Tobacco-Free and Drug Free Institution.

Wayne Community College is an equal access, equal opportunity, and affirmative action institution.

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees, diplomas, and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, 404-679-4500, <http://www.sacscoc.org> for questions about the accreditation of Wayne Community College.

Wayne Community College encourages persons with disabilities to participate in its programs and activities. If you anticipate needing accommodation or have questions about access, please contact the Disability Services Counselor at 919-739-6729. Please allow sufficient time to arrange accommodation.

# WELCOME

## to Nursing at Wayne Community College

The nursing faculty welcomes you to the Wayne Community College (WCC) nursing programs! We are happy that you have chosen to begin your nursing education at WCC. You have chosen a very rewarding, challenging, and dynamic career that will offer you many varied opportunities to pursue both your nursing practice and lifelong learning goals. The faculty is committed to helping you to meet your educational goals and to become a highly-skilled member of the nursing profession. We wish you success as you begin your journey.

### **BRIEF HISTORY OF NURSING PROGRAMS**

The nursing department at WCC has the unique honor of being the oldest department at the college. In 1957 when WCC was established as the Goldsboro Industrial Center, the school of Practical Nursing, which had been founded in 1950 as part of the Vocational Education Department of the Goldsboro City Schools, was immediately transferred to the Industrial Education Center. Again, in the late 1960s, WCC responded to the need for increased numbers of highly skilled nurses by implementing an Associate Degree Nursing program in the fall of 1971. Since 1965 the Practical Nursing and Associate Degree Nursing programs have graduated more than **2,000** nurses. We look forward to adding you to the list of WCC Nursing alumni.

The Practical Nursing curriculum prepares individuals with the knowledge and skills to provide nursing care to children and adults. Students participate in assessment, planning, implementing, and evaluating nursing care. Graduates are prepared to provide nursing care primarily in long-term care settings such as nursing homes and acute care settings such as general hospitals. Graduates of this program are eligible to apply to take the National Council Licensure Examination (NCLEX-PN), which is required for practice as a Licensed Practical Nurse.

The Associate Degree Nursing curriculum provides individuals with the knowledge and skills necessary to provide nursing care to clients and groups of clients throughout the lifespan in a variety of settings. The curriculum explores the roles of the nurse as a provider of nursing care, manager of care, member of the discipline of nursing, and an interprofessional team that cares for individuals or groups of individuals in a variety of settings. Employment opportunities are found in acute care such as hospitals, long-term care settings, industry, and community agencies. Graduates of this program are eligible to apply to take the National Council Licensure Examination (NCLEX-RN) which is required for practice as a Registered Nurse.

The Practical Nursing and the Associate Degree Nursing programs are approved by the North Carolina Board of Nursing (NCBON). The NCBON is a valuable resource for information related to nursing education and nursing practice in North Carolina ([www.ncbon.org](http://www.ncbon.org)).

The Practical Nursing and Associate Degree Nursing programs are accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN).

Accreditation Commission for Education in Nursing, Inc.  
3390 Peachtree Road NE, Suite 1400  
Atlanta, Georgia 30326  
Phone (404) 975-5000  
Fax (404) 975-5020  
[www.acenursing.org](http://www.acenursing.org)



# INTRODUCTION

The purpose of the *Nursing Student Manual* is to provide information that will be useful to you as a WCC nursing student. Keep it close by, and refer to it often as you progress through the program. It includes important information about the program and policies that apply to students in the program. You will find other important information in the *WCC Catalog and Student Handbook* and the WCC Website: [www.waynecc.edu](http://www.waynecc.edu).

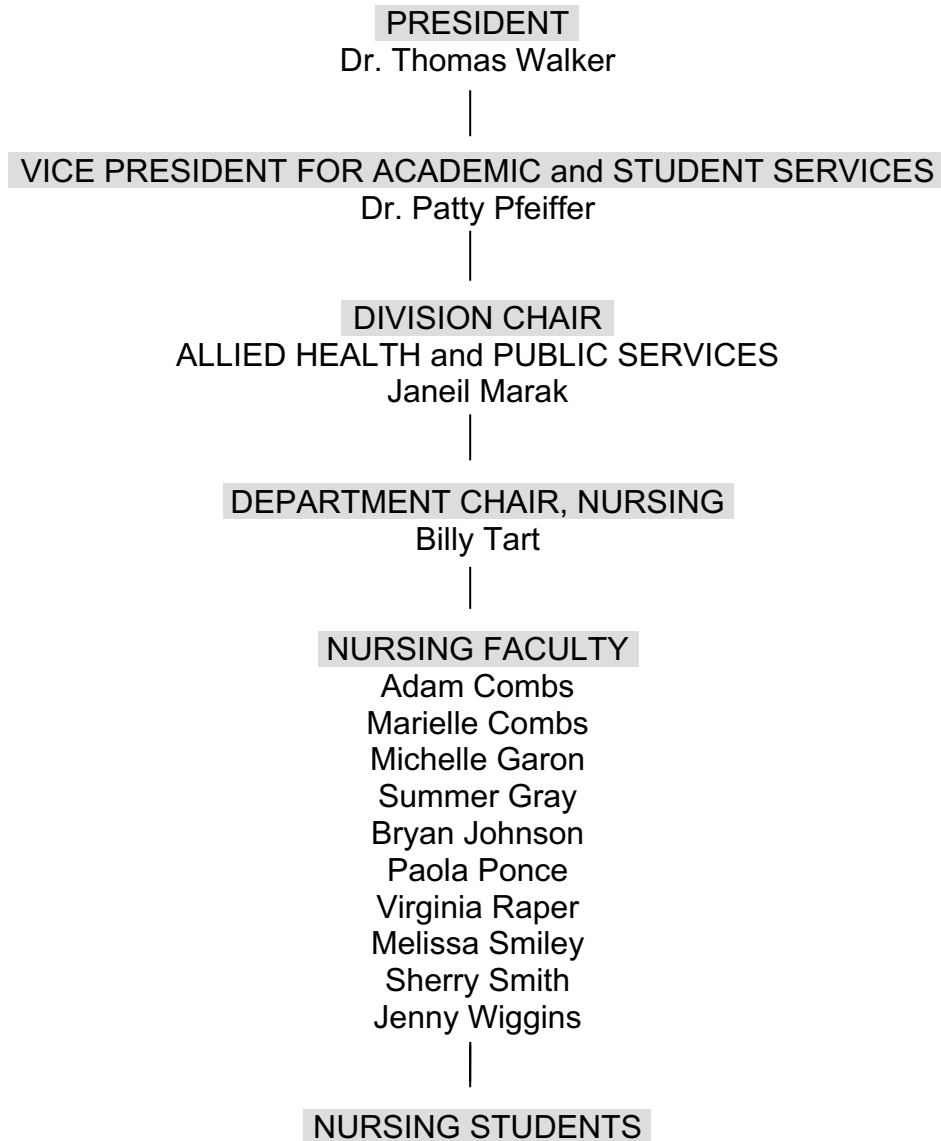
In addition to the policies of WCC, nursing students are required to follow policies within this manual. This edition of the *Nursing Student Manual* supersedes all previous *Nursing Student Manuals*. It was approved by the WCC Nursing faculty in May, 2020, and is effective in the Fall semester, 2020.

The policies provided in this edition of the *Nursing Student Manual* are not to be regarded as an irrevocable contract between WCC and students. The Nursing Department reserves the right to change any policies or schedules at any time.

WCC is committed to a policy of providing educational opportunities to all students regardless of economic or social status, beliefs, sexual orientation, national origin, or physical or mental disability. WCC's non-discriminatory statement can be found in the College catalog <https://www.waynecc.edu/academics/catalog/>.

It is the student's responsibility to become familiar with WCC and Nursing Department policies, and adhere to them. Any changes in this policy and effective dates will be announced, and addendums provided.

# ORGANIZATIONAL STRUCTURE



Rev.: 6/98; 6/2000;  
7/01; 6/02; 6/03  
6/04, 6/05, 7/06  
7/07, 5/08, 8/09,  
8/11, 8/12, 6/13,  
3/16, 8/16, 7/17,  
7/18, 4/29/19, 5/20  
Effective: Fall, 2020

# NURSING CURRICULUM MODEL

## Wayne Community College

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM  
MISSION, GOALS, OBJECTIVES

WAYNE COMMUNITY COLLEGE, MISSION, AND GOALS

INSTITUTIONAL LEARNING OUTCOMES

### WAYNE COMMUNITY COLLEGE NURSING PHILOSOPHICAL FRAMEWORK

Individual    Health    Healthcare    Environment    Nursing    Nursing Education

MISSION

PROGRAM LEARNING OUTCOMES

### CONCEPTUAL FRAMEWORK

MAJOR  
CONCEPTS

Individual    Health    Healthcare    Environment    Nursing    Nursing Educ

Threads:

Clinical Judgment/Decision Making.....						
Caring.....						
Inter/Intra Professional Communication .....						
Basic Needs .....						
Teaching/Learning.....						
Growth & Development.....						
Pharmacology.....						
Management/Supervision .....						
Personal Development .....						

COURSE LEARNING OUTCOMES

MODULE LEARNING OUTCOMES

Class    Lab    Clinical

SYSTEM OF EVALUATION

Rev: 3/85; 7/88; 9/90; 2/95; 5/00; 5/04; 6/06; 3/07; 2/09; 8/10; 11/11; 3/15; 4/19



# PHILOSOPHICAL FRAMEWORK

## WCC Nursing Department

### MISSION

The faculty of the Nursing Department is committed to the mission, goals, and learning outcomes of WCC. We endorse the concept of open-door admissions to the college. However, we recognize the need for restrictions on the number of students admitted to our nursing programs and for setting admission standards to ensure quality practitioners. The nursing faculty is committed to providing accessible high quality, learner-centered, and outcome-based nursing education to meet the diverse and changing health-care needs of the service area. The nursing faculty is committed to promoting the development of qualified students prepared for the professional roles of practical nurse and registered nurse to perform competently and safely their respective roles within the legal and ethical framework of nursing at the entry level. Within this mission, the goal of the nursing faculty is to promote the highest quality of nursing care to the individual, families and significant persons, and the community. The aim is to facilitate optimum health, quality of life, and achievement of potential for the individual. Graduates of the nursing programs meet the educational requirements to take their respective National Council Licensure Examinations (NCLEX-PN and NCLEX-RN).

### PHILOSOPHY OF THE DEPARTMENT OF NURSING

The philosophy of the nursing department is developed from the faculty's beliefs regarding the individual, health, health-care, nursing, environment, and nursing education.

**Individual** We believe the individual is a dynamic, multidimensional, biophysical, psychosocial, cultural, and spiritual being with unique needs who interacts continuously with the internal and external environment to achieve and maintain homeostasis throughout the life span. The individual is viewed as a member of a family, community, and culturally diverse society.

**Health** We believe health is a dynamic state of being that moves along a wellness to illness continuum that may culminate in death. Health beliefs, past experiences, biophysical, psychosocial, cultural, spiritual, and environmental factors influence the individual's perception of health and adaptive responses.

**Healthcare** We believe that quality health-care should be accessible to all individuals. Professional nurses assume multiple roles in providing health-care services to persons in settings wherever nursing is required. Nurses adhere to the American Nurses Association Code of Ethics and the professional standards that define safe, competent, and effective nursing practice. Through multifaceted awareness and action, nurses shape the health-care delivery system.

**Environment** We believe the environment is the sum of all internal and external conditions and elements that influence the development and performance of the individual. The environment is continuously changing and may alter an individual's health and well-being and require adaptive responses.

**Nursing** We believe nursing is a science and art of integrating and assimilating knowledge and skills derived from biological, sociological, and behavioral sciences and information technology to deliver client-centered, culturally competent, holistic care. Through caring, empathy, use of ethical principles, and the development of a therapeutic relationship with the individual and significant support person(s), the nurse integrates the art of nursing with the scientific foundation for nursing practice that utilizes the nursing process. By incorporating evidence-based practice, the nurse functions collaboratively with the interprofessional team to assist individuals in reaching their maximum health potential through the assurance of quality client outcomes, promotion of wellness, prevention of illness, and restoration of health or assistance in achieving a dignified death.

**Nursing Education** We believe nursing education is a continuous and dynamic process shared by students and faculty. The nursing curriculum at WCC provides a foundation of nursing knowledge and practice incorporating concepts from biological and social sciences and general education courses. The curriculum is designed to offer the opportunity for learning through the use of diverse resources, technologies, and varied learning experiences to acquire the knowledge and skills needed to perform competently and safely as entry-level practitioners and as life-long learners. Learning is defined as the process “by which behavior is changed as individuals acquire and apply knowledge, attitudes, and skills” (WCC Educational Philosophy, 2004). The curriculum is founded on adult and collaborative learning principles. Basic assumptions include self-direction, utilizing adult experience, problem, and activity-centered learning (Rachel, 2002). Acknowledgment of prior learning and experiences can assist in motivating the student to achieve his/her potential. The student is expected to assume responsibility for learning and thinking critically, utilizing the faculty as a resource.

#### **References:**

Rachel, J., (2002). Andragogy's detectives: A critique of the present and a proposal for the future. *Adult Education Quarterly*, 52(3), 210-222.

Wayne Community College. (2004). *College procedures manual: Educational philosophy 03-0101*. Goldsboro, N.C.: WCC.

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*Effective: Fall, 2020*

# CONCEPTUAL FRAMEWORK

## WCC Nursing Department

This conceptual framework provides a systematic ordering of facts, concepts, and beliefs that direct the design of the curriculum and that provide a basis on which to evaluate the curriculum. The framework is eclectic and is derived from the philosophy and mission of the nursing program.

The conceptual framework unites the broad concepts of the individual, health, healthcare, environment, and nursing to provide a conceptualization of nursing education. Curriculum threads have been identified and developed to form the basis for the nursing programs. They include:

Clinical Judgment/Decision Making	Basic Needs
Pharmacology	Caring
Teaching/Learning	Management/Supervision
Inter/Intra Professional Communication	Growth & Development
Personal Development	

The following discussion indicates how these threads are woven within the nursing program.

### **CLINICAL JUDGEMENT/DECISION MAKING**

The major framework of the curriculum focuses on the development of clinical judgement/decision making utilizing the nursing process as a problem-solving methodology. The nursing process is a four-step scientific, problem-solving method used to deliver quality, individualized, safe nursing care to diverse groups of individuals across the age spectrum. The four components of the nursing process are integrated into the Components of Nursing Practice for the RN and the LPN (NCBON,2019a/b). Effective utilization of the nursing process incorporates critical thinking, clinical reasoning, and integration of evidence-based practice. These concepts are introduced in NUR 101: Practical Nursing I and NUR 111: Intro to Health Concepts and expanded throughout the Practical Nursing and Associate Degree Nursing curricula as a basis for clinical judgement/decision making and nursing practice. The nursing process utilizes circular steps for planning and providing nursing care.

The four components are defined as follows:

Assessment is an on-going process and shall consist of participation in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.

Planning nursing care activities shall include participation in the identification of client's needs related to the findings of the nursing assessment.

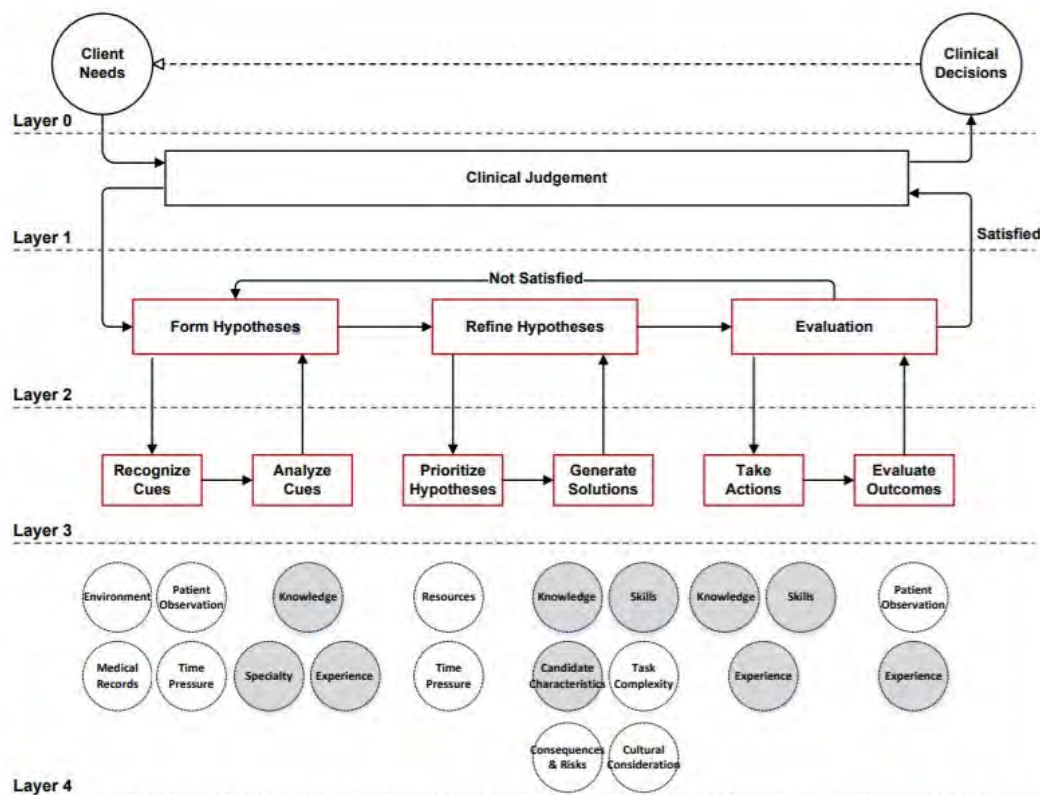
Implementation of nursing activities shall consist of delivering nursing care according to an established health care plan and as assigned by the registered nurse or other individuals authorized by law.

Evaluation, a component of implementing the health care plan, shall consist of participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care.” (North Carolina Board of Nursing [NCBON], 2019b).



Nursing clinical judgment is “the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solution in order to deliver safe client care.” (Betts et al., 2019, p. 23) The clinical judgment model makes use of basic professional knowledge and is critical to the general nursing process. The clinical judgment model represents the use of medical knowledge, skill, decision making, and critical thinking that is important for the provision of competent and safe nursing care. It allows the nurse to organize complex information, think critically through patient situations, and make accurate decisions about the care they provide.

The layered clinical judgment model, illustrated below, is introduced in NUR 211: Health Care Concepts, and is expanded throughout the remainder of the Associate Degree Nursing program as a basis for nursing practice utilizing a conceptual approach.



### Layers 0, 1, & 2:

Clinical judgement is the process nurses utilize to make clinical decisions to meet the client's needs. The nurse forms, refines, and evaluates a hypotheses to formulate decisions.

### Layer 3:

Illustrates the cognitive processes the nurse uses to make decisions in layer 2. These cognitive processes include:

- Recognize cues – where relevant and important information is identified from different sources (i.e. signs, symptoms, medical history, vital signs).
- Analyze cues – organizing and linking the recognized cues to a clients clinical presentation. Establishing probable client needs, concerns, or problems.
- Prioritize hypotheses – where hypotheses are evaluated and ranked according to priority. This can include urgency, likelihood, risk, difficulty, and/or time.
- Generate solutions – identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcomes.
- Take action – implementing the solution(s) that address the highest priorities.
- Evaluate outcomes – comparing observed outcomes against expected outcomes.

### Layer 4:

Illustrates a continuation of cognitive processes that impact clinical judgment and decision making. These environmental and individual contextual factors determine what else is needed in the clinical situation.



## **CARING**

The act of caring is the foundation on which nursing is built. Nursing incorporates caring interventions in order to protect and enhance individuals' personal worth and human dignity and enable individuals to meet their basic needs. Caring interventions also contribute to health promotion, enhanced quality of life, and achievement of desired outcomes. Caring is guided by compassion, mutual trust, competence and moral and ethical values. Caring behaviors are universal and vary among cultures. The concept of caring as a central focus of nursing is introduced in NUR 101: Practical Nursing I and NUR 111: Introduction to Health Concepts as students explore each basic need and begin to develop nursing skills to assist clients to meet individual needs. Caring and caring behaviors are emphasized across the curriculum as students increase their knowledge, gain clinical experience, and internalize caring as an integral component of professional nursing practice.

## **INTER/INTRA-PROFESSIONAL COMMUNICATION**

Communication is the exchange of ideas, information, and the expressions of emotions between individuals. The communication process involves collaborative, social, formal, and therapeutic interactions, which may be verbal or non-verbal. Students are socialized to interprofessional practice through classroom and clinical learning experiences. Interprofessional practice promotes collaboration between and among staff in the integration of information to identify and appropriately prioritize client care needs. Working as members of the interprofessional team, students have the opportunity to develop needed collaboration and communication skills, which in turn better prepares them for practice in a clinical setting. The principles of therapeutic and non-therapeutic communication are introduced in NUR 101: Practical Nursing I and NUR 111: Introduction to Health Concepts. They are expanded and emphasized throughout the program as the student is assisted to develop greater expertise in communication skills. The communication process is enhanced by use of information technology, which enables the nurse to access and utilize information for implementing nursing care. The faculty believes that nursing students must be educated in the use of informatics as a tool to review, organize, evaluate and communicate information.

## **BASIC NEEDS**

The concept of basic needs is derived from viewing the individual as a dynamic, multidimensional, biophysical, psychosocial, cultural, and spiritual being. The individual constantly interacts with an internal and external environment in an effort to meet both biophysical and psychosocial needs. Basic needs are introduced in NUR 101: Practical Nursing I and NUR 111: Introduction to Health Concepts then advanced from simple to complex throughout the curriculum.

## **TEACHING/LEARNING**

Teaching is a system of activities intended to produce learning. Learning is a purposeful and lifelong process, which results in changes in cognitive, affective, and psychomotor behaviors. In order for learning to take place, there has to be active participation by both

teacher and learner. Principles of teaching/learning are introduced in NUR 101: Practical Nursing I and NUR 111: Introduction to Health Concepts. In the Practical Nursing curriculum, emphasis is placed on participation in client teaching/counseling as planned by the registered nurse. In the Associate Degree Nursing curriculum, students are expected to assess learning needs, develop, implement, and evaluate teaching for diverse clients/families. Teaching/learning principles are advanced from simple to complex throughout the curriculum.

### **GROWTH AND DEVELOPMENT**

Growth and development refers to the biophysical and psychosocial changes, which occur throughout the life cycle of the individual. Concepts about growth and development are based on Erikson's Stages of Psychosocial Development, Piaget's Theory of Cognitive Development, and age group norms throughout the life span. Other theories are introduced when pertinent. The basic needs of different age groups are introduced in NUR 101: Practical Nursing I and NUR 113: Family Health Concepts. Alterations in basic needs are considered as the student begins to plan and provide individualized nursing care based on the client's present stage of the life cycle. Growth and development concepts are integrated throughout both the Practical Nursing and Associate Degree Nursing curricula.

### **PHARMACOLOGY**

Pharmacology is the study of medications and their effects on the body and disease. Pharmacokinetics, pharmacodynamics, basic drug classifications, prototypic medications, dosage calculations, and medication administration are studied and applied in the class and laboratory setting. The application of these principles is then transferred to the clinical setting in the Associate Degree and Practical Nursing programs. In the Practical Nursing program, the principles of pharmacology are introduced in NUR 101: Practical Nursing I, and are integrated throughout the curriculum. In the Associate Degree Nursing program, principles of pharmacology are introduced in NUR 117: Pharmacology, and are integrated throughout the other courses in the Associate Degree Nursing curriculum.

### **MANAGEMENT/SUPERVISION**

Management is the process of planning, organizing, directing, and controlling human and material resources necessary to achieve client and institutional goals. Supervision is providing guidance for the accomplishment of a nursing task or activity, with initial direction and periodic inspection and evaluation of the actual accomplishment of the task or activity. Management also includes quality improvement. Quality improvement is a problem-solving process in which health problems are identified, analyzed, and resolved through the introduction of changes in practice to achieve identified client outcomes. Participating in quality improvement processes allows the student to critically evaluate the knowledge base to support client care, understand the gap between prevailing practice and best practice, and contribute in closing the gap between prevailing and best practice. In the Practical Nursing curriculum, general concepts of delegation are introduced in NUR 101: Practical Nursing I. Application of

these concepts occurs in NUR 102: Practical Nursing II and NUR 103: Practical Nursing III. Basic principles of supervision are first introduced in NUR 102: Practical Nursing II. Application of these principles continues in NUR 103: Practical Nursing III. In the Associate Degree Nursing curriculum, principles of organizing and directing (including delegation) are first introduced in NUR 111: Introduction to Health Concepts as students plan and organize care for assigned clients. Knowledge and application of these principles are expanded in each subsequent nursing course.

### **PERSONAL DEVELOPMENT**

Personal development is a student-centered thread integrated throughout the curriculum. It begins in the first semester as the student is expected to assume responsibility for learning with the assistance of faculty as a resource.

The student's development increases throughout the program as students accept accountability and responsibility for their actions in providing safe, competent care. The student is assisted in acting as a client advocate and participating in quality improvement processes, which include assessment and evaluation of client outcomes. Personal development is fostered through independent study, critical thinking, self-evaluation, and evaluation by others. By the end of the program, the new graduate should perceive nursing as a dynamic process that requires life-long learning and continued personal development throughout his/her nursing career.

### **References**

Betts, J., Muntean, W., Kim, D., Jorion, N., & Dickison, P. (2019). Building a method for writing clinical judgment items for entry-level nursing exams. *Journal of Applied Testing Technology*, 20, 21–36. Retrieved from [https://ncsbn.org/Building\\_a\\_Method\\_for\\_Writing\\_Clinical\\_Judgment\\_It.pdf](https://ncsbn.org/Building_a_Method_for_Writing_Clinical_Judgment_It.pdf)

North Carolina Board of Nursing. (2019a). 21 NCAC 36 .0224. Components of Nursing Practice for the Registered Nurse. <http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0224.html>

North Carolina Board of Nursing. (2019b). 21 NCAC 36 .0225 Components of Nursing Practice for the Licensed Practical Nurse. <http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0225.html>

Rev: 3/85; 7/88; 7/91; 3/95; 7/97; 5/00;  
5/01; 5/04; 1/06; 6/06; 3/07; 2/09; 8/10;  
3/16; 5/20  
Effective: Fall, 2020

# LEARNING OUTCOMES

## Associate Degree Nursing Program

Upon completion of the Associate Degree Nursing program, the new graduate is expected to:

1. Apply the nursing process, critical thinking skills, and evidence-based practice to provide individualized, safe, competent, and effective nursing care to diverse clients across the lifespan.
2. Demonstrate caring behaviors when implementing nursing care to diverse clients across the lifespan.
3. Use a variety of communication skills to establish and maintain a therapeutic and/or effective relationship with clients, families, and members of the interdisciplinary healthcare team.
4. Utilize resources, informatics and technologies in the delivery of nursing care.
5. Develop and implement teaching plans for clients and families incorporating teaching and learning principles.
6. Utilize basic management skills to implement nursing care and quality improvement processes to evaluate and enhance outcomes for diverse groups of clients and families.
7. Collaborate with client and members of the interdisciplinary team to plan, implement, and evaluate the healthcare plan.
8. Function within the legal and ethical framework of registered nurse practice and demonstrate accountability for own professional growth.

*Rev: 4/85; 7/88; 6/96; 5/00; 5/04; 6/06; 3/07; 2/09*

*Effective: Fall, 2010*

# LEARNING OUTCOMES

## Practical Nursing Program

Upon completion of the Practical Nursing program, the new graduate is expected to:

1. Participate in applying the nursing process and quality improvement activities to provide individualized, safe, competent, and effective nursing care in a structured setting under supervision.
2. Demonstrate caring behaviors in implementing nursing care to diverse clients across the lifespan.
3. Use verbal and non-verbal communication skills to establish and maintain effective relationships with clients, families and members of the interdisciplinary healthcare team.
4. Utilize established policies, procedures, practice and technology in the delivery of nursing care.
5. Participate in the teaching and counseling of clients as assigned by the registered nurse.
6. Organize care for groups of clients.
7. Work cooperatively as a member of the interdisciplinary team in implementing the health care plan.
8. Function within the legal and ethical framework of licensed practical nurse practice and demonstrate accountability for personal development.

*Rev: 6/06; 9/06; 3/07; 2/09*

*Effective: Fall, 2010*



# ASSOCIATE DEGREE NURSING CURRICULUM

<b>First Semester</b>		<b>Class</b>	<b>Lab</b>	<b>Clinical</b>	<b>Semester</b>
ACA 111	College Student Success	1	0	0	1
BIO 168	Anatomy & Physiology I	3	3	0	4
NUR 111	Intro to Health Concepts	4	6	6	8
NUR 117	Pharmacology	1	3	0	<u>2</u>
					15

<b>Second Semester</b>					
BIO 169	Anatomy & Physiology II	3	3	0	4
PSY 150	General Psychology	3	0	0	3
<b>1<sup>st</sup> 8 Weeks</b>					
NUR 112	Health-Illness Concepts	3	0	6	5
<b>2<sup>nd</sup> 8 Weeks</b>					
NUR 211	Health Care Concepts	3	0	6	<u>5</u>
					17

<b>Summer Term</b>					
PSY 241	Developmental Psychology	3	0	0	3
NUR 114	Holistic Health Concepts	3	0	6	<u>5</u>
					8

<b>Third Semester</b>					
BIO 175	General Microbiology	2	2	0	3
ENG 111	Expository Writing	3	0	0	3
<b>1<sup>st</sup> 8 Weeks</b>					
NUR 113	Family Health Concepts	3	0	6	5
<b>2<sup>nd</sup> 8 Weeks</b>					
NUR 212	Health System Concepts	3	0	6	<u>5</u>
					16

<b>Fourth Semester</b>					
ENG 112	Writing/Research in the Disc	3	0	0	3
Humanities/Fine Arts Elective **		3	0	0	3
NUR 213	Complex Health Concepts	4	3	15	<u>10</u>
					16

**Total Credit Hours 72**

\*\* See **Appendix A** for list of approved courses.

Nursing Lab and Clinical hours: 3 contact hours = 1 credit hour

*Rev: November 2009*

*Effective: Fall, 2010*

# ASSOCIATE DEGREE NURSING CURRICULUM

## Advanced Standing Alternative for Licensed Practical Nurses

		Class	Lab	Clinical	Semester
<b>Prerequisite/Transfer Credit</b>					
BIO 168	Anatomy & Physiology I	3	3	0	$\frac{4}{4}$
<b>Course Equivalency upon admission into Advanced Standing Alternative for LPN program</b>					
NUR 111	Intro to Health Concepts	4	6	6	8
NUR 117	Pharmacology	1	3	0	$\frac{2}{2}$
					10

### **CRITERIA FOR ADVANCED STANDING Alternative for LPNs**

1. Meet admission criteria for Associate Degree Nursing Program.
2. Graduate of an approved practical nursing program and grades of "C" or better in all courses on the Practical Nursing curriculum.
3. Current unencumbered license to practice as a Licensed Practical Nurse in North Carolina which must remain unencumbered while enrolled in the nursing program. The Nursing Department will verify license.
4. The Nursing Department will validate satisfactory competence in NUR courses content.
5. Achieve satisfactory score (minimum of 78%) on the Nursing placement test for entry into the Advanced Standing Alternative for Graduate Practical Nurses Program.
6. Admission contingent on space available.

### **Second Semester**

BIO 169	Anatomy & Physiology II	3	3	0	4
PSY 150	General Psychology	3	0	0	3
<u>1<sup>st</sup> 8 Weeks</u>					
NUR 112	Health-Illness Concepts	3	0	6	5
<u>2<sup>nd</sup> 8 Weeks</u>					
NUR 211	Health Care Concepts	3	0	6	$\frac{5}{5}$
					17

### **Summer Term**

ACA 111	College Student Success	1	0	0	1
PSY 241	Developmental Psychology	3	0	0	3
NUR 114	Holistic Health Concepts	3	0	6	$\frac{5}{5}$
					9

### **Third Semester**

BIO 175	General Microbiology	2	2	0	3
ENG 111	Expository Writing	3	0	0	3
<u>1<sup>st</sup> 8 Weeks</u>					
NUR 113	Family Health Concepts	3	0	6	5
<u>2<sup>nd</sup> 8 Weeks</u>					
NUR 212	Health System Concepts	3	0	6	$\frac{5}{5}$
					16

**Fourth Semester**

ENG 112	Writing/Research in the Disc	3	0	0	3
	Humanities/Fine Arts Elective *	3	0	0	3
NUR 213	Complex Health Concepts	4	3	15	<u>10</u>
					16

**Total Credit Hours 72**

\*See **Appendix A** for list of approved courses.

Nursing Lab and Clinical hours: 3 contact hours = 1 credit hour

Rev: 6/99 1/01; 6/02; 6/03; 6/04; 7/06; 8/10; 6/17; 6/19

Effective: Spring 2020

## PRACTICAL NURSING CURRICULUM

		<b>Class</b>	<b>Lab</b>	<b>Clinical</b>	<b>Semester</b>
<b><u>FIRST SEMESTER</u></b>					
NUR 101	Practical Nursing I	7	6	6	11
BIO 163	Basic Anatomy and Physiology	4	2	0	5
ACA 111	College Student Success	1	0	0	<u>1</u>
					17

<b><u>SECOND SEMESTER</u></b>					
NUR 102	Practical Nursing II	7	0	9	10
PSY 150	General Psychology	3	0	0	<u>3</u>
					13

<b><u>SUMMER TERM</u></b>					
NUR 103	Practical Nursing III	6	0	9	9
ENG 111	Expository Writing	3	0	0	<u>3</u>
					12

**Total Credit Hours 42**

Nursing Lab and Clinical hours: 3 contact hours = 1 credit hour

Rev: 8/97; 8/16; 8/97; 6/99; 6/06

Effective: Fall, 2016



# RIBN/aRIBN

## Regionally Increasing Baccalaureate Nurses (RIBN)

## Accelerated Regionally Increasing Baccalaureate Nurses (aRIBN)

Eastern North Carolina Regionally Increasing Baccalaureate Nurses (ENC RIBN) is a partnership between Wayne Community College (WCC) and East Carolina University (ECU) College of Nursing (CON). The RIBN program provides students with a four-year option in which they complete an Associate Degree (ADN) and Bachelor's Degree in Nursing (BSN).

The aRIBN program provides a three-year option that allows students that are accepted into the WCC ADN program to complete their ADN and BSN. Students in the RIBN and aRIBN program are concurrently enrolled at WCC and ECU. See the WCC/ECU RIBN and aRIBN Curriculum Plan (**Appendix H**).

### RIBN

- Applicants are traditionally high school seniors that have not completed the first-year general education and prerequisite courses according to the RIBN curriculum plan.
- Spend the first three years at the WCC campus along with at least one online course per semester at ECU.
- Receive their ADN at the end of the third year.
- After passing the NCLEX-RN (National Council Licensure Examination for the Registered Nurse) progress to the fourth year of the program, completing coursework online at ECU in the RN to BSN program.

### aRIBN

- Applicants are traditionally high school graduates that have completed all first-year general education and prerequisite courses satisfactorily with a "C" or better according to the aRIBN curriculum plan.
- Have completed the first year of general education courses outlined in the RIBN curriculum plan prior to entering the ADN program
- Are accepted into the ADN program at WCC.
- Complete at least one online course per semester at ECU.
- Receive their ADN at the end of the second year.
- After passing the NCLEX-RN, progress to the third year of the program.
- Complete third-year course work online at ECU in the RN to BSN program.

Note: RIBN and aRIBN students must successfully complete the same requirements as other WCC ADN students to be eligible to receive an Associate Degree Nursing at WCC and take the NCLEX-RN. Additional courses required by ECU for the BSN degree are not required for progression in the ADN program, but must be successfully completed to remain the RIBN/aRIBN program.

*Rev: 520*

*Effective: Fall, 2020*



# POLICIES

## A. ATTENDANCE POLICY

The Nursing Department faculty believes that students demonstrate responsibility for and commitment to their educational goals through regular attendance. Attendance and promptness are expected professional behaviors of all nursing students. Professionalism points may be deducted for attendance issues as addressed in the Professional Ethics and Responsibilities policy in Section V-I of this manual.

### 1. Class and Laboratory Attendance

Attendance is checked at the beginning of each class/lab.

Students are expected to attend all classes and labs. Students should come to class on time and should not ask to leave early. If a student is late, he/she will be counted absent unless he/she asks the instructor after class to have the absence changed to a tardy. When a student has been tardy three times, this will constitute one hour of absence. Students will be counseled for excessive absences. It is the student's responsibility to obtain assignments and materials missed when absent from class/lab.

### 2. Clinical Attendance

Clinical experiences are an integral part of the program. Students are expected to attend all clinical experiences. It is recognized that absence may be unavoidable (e.g. illness). Students who have been absent from clinical due to health problems may be required to produce a statement from his/her health care provider stating they may return to clinical. Students will not be excused for routine medical and dental appointments or any other personal business. Attendance will be checked at the beginning of each clinical experience. Students are expected to be in the clinical area on time and prepared to begin their clinical assignment. Students that are not prepared may be directed away from the clinical area, and will incur an absence for the amount of time missed. Each time a student is late, it will be noted in the attendance record with the number of minutes that were missed. The number of clinical absences/tardies may be reflected on the student's clinical evaluation, and may impact the students overall clinical grade. Attendance issues may also influence references for employment. When a student must be absent/tardy and unable to report to the clinical area, they must notify the assigned instructor within 15 minutes of the time scheduled to report clinical that he/she will be absent/tardy.

### 3. Overall Attendance

The Nursing Department believes students demonstrate responsibility for and commitment to their educational goals through regular attendance; therefore, students must attend 88% of the total hours of any class to receive a passing grade. Instructors will excuse no absences under this policy. When absences in a nursing course exceed **12% of the total contact hours** for any one course, the student will be given an automatic "W" if prior to the last day to drop a class or a "WF" if after the last day to drop a class and must withdraw from the nursing program. Students are responsible for keeping up with the number of minutes they have missed in the course.

Students are expected to attend all classes, labs, and clinical. Students are expected to report to class/lab/clinical on time, and remain for the entire instructional period. If a student must leave early, notice should be given to the instructor prior to leaving, and the student will incur an absence for the amount of time missed. Students that report to class/lab/clinical after the role has been called will be counted absent unless the student requests the absence to be changed to a tardy.

In case of extenuating circumstances, exceptions can be made with approval of the Nursing Department Chair and recommendations of the Nursing faculty. The College considers course attendance a student's responsibility. Absences do not relieve the student of meeting all the requirements of the course.

## **B. CODE OF CONDUCT AND ACADEMIC INTEGRITY**

The Nursing Department reserves the right to maintain a safe and orderly educational environment for students and staff. Students in the Nursing Department are expected to maintain the highest standards of academic integrity, and conduct themselves in accordance with generally accepted standards of behavior and scholarship as dictated in the WCC Student Code of Conduct and Academic Integrity policies as well as the Code of Ethics for Nurses (**Appendix C**). See *WCC Catalog and Student Handbook* for further explanation of the Student Code of Conduct and Academic Integrity policies. Any student violating the WCC Code of Conduct and/or Academic Integrity (including, but not limited to: cheating, plagiarizing, academic dishonesty, or other dishonorable acts) in academic work is subject to disciplinary action up to and including dismissal from the program. This policy applies to all students and student organizations at College-sponsored events, whether on-campus, off-campus, or at a distance. In addition, nursing students are expected to abide to the following policies:

1. Audio/video recording of classes/labs/clinical experiences are not permitted.
2. Cell phones and other electronic devices cause unnecessary disruption to the learning/teaching process in the classroom, lab, clinical, or library setting. Out of courtesy to others, all systems of communication should be in quiet position during instructional, lab, clinical, or library time. All cell phones and other electronic devices must be out of sight during instructional times unless instructor provides specific approval for use of device.
3. No social networking will be tolerated during instructional times. Students must adhere to individual clinical facility policies on electronic devices and internet usage during clinical rotations.

## **C. TRANSFER CREDIT**

Educational work taken at a regionally accredited institution in which a grade of "C" or better was earned may be accepted in transfer. Credits for transfer courses are not used in the computation of the student's grade point average in the student's program at Wayne Community College. Questions concerning transfer credit should be directed to the Office of Admissions and Records.

Requests for transfer credit for NUR courses are submitted to the Nursing Department Chair. Course descriptions and credit hours of the applicant's coursework are compared with that of the WCC Curriculum. Credit is approved at the discretion of the Nursing Department Chair. Students with approved transfer credits may be required to audit previous NUR courses prior to enrolling in the nursing program.

Rev: 5/20

Effective: Fall, 2020

#### **D. AUDITING POLICY**

In addition to the WCC Auditing Policy (refer to current *WCC Catalog and Student Handbook*), the Nursing Department designs individual "Audit Contracts" which identify the specific student responsibilities required to receive a grade of "AU." An official transcript of work completed at other colleges and/or universities must be sent to the Office of Admissions & Records before consideration of transfer credit.

#### **E. TESTS, QUIZZES, AND FINAL EXAMS**

1. Students who fail to follow policies for tests, quizzes, and exams may receive a grade of "0" on the test.
2. Students are expected to take tests as scheduled. However, students who must be absent on the day of the scheduled test are required to notify the course coordinator prior to the test and make arrangements with the course coordinator for taking the test the first time the student returns to the college campus or the clinical site. In the event of a scheduling conflict between the course coordinator and the academic testing center (due to their hours of operation) on the first day the student returns to the college campus/clinical, the course coordinator or designee will communicate with the student the testing schedule expectation. The instructor has the option of giving the student an alternate test.
3. Students may only use basic calculators approved by the nursing department during testing unless otherwise stated on the course syllabus. Cell phone calculators are not permitted.
4. All electronic devices, including smart watches and fitness trackers, cell phones, smartphones, are to be turned off and placed in book bags in a faculty designated area. If the student wears an electronic device, they need to notify the faculty before the test.
5. Faculty may choose to use assigned seating during tests.
6. If space permits, students should have one "seat" between them. Proctors may circulate in the room during testing.
7. Absolutely no talking once the test or quiz starts.
8. If you have a question, raise your hand and wait for the faculty to come to you.
9. Words and content will not be defined.
10. If there is a typo, the faculty will address the correction.

11. Students may not wear hats, hoods, or scarves (except for religious purposes) during examinations.
12. Students may use earplugs.
13. The Scantron grade sheet constitutes the official test score.
14. Only answers recorded on the Scantron sheet will be graded unless otherwise instructed. It is the student's responsibility to utilize the Scantron sheet correctly. Students must sign the honor code with each test.
15. All personal items will be removed from the testing area and placed along the wall in the back or side of the classroom, except for #2 pencils and approved basic calculator.
16. Students are allotted 75 minutes for unit tests and 110 minutes for final exams. Time begins at the start of the roll call for the testing period. All students will remain in the testing area until dismissed by the instructors.
17. After taking a test or exam, students are not to discuss the topics or questions with other nursing students (except during test collaboration). Doing so may result in dismissal from the program.
18. Post-test reviews are scheduled at the discretion of the course coordinator. No notes or recordings in any manner will be taken during the test reviews. Students will have 24 hours to seek clarification or rationale for any test question via e-mail or by appointment.
19. Test grades will be posted at the discretion of the course instructor, within seven days.
20. Final examinations are given during the designated exam period at the end of each semester.
21. Faculty may request to have a conference with individual students following tests. Test counseling appointments should be made according to instructions provided by faculty. Conferences are routinely held with students who have a mid-term grade average below 78%.
22. Students shall immediately report any knowledge of previous quiz or test questions in circulation to the faculty. Any student who fails to report issues of academic integrity violates the Academic Integrity Policy.
23. Test questions shall not be copied (written down), photographed, or otherwise recorded.
24. Collaborative testing may be utilized at the discretion of the course coordinator.
25. Remote (online) testing may be conducted as applicable. Students are subject to the following in such situations:  
Academic Integrity:
  - No testing in the same environment as a peer;
  - No assistance may be received during the test, including, but not limited to another person, personal study materials, textbooks, or any electronic devices;
  - No paper or writing utensils unless preapproved by the course coordinator;
  - Only basic calculators may be used during the test;
  - No headphones, earbuds, or earplugs may be used during remote testing;

- Ensure the Respondus Lockdown Browser is downloaded onto the computer being used to test if taking an ATI online proctored assessment, Proctorio Lockdown Browser must be downloaded;
- **Do NOT click anywhere outside of the test.** Respondus is highly sensitive and will lock the user out if it detects the user has tried to go outside of the test/exam;
- Place the camera where the test proctor can visualize the student clearly during the test. The student is not permitted to leave the testing area during the test/exam without authorization from test proctor;
- Once the test/exam begins, **remain online and able to be seen by the test proctor throughout the test/exam. DO NOT CONTINUE TESTING IF THE CAMERA IS NOT ON;**
- It is required to affirm the honor code as a pre-assessment notice before beginning the test.

Procedure:

- In the case of known internet connectivity issues, start the test/exam at a location with dependable internet service. WCC has expanded Wi-Fi that may be utilized;
- Before beginning testing, you must ensure you have downloaded the appropriate program for the test/exam (e.g., Respondus or Proctorio) on the computer that you will be using. If you have previously downloaded the program on the computer you are using, you will not need to download it again;
- Log in to the assigned proctoring group at least 15 minutes before beginning the test/exam;
- Before beginning the test/exam, the proctor will verify calculator is a basic calculator and any scratch paper (if allowed by the course coordinator) is blank;
- The test/exam will be administered through Moodle with the appropriate start time noted. Students will be notified of the start time. Students have 75 minutes for the test and 110 minutes for final exams;
- Mute microphone, and turn volume on the computer to off to avoid distractions;
- The test/exam will cut off once your time expires and the questions you have answered will be submitted for grading;
- The test/exam score is based on the answers selected on the Moodle test.

Technical Difficulties:

- REMAIN CALM! Your instructor will facilitate your ability to take the test/exam. Technical difficulties occur periodically. When they occur, we will work through them;
- Immediately report interruptions in test/exam or technical difficulties to your proctor/designee as instructed;
- Avoid using the chat function during the test/exam. (Use only as a last resort. E-mailing your instructor is preferred.) This is disruptive to other students in the proctoring group that are testing.
- Troubleshooting tips:



- Try closing out all open programs, and going back into the proctored group and test;
- Shut down/restart your computer. If your computer is frozen, you may have to use ctrl + alt + delete if your computer will not allow you to leave the screen;
- 24/7 IT Helpline telephone number: 877-220-5016;
- Return to your proctored group once the connection has reestablished before continuing the test/exam.

Rev: 5/20

Effective: Fall, 2020

## F. REFERENCE MATERIALS

Students receive formal instruction during the course ACA 111: College Student Success, in Library services, Academic Skills laboratory, and other resources available to facilitate their independent learning needs. During the program, references of a clinical nature with a copyright date that is more than five years old should not be used without the instructor's approval.

The American Psychological Association (APA) format (*APA Publication Manual 7<sup>th</sup> Edition*) will be used when citing references used in writings. APA format may also be used as directed by faculty/syllabus in other assignments. Students needing assistance with APA formatting are encouraged to utilize the WCC Writing Center or reputable websites (i.e. Purdue OWL, APA Blog). A limited number of *APA Publication Manuals* are available for short-term loan from the nursing faculty and are also available in the library.

Rev: 5/20

Effective: Fall, 2020

## G. TEXTBOOKS AND ONLINE RESOURCES

All students are required to purchase textbooks and online resources as specified in the course syllabi. Textbooks/resources are to be purchased before the second scheduled class meeting. Students are required to have the correct edition to textbooks according to the course syllabi.

## H. GRADING SCALE

<u>CLASSROOM:</u>	A	93-100
	B	85-92
	C	78-84
	D	70-77
	F	0-69

ROUNDING POLICY: All test and exam grades, or mathematical percentages thereof, are held to the nearest tenth throughout the entire semester. The final

course grade is calculated to the nearest whole number with 0.4 or less rounded down to the nearest whole number, and 0.5 or higher rounded up to the nearest whole number.

#### CLINICAL:

In all clinical courses, students are evaluated on their performance in the clinical area as either “Satisfactory” or “Unsatisfactory” on all the clinical competencies. One “Unsatisfactory” in clinical performance on the Final Clinical Evaluation Tool will constitute a grade of “F” for the course, and the student will not be allowed to progress to the next semester. The descriptors “Satisfactory” and “Un-satisfactory” are defined in each clinical evaluation tool. A student who demonstrates unsafe clinical behavior is subject to dismissal from the program.

*Rev: 8/11*

### **I. PROGRESSION**

Students in the Nursing Program are required to meet the College’s academic standards. (Refer to the current WCC General Catalog and Student Handbook). Additional standards are:

1. Maintain a grade of “C” or higher in each course in the curriculum;
2. Achieve a “Satisfactory” evaluation on all clinical competencies;
3. Successfully complete all prerequisites to each nursing course before progressing to the next nursing course;
4. Complete all course requirements as designated in each course syllabi
5. Meet clinical agency requirements for student placement.
6. Advanced Standing Alternate for LPNs students must maintain licensure to practice as an LPN in the state of NC during the ADN program.
7. Students enrolled in the RIBN/aRIBN must meet all WCC ADN requirements.
8. Formal withdrawal from a course or the College must be made through the Office of Admissions and Records as directed in the *WCC Catalog and Student Handbook*.
9. Be aware of the last day to drop a class without penalty. The last day to drop a class is noted in the college calendar for each semester. (See *WCC Catalog and Student Handbook*).
10. Students who fail to progress in the nursing programs, but remain enrolled at WCC must complete a “Change of Major” form in the Office of Admissions and Records.

*Rev: 8/11; 5/20*  
*Effective: Fall, 2020*

## **J. GRADUATION REQUIREMENTS**

In order to graduate from the Nursing Programs, the student must:

1. Meet WCC graduation requirements (See current *WCC Catalog and Student Handbook*);
2. Earn a grade of “C” or better for each required course in the nursing curriculum;
3. Submit an Application for Graduation as directed in the *WCC Catalog and Student Handbook*.

## **K. READMISSION POLICY**

Because of the organization of the learning experiences in the Nursing Programs, the course sequence may be offered only one time per year; therefore, students requesting readmission to the nursing program will not be able to re-enter until the course is offered again. In addition to the Wayne Community College “Readmission Policy,” the student is subject to the following:

1. Complete the admission process and submit an updated Student Medical History and Physical Exam Form.
2. Follow a prescribed program of knowledge and skill development based upon identified deficiencies as required by faculty and the Nursing Department Chair.
3. An audit contract may be developed, and specifics of the contract must be satisfactorily met prior to admission into the nursing program.
4. Advanced Standing Alternate for LPN students must maintain licensure to practice as an LPN in the state of NC during the ADN program.
5. Admission is a competitive process based on total point count, successful completion of audit requirements, and space availability.
6. Readmission will be limited to a maximum of one time.

*Rev: 8/91; 5/01; 5/20*

*Effective: Fall, 2020*

## **L. APPEALS/GRIEVANCE PROCEDURE**

Refer to the *WCC Catalog and Student Handbook* for grade appeal and grievance procedures.

*REV: 5/4/15*

## **M. CRIMINAL BACKGROUND AND DRUG SCREENING**

Affiliating clinical agencies with which the College has contracted to provide clinical experiences for nursing students require students to submit to criminal background checks, and drug screening before participation in clinical experiences at the site. The results of the background check and drug screen may determine if a student is eligible to enter clinical agencies. If the criminal background check and drug screen include information that the student claims to be untrue or inaccurate, these concerns or issues must be addressed by the student. It is the responsibility of the

student to resolve these issues. Students are responsible for the cost of the criminal background check and drug screen.

1. Applicants should be aware that a student must be able to enter and remain in all clinical agencies to progress within the program. If a clinical site denies a student placement in the facility, the student would be unable to complete the required clinical component of the course. The student will be withdrawn from all NUR courses and will not be allowed to progress in the program.
2. Currently, the nursing program uses an on-line vendor for criminal background checks, sex offender registry checks, Office of Inspector General check, and drug screening. Information on how to complete the process is included with the letter of acceptance to the program.
3. The criminal background check and drug screening must be completed by the specified date before the start of the semester in which the student enrolls.
4. Failure to complete the process as specified will jeopardize enrollment in the nursing program. In addition, a criminal background and drug screen check may be requested to substantiate pending charges.
5. Any criminal charge or conviction that occurs subsequently to the criminal background check must be communicated in writing to the Director of Counseling Services within five days after such charge or conviction has been entered by the court, notwithstanding the pendency of any appeal (excluding minor traffic-related violations) or before the next scheduled clinical day if clinical occurs before the five days noted above. Failure to report charges or convictions will result in a violation of academic integrity and may result in dismissal from the program. A new criminal background check and/or drug screen will be requested at this time at the expense of the student.
6. Once the student has informed the Director of Counseling Services they have pending criminal charges or convictions in writing, the Director of Counseling Services will notify the Department Chair so the appropriate clinical agency can be informed of the pending charges or convictions by the Director of Counseling Services. It will be the clinical agency's responsibility to notify the program director if the student can continue in the clinical agency. If a clinical site denies a student placement in the facility, the student would be unable to complete the required clinical component of the course.
7. The student will be withdrawn from all NUR courses and will not be allowed to progress in the program.

Applicants to the nursing program should be aware that if they have pled guilty to or been convicted of a felony or misdemeanor (other than a minor traffic violation), the North Carolina Board of Nursing (NCBON) or applicable regulatory body may restrict or deny licensure. The NCBON or applicable regulatory body requires criminal history checks for each person applying for licensure to practice nursing in the applicable state.

*Rev: 8/11; 12/16; 1/19*

*Effective: 8/14/19*

## N. CLINICAL INFORMATION

Nursing students gain experience in a variety of clinical sites. Students may be assigned evening or night shift clinical rotations and may be located outside of Wayne County. Students must provide their own transportation for clinical experiences.

Students are expected to follow the policies and procedures of each facility to which they are assigned.

1. Clinical rotations are distributed for each course with a clinical component. They are subject to change at the discretion of the faculty only.
2. Students are required to wear approved IDs during all clinical experiences as directed by the clinical facility. Faculty will arrange for students to have ID badges made (as required by clinical agencies). Facility issued ID badges are the property of the applicable facility and must be returned at the conclusion of the clinical experience or upon withdrawal from the nursing program. Students that do not return ID badges as requested will receive an "Incomplete" for the course until the requirement is satisfied.
3. Students are expected to be prepared for clinical experiences. This preparation often includes data collection at the clinical site before the clinical experience. Students are expected to dress appropriately, and wear name pin and picture ID if appropriate while in the clinical setting. In addition, students should identify themselves to staff in the area, and state the purpose for being on the unit.
4. Students are expected to incorporate prior learning into planning and implementing nursing care. A student who is not prepared to implement safe nursing care may be dismissed from clinical for the day or off the unit to complete adequate preparation for the clinical assignment and will receive an unsatisfactory for the clinical experience. The student will be counted absent for the time spent away from the clinical unit.
5. Students must obtain hand-off communication from appropriate staff before beginning the client care assignment, and continue to collaborate with the instructor and appropriate staff during the clinical experience.
6. WCC nursing students shall not act as a witness for legal documents such as advance directives, surgical consents, blood product administration, and vaccination consent.
7. Students in clinical agencies are not permitted to visit other units. Hospital visiting hours and routines are to be observed when visiting relatives or friends in the agency.
8. Students shall park in the areas designated for student parking as directed by clinical agencies.
9. Students are allowed 30 minutes for lunch on clinical days based on the length of the clinical day.
10. Students are allowed 15 minutes for scheduled breaks provided their assigned clients have had their personal care and treatments completed. (Breaks are not guaranteed)
11. Students may not leave their assigned areas in the clinical agency without permission from the instructor. Appropriate staff/faculty must be kept advised of the student's whereabouts.



12. All medical record documentation must be true. Students are required to authenticate medical record entries with their signature and title (e.g., WCC PNS or WCC ADNS). Electronic medical record documentation must be done under the student's agency-approved login. Documentation of the actions of other students, faculty, or clinical agency personnel is not allowed, and may be considered falsification.
13. Students are not to make or receive phone calls while in the clinical area. In case of emergency, students should advise callers to contact the Wayne Community College Nursing Department.
14. If a student becomes ill while in the clinical facility, they should report immediately to the instructor. Students will not be treated on the clinical unit. Should it become necessary to receive emergency treatment, or be admitted to the hospital, all costs involved are the responsibility of the student.
15. Students are not to photocopy, print, or remove copies of client records or other confidential information.

*Rev: 5/15; 4/19; 5/20*

*Effective: Fall, 2020*

## **O. DISMISSAL**

Students who demonstrate behavior that conflicts with safety essential to nursing practice will be dismissed immediately. "Unsafe clinical practice is behavior that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk." Scanlan, Care, Gessler. (2001) *Dealing with the Unsafe Student in Clinical*, Nurse Educator, 26 (1), 23-27. In addition, unsafe practice includes deliberate or negligent acts or omissions regardless of whether actual injury to the client is established. Any student whose behavior causes concern as to alcohol or drug use will be required to submit to immediate drug screening at his/her own expense. Failure to comply with or evidence of drugs or alcohol in the screening test will result in immediate dismissal from the nursing program. The student may use the Appeals Procedure for WCC. During the appeal process, the student may attend class, but may not attend the clinical portion of the nursing courses.

*Rev: 1991; 2001; 2007; 2010*

## **P. BEHAVIORS SUBJECT TO DISCIPLINARY ACTION**

*Note: This is not an all-inclusive list.*

1. Inappropriate or unprofessional behavior including but not limited to violations of the American Nurses Association Code of Ethics (See **Appendix C** for Code of Ethics) and behaviors and activities listed in North Carolina Administrative Code

(21 NCAC 26.0217 Revocation, Suspension or Denial of License) governing the North Carolina Board of Nursing (ncbon.org).

2. Impaired thinking and clinical judgment that impacts on the ability to make appropriate clinical decisions and provide safe care for assigned client(s). Any student whose behavior demonstrates an inability to think clearly and render safe care will be asked to leave the clinical area and meet with the Department Chair.
3. Unsafe clinical behaviors such as but not limited to:
  - a. Lack of accountability;
  - b. Falsification of the client record;
  - c. Medication or treatment errors that threaten client/client safety;
  - d. Administering medications or performing procedures without appropriate supervision;
  - e. Breach of confidentiality. To ensure confidentiality, students may not remove copies of the client/client record, either duplicated or downloaded from the nursing unit;
  - f. Failure to comply with established policy or procedure at the assigned clinical site;
  - g. Repetitive errors in judgment;
  - h. Poor or inconsistent skills in assessment and client care.
4. If a clinical site denies student access to their facility, the student will not be able to progress in the nursing program.

#### **Q. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Respect for the dignity and confidentiality of others is required. Students in the nursing program will be given instruction on the Health Insurance Portability and Accountability Act (HIPAA) laws during new student orientation. Students must comply with HIPAA laws. Students that do not comply with HIPAA laws will be subject to dismissal from the nursing program.

## R. DRESS CODE

Students are expected to use good judgment in the selection of clothes, styles, and appearance for the classroom. A WCC-issued nametag should be worn at all times in class and lab settings as indicated. Chewing gum, eating, and drinking are not permitted in the lab or clinical setting. Students are required to dress in a professional manner any time they are representing the College and/or Nursing Department. Nursing faculty reserve the right to require a student to correct their attire/professional appearance at their discretion. The following shall govern appearance and behavior:

1. When collecting data for pre-clinical assignments, a clean, unwrinkled nursing jacket and name tag (agency identification) are to be worn over acceptable professional attire. Unacceptable apparel for pre-clinical assignments include, but is not limited to:
  - Jeans;
  - Athletic suits, sweat pants/shirts/jackets;
  - Shorts, skorts, or capris;
  - Pants or trousers that are not full or ankle length;
  - Skirts more than slightly above the knee or which have high slits;
  - Shirts with revealing necklines, bare midriff tops, strapless, spaghetti straps, shoulder-exposing, halter, tube, backless, tank tops and bearing any kind of unauthorized messages;
  - See-through or excessively tight clothing;
  - Attire that exposes cleavage;
  - Hats or head-coverings except those related to religious or medical purposes;
  - Flip flops, slippers, excessively high-heeled shoes (no greater than 3", sandals, open-toed shoes and crocs with holes).

2. Clinical

The WCC student uniform is to be worn for clinical (including simulation experiences), and laboratory sessions as directed by faculty (See **Appendix G** for uniform requirements). When wearing the uniform, students are representative of the College and Nursing Department, and are required to demonstrate professionalism in their appearance and behavior.

**UNIFORM:** Must be clean and neat at all times. The uniform skirt should be shorter than the bottom of the knee. A slip must be worn with skirt uniforms. A plain white crew-neck tee shirt must be worn under the male scrub top.

**SHOES:** Must be clean & neat, solid white, black, navy, or brown, closed-toe, closed-heel approved clinical shoe. (No holes or mesh)

**STOCKINGS/SOCKS:** Solid white or black socks or stockings appropriate to skin tone are required. Socks that are the same color of shoes are permitted.

**NURSING JACKET:** The uniform nursing jacket is to be worn for pre-clinical assignments and during other clinical experiences as designated. A plain white jacket may be worn during clinical. No sweaters or jackets other than the approved nursing uniform jacket are allowed during the provision of patient care.

**NAMETAG:** The WCC Nursing Department approved nametag should be worn during clinical experiences when agency identification is not provided. When an agency provides an identification tag for a student, the student should wear the agency identification tag while in that facility (e.g., The Wayne UNC badge should only be worn while performing clinical duties at Wayne UNC). Note: agency identification (i.e. Wayne UNC) is the property of the agency, and must be returned to faculty at the conclusion of each course, or the completion or withdrawal from the program. The Nursing Department nametag will have the student's first name, last initial, and nursing program enrolled (i.e. Associate Degree Nursing or Practical Nursing). Appropriate identification is required during all clinical experiences.

**COSMETICS:** No perfume, cologne, after-shave, perfumed lotions or the smell of smoke are permitted. Artificial/acrylic nails and excessive makeup are not permitted. Fingernails should be neatly trimmed (less than 1/4 inch in length) to prevent injury to clients and transmission of infections. Clear nail polish is permitted if free of chips.

**ACCESSORIES:** Restricted to watch, wedding ring sets, and small stud, pierced earrings (one set only in the earlobe). A watch with a second hand is required. No other visible body piercing is allowed, including but not limited to gauges. Sunglasses are not allowed to be worn inside a building unless prescribed by a healthcare provider.

**HAIR:** Hair styles must be professional in appearance and should not interfere with student duties. Hair must be clean and neat. Ponytails are permitted at the discretion of the nursing faculty. Ponytails should be so they do not compromise infection control standards. Headbands and hair ties must match the color of the hair. Ribbons, clips, or scrunches are not permitted. No extreme styles or unnatural hair colors. (Ex. Hair spiked, Mohawk, unnatural colors such as Green, pink, or Blue). Mustaches and beards must be well-trimmed and well-groomed (short and neat).

**TATOOS:** All must be covered. Solid white long-sleeve undershirts are permitted. Any exceptions must be approved by the Nursing Department Chair.

**PERSONAL HYGIENE:** Good personal hygiene is required.

**OTHER:** Eating, drinking, chewing gum, cell phone usage, earphones, headphones, and Bluetooth devices are not permitted in public client care areas (Ex. Nurses Station, hallway, client rooms, etc.)

***\* Violations of the Dress Code shall be corrected immediately. Failure to correct may result in the student being dismissed from the classroom, clinical, or laboratory area to correct. Students who are required to leave the classroom, clinical, or laboratory area for dress code violations will be counted absent for the time missed.***

***\*\* Nursing students must abide by all clinical facility dress code requirements when in the facility in the capacity of a nursing student.***

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Effective: Fall, 2020

## S. PHYSICAL AND EMOTIONAL HEALTH

The NCBON requires that there be evidence that the physical and emotional health of the student be such that he/she can be expected to provide safe nursing care to the public. Each student must submit evidence of satisfactory physical and emotional health prior to admission into the nursing program.

Nursing faculty will continue to evaluate the student's health and overall behavior throughout the program. If at any time a student's physical or emotional health is interfering with the student's academic achievement, the faculty can require the student to seek and submit appropriate validation that their current physical and mental health is such that they have the ability to render safe nursing care. Based on evaluation of this data, a decision will be made as to whether or not the student will be allowed to continue in the program. A student with physical or emotional health issues that interfere with their academic achievement or their ability to provide safe nursing care and has not responded to appropriate treatment within a reasonable time will be dismissed from the nursing program in order to protect their personal health and the health and safety of clients to whom they are assigned.

### Evaluation of Physical and Emotional Health:

Physical Health is defined as being free of disabling or contagious disease, being able to perform fine and gross motor skills, and being able to perform normal weight-bearing activities. Assessment of the physical health of the applicant is made through the use of a physical examination performed by the applicant's health care provider within 12 months prior to entering the nursing program. Observation of the student's physical health continues throughout the nursing program.

Tests and immunizations required include: tuberculosis tests; Measles, Mumps, Rubella; Varicella (Chicken Pox); Tetanus booster within last 10 years; and other tests and immunizations as required by associated clinical agencies.

If a physical condition threatens to prevent or prevents satisfactory classroom or clinical performance, the individual in question is counseled and referred to an appropriate professional. The recommendation of the professional is utilized in advising the student in regard to continued enrollment in the program until the identified condition is satisfactorily corrected.

Emotional Health is defined as reacting appropriately to stressful situations, withstanding everyday environmental stresses with little difficulty, using healthy coping mechanisms, and understanding one's own ability to cope with stressful situations.

Assessment of emotional health of applicants is made through the use of physical examination, interviews, and letters from psychiatrists or therapists if intensive therapy is in progress or has occurred, and psychological evaluations, if necessary.



Throughout the curriculum, assessments of the emotional health of students are made by the use of observations of student behavior and by instructor-student conferences. When emotional conditions prevent satisfactory classroom, laboratory, or clinical performance, recommendations are made on an individual basis, for consultation with the appropriate professional(s). The recommendations of the professional(s) are utilized in advising students with regard to continued enrollment in the nursing program. A person may be denied admission to or continued enrollment in the program until the identified condition is satisfactorily corrected.



## T. TECHNICAL STANDARDS

All students in the Nursing Programs are expected to perform assigned skills, class assignments, and clinical activities at the same level, with or without accommodations. It is the responsibility of the applicant/student to read the technical standards carefully and to ask for clarification of any standard that is not understood.

Wayne Community College complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Therefore, any disability affecting an applicant's ability to comply with these technical standards must be evaluated by the Disability Services Counselor and the Nursing faculty for an applicant/student with a disability who is otherwise qualified. Demonstration of one or more technical standards may be required. The following skills/abilities include those cognitive, physical, and behavioral standards required for successful completion of the curriculum.

### WAYNE COMMUNITY COLLEGE NURSING PROGRAM TECHNICAL STANDARDS

Standard	Examples of Necessary Behaviors (not all-inclusive)
<b>Critical thinking ability</b> sufficient for clinical judgment.	Identify cause and effect relationship in actual or simulated clinical situations; analyze data; develop or participate in the development of nursing care plans.
<b>Interpersonal abilities</b> sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Establish rapport with clients/clients, families and colleagues.
<b>Communication abilities</b> sufficient for interaction with others in verbal and written form.	Collect assessment data; explain treatment procedures, initiate health teaching, document and interpret nursing actions and client/client and family responses.
<b>Physical abilities</b> sufficient to move from room to room and maneuver in small spaces.	Moves around in client/client's rooms, workspaces and treatment areas; administer cardio-pulmonary procedures.
<b>Gross and fine motor abilities</b> sufficient to provide safe and effective nursing care.	Move, calibrate, use equipment and supplies; lift, transfer, and position mobile and immobile clients/clients.
<b>Auditory ability</b> sufficient to assess and monitor health needs.	Hears monitor alarm, emergency signals, auscultatory sounds, cries for help
<b>Visual ability</b> sufficient for physical assessment, performance of nursing procedures and maintenance of environmental safety.	Observe client/client responses such as skin color, facial expression, specimen color.
<b>Tactile ability</b> sufficient for physical assessment and performance of nursing procedures.	Perform palpation, functions, of physical examination and/or those related therapeutic intervention, e.g. insertion of a catheter.
<b>Emotional stability and mental alertness</b> in performing nursing care.	Maintain a calm and efficient manner in high stress situations with clients/clients, families and colleagues.

## **U. INFECTIOUS/COMMUNICABLE DISEASES**

### **PURPOSE:**

To contribute to the delivery of safe care to the public by establishing measures to:

1. Protect clients from exposure to students with infectious diseases.
2. Protect students from exposure to clients with infectious diseases.

### **DEFINITION:**

Infectious diseases, for the purposes of this policy, are defined as those diseases which are considered transmittable in a social environment. Such diseases include, but are not limited to: Diphtheria, Tetanus, Pertussis, Hepatitis B, HIV Positive Serology, Acquired Immunodeficiency Syndrome (AIDS), Chickenpox, Red Measles (Rubeola), German Measles (Rubella), Mumps, Tuberculosis, and Herpes.

### **REQUIRED IMMUNIZATIONS**

#### **TUBERCULOSIS SCREENING**

\*Two step TST (Tuberculin Skin Test) = Two TST Tests: Both tests must be administered and read within 21 days; with at least seven days between administration of TST 1 and TST 2.

Upon Admission, Readmission, or Program Transfer:

- Baseline TB Risk Assessment and Symptom Screen (See **APPENDIX D**) within 12 months of program start

**OR**

TB IGRA Blood Test (within 12 months of program start)

**OR**

Students who have a history of a positive TST must have documentation of a negative chest x-ray, and symptom screening on the Record of Tuberculosis Screening (DHHS form #3405). Documentation must be completed by a licensed medical professional. DHHS form #3405 is accessible at: [https://epi.publichealth.nc.gov/cd/tb/docs/dhhs\\_3405.pdf](https://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3405.pdf)

In addition, symptom screening to be performed annually by healthcare provider. (**See APPENDIX E**)

Annually:

1. Annual TB education (accomplished through Core Orientation provided by the NC Consortium for Clinical Education & Practice / CCEP)
2. Symptom and risk assessment. If positive, follow-up is required with a medical provider.

Students are required to report any community or clinical exposure to TB immediately to the Nursing Department Chair.

### **MEASLES, MUMPS, AND RUBELLA (MMR)**

Documentation from a licensed medical professional of two MMR vaccines (vaccine must include measles, mumps, and rubella components)

**OR**

Documentation\* of a positive MMR titer (titer must include all components including measles, mumps, and rubella)

*\*must provide lab report that indicates reference range*

### **VARICELLA IMMUNITY**

Documentation from a licensed medical professional of two Varicella vaccines

**OR**

Documentation\* of a positive Varicella titer

*\*must provide lab report that indicates reference range*

### **TETANUS/DIPHTHERIA (Tdap)**

Documentation from a licensed medical professional of one Adult Tdap

**OR if Tdap has been greater than 10-years, then**

Documentation from a licensed medical professional of one Adult Tdap and a TD booster within the last 10-years

### **INFLUENZA** (Required annually before October 15<sup>th</sup>)

Seasonal Influenza vaccine of the upcoming or current year's influenza strain.

*(If current/upcoming year's strain is not available at the time of admission, then deadline to receive will be announced.)*

Note: Declination or waiver must meet requirement of medical contraindication, and documentation must be provided and approved by the school and clinical agencies.

### **HEPATITIS B SERIES (HBV)**

Energix-B **or** Recombivax-B three doses required (0, 1, and 6 months)

**OR**

Heplisav-B two doses required (0 and 1 month)

**OR**

Documentation\* of a positive Hepatitis B titer

*\*must provide lab report that indicates reference range*

Note: Declination or waiver must be on file at the school (See **APPENDIX D**)

Note: Clinical agency contracts may specify additional requirements based on the areas in which students may be placed or regulations established by that agency or health system.

*Required immunizations requirements serve as the minimum requirements for student participation in the clinical setting, and are adapted from the Eastern North Carolina Consortium for Clinical Education & Practice (CCEP) Faculty & Student Annual Orientation Checklist. (Latest revision 03/03/20)*

**STUDENTS/APPLICANTS MUST HAVE REQUIRED DOCUMENTATION FOR ALL REQUIRED SCREENING/IMMUNIZATIONS. STUDENTS ARE NOT ALLOWED TO ENTER CLASS, LABORATORY, or CLINICAL IF HEALTH/IMMUNIZATION REQUIREMENTS ARE NOT MET.**

Any applicant who has an infectious disease will be evaluated by a medical provider in keeping with the standards, requirements, and recommendations of the Centers for Disease Control, NC Infection Control Laws (10A NCAC 41A.0201); facility policies, and in keeping with the provisions of this policy.

Once admitted to the program, enrollment decisions concerning the individual shall be based upon a consideration of the following factors:

- a. the potential harm that the individual poses to other people
- b. the ability of the individual to accomplish the objectives of the Nursing program, and
- c. whether or not a reasonable accommodation can be made that will enable the individual to safely and efficiently accomplish the objectives and or tasks of the curriculum in question without significantly exposing the individual or other persons to the risk of infection.

Re-entering students must meet all requirements of this Health Policy.

**STUDENTS WHO HAVE INFECTIOUS DISEASE**

Any student who develops symptoms of an infectious disease must report this to a nursing faculty member promptly. The faculty member and the Nursing Department Chair will consult with infection control personnel in the clinical facility to determine the student's eligibility to participate in clinical experiences when it has been determined that a significant risk of transmission exists. Students are encouraged to report a positive HIV status to the Nursing Department Chair as soon as this result is known. Confidentiality shall be maintained by a case number system.

According to 10A NCAC 41A.0206, students who have exudative lesions or weeping dermatitis shall refrain from handling client care equipment and devices used in performing invasive procedures and from all direct client care that involves the potential for contact of the client, equipment, or devices with the lesion or dermatitis until the condition resolves.

The evaluation of an applicant or currently enrolled student with a known bloodborne disease will include a physician's statement of the individual's health status as it relates to the individual's ability to adequately and safely meet the objectives of the curriculum.



A currently enrolled student with a known bloodborne disease will have an ongoing medical evaluation throughout the program, especially as it relates to Standard Precautions.

If it is determined that the individual student's performance in clinical areas does not reflect their ability to safely and adequately meet the objectives of the curriculum, the student shall be dismissed from the nursing program.

In each instance, a determination must be made as to an appropriate and limited confidential release of the student's positive bloodborne disease status to the student's instructors in order that the performance may be adequately reviewed and supervised on an ongoing basis. When a student is known to be HIV positive, the student's college-approved medical provider and the Nursing Department Chair will carefully evaluate whether or not a designated person at the clinical agency needs to be told of the student's positive bloodborne disease status. The student will be advised of, and must consent to, the release of information.

If the student with a negative TB skin test is exposed to a client with tuberculosis, a baseline Tuberculin Skin Test (TST) must be done immediately, unless a baseline has been done within the last ten weeks. If the student converts from negative to positive, they will be referred to their medical provider or the health department (unless medically contraindicated). Students with prior positive TST's who are exposed are required to obtain a chest x-ray 10 weeks from the time of exposure.

### **EXPOSURE TO BLOOD OR BODY FLUIDS.**

#### **IMMEDIATELY TAKE THE FOLLOWING STEPS:**

1. The victim of exposure should **immediately** take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for fifteen minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub with soap and water for a minimum of five minutes.
2. **Report the incident** to the appropriate person immediately following first aid measure.
  - A. Instructor
  - B. Nursing Department Chair
  - C. Dean of Allied Health & Public Services
  - D. Exposure Control Plan Coordinator
  - E. If the exposure victim is an employee, notify the Human Resources Director
  - F. If the exposure victim is a student, notify the Student Activities Coordinator
  - G. If the exposure victim is a guest of the college, notify the Chief Financial Officer
3. **Source Individual:** If the source individual is known and present, counsel the individual regarding the incident and the need for medical consultation, follow-up and testing to determine if HBV and HIV infectivity is indicated. Testing of the source individual must be done at no cost to him/her. The college medical provider information will be provided by the appropriate Exposure Control Plan

Coordinator. If the source of the individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need for counseling, follow-up, and testing. If legal consent for testing cannot be obtained, this should be established in the records. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. If the source individual refuses to be tested or does not report for testing within a reasonable time, the source individual's physician should be contacted; or if the physician is not known, contact the County Health Department Director. When the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

4. **Exposure Victim:** Counsel the individual exposed regarding the need for medical consultation, follow-up and testing. This is at no cost to the exposure victim, and at a convenient time and location, preferably immediately after reporting the incident and completing appropriate reports.
5. Complete the Incident Report Form (**See APPENDIX F**) Additional information should be obtained if the source of the individual is known. It is necessary to report the incident to the appropriate insurance company within forty-eight (48) hours. Employees may be required to complete Worker's Compensation forms, students will need to obtain the student accident insurance policy number and brochure, and all others may be required to file a claim against the college's liability policy.
6. The College will provide the medical provider(s) with documentation regarding the exposure, the route of exposure and circumstances under which the incident occurred, and the identity of the source individual, unless such identification is not feasible or is prohibited by state or local law. (Recorded on Incident Report Form, **APPENDIX F**) A description of the duties of the exposure victim if an employee will also be provided as well as copies of any relevant records required to be maintained by the employer, such as vaccination records. The college will also provide the OSHA regulations regarding blood-borne pathogens if the medical provider does not possess a copy of the current regulations.
7. **Baseline blood samples and blood tests should be conducted on both parties on the day of exposure.** If known, the source individual's blood will be tested by a physician for HBV and HIV within two (2) hours or as soon as feasible. If the source individual cannot be identified, the exposure victim's blood will be tested for HBV and HIV within two hours. Blood sample collection and testing is done with the individual's consent. A responsible College employee should request a College vehicle as soon as possible and should transport both parties to the College's medical provider for these tests. Ideally, this should be someone who can provide as much information as possible about the incident to the medical provider, stay with the exposure victim as long as possible if desires, and answer any insurance questions that may be requested. If the exposure victim consents to baseline blood collection, but does not consent to HIV serologic testing at the time of the incident, the sample shall be preserved for at least 90 days. If within 90 days the victim elects to have the baseline sample tested, such testing shall be done as soon as feasible.
8. The College will obtain a copy of the healthcare professional's written opinion regarding the incident and results of the testing. The College will provide the

exposure victim a copy of the healthcare provider's written opinion within 15 days of the completion of the evaluation. The written opinion for Hepatitis B vaccination shall be limited to whether the vaccination is indicated and if the victim has received the vaccination. It shall note that the exposure victim has been informed of the results of the evaluation, that the exposure victim has been informed about any medical conditions resulting from the exposure to blood or other potentially infectious materials, which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written opinion.

9. Each case will be evaluated individually and test results reviewed. Results of the source individual's tests shall be made available to the exposure victim and the exposure victim shall be informed of the applicable laws and regulations concerning disclosure of identity and infectious status of the source individual.
10. If tests are negative (especially for HIV) they should be repeated at six weeks, 12 weeks, and six months after exposure. Consent for re-testing should be obtained on each occasion. Counseling on the process of the future follow-up and testing should be provided and follow-up testing appointments should be made at the time of the initial testing if possible.
11. Follow-up of the exposure victim will include counseling, medical evaluation of any acute febrile illness that occurs within 12 weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practices.
12. All parties involved will treat the results of the investigation of the exposure confidentially.

The Exposure Control Plan Coordinator maintains all documentation of the incident and medical follow-up.

### References

- North Carolina Office of Administrative Hearings. (2018). 10A NCAC 41A .0201 Control Measures- General. <http://ncrules.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2041%20-%20epidemiology%20health/subchapter%20a/10a%20ncac%2041a%20.0201.html>
- North Carolina Office of Administrative Hearing. (2018). 10A NCAC 41A .0206 Infection Prevention-Health Care Settings. <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2041%20-%20epidemiology%20health/subchapter%20a/10a%20ncac%2041a%20.0206.pdf>

## References

Wayne Community College Occupational Safety and Health Plan, Chapter 4: Biohazard Exposure Control Plan, 5/28/13 <https://64bf2406-a-bde551c4-sites.googlegroups.com/a/waynecc.edu/internal/safety-and-security-uploads/WCCOSH%20Ch%204%20Bloodborne%20Pathogens-2.pdf?attachauth=ANoY7cowqGatKi4SBwc2weq5oDmwUjPtJfUdz4jNDbHawpic2TCd0V1khUoo2q3pewtGJ-DcClssT0Ow3qOaPGzhozglmd2DzUuuPm4g3p3FHZETH5I7u6NvdiWSNtkMaSiNX63RdBfdZEnoVByiYRPQbyyAaQGP32WDWM8XD0ip3ubtI1Lc5VJW0U4rN-SWriL2pZPhqWCoEMpWFS9rFbv7A3O4f6Xma9N5XmcB2PxStUhPVyc98WhoxXqR9JqDIQGWWQpWexLI4MqA8WMdBCgW7a1UzYz-dw%3D%3D&attredirects=0>

## V. STANDARD PRECAUTIONS

All students will utilize standard precautions as recommended by the Centers for Disease Control when providing care to all clients.

1. Blood and other body fluids from all individuals is considered infectious at all times.
2. Regardless of whether an individual is known to have an infectious disease, faculty and students shall:
  - A. Wear personal protective equipment (PPE) when handling client's blood, body fluids, and/or items soiled with blood or other body fluids.
  - B. Follow hand hygiene guidelines as per the Centers for Disease Control in all learning environments. Proper hand hygiene must be performed before and immediately after contact with clients, their blood, and other body fluids.
  - C. Consider sharp items as being potentially infective and handle with extreme care to prevent accidental injury.
  - D. Dispose of sharp items in puncture resistant containers immediately after use.
  - E. Follow appropriate/recommended infection control procedures at all times in all learning environments as required by the clinical facility, College or Nursing Department. (e.g., PPE, social distancing, etc.)

*Rev: 3/19; 5/20*

*Effective: Fall, 2020*

# MISCELLANEOUS

## A. ADVISING/COUNSELING

A nursing department faculty is assigned to each student as their advisor. Faculty assist students with registration, pre-registration, course changes, and any other academic needs. Each faculty posts a minimum of five hours per week at their respective offices during which time students may make appointments for conferences. Students who receive an early alert and/or midterm will be counseled by the course coordinator or designee.

Counselors in Counseling Services are available to all nursing students for personal guidance and help in all areas. Students are encouraged to seek help when needed. WCC staff is available in the Career Services Office of the Wayne Business and Industry Center to aid students in completing resumes, applications, and job referrals. Staff in the Financial Aid Office is available to assist students who are in need of financial assistance. Applications for loans, scholarships, and work-study assistance are available. Students with disabilities are encouraged to make an appointment with the Disabilities Counselor to ensure appropriate services are received.

## B. DISABILITY SUPPORT SERVICES

WCC is committed to ensuring that students with disabilities have equal access to and participation in all programs of study. For further explanation, please note the Students with Disabilities policy in the WCC catalog <https://www.waynecc.edu/academics/catalog/> or in the Student handbook <https://www.waynecc.edu/academics/catalog/> Students with disabilities can visit the Disabilities Services Counselor in Counseling Services, WLC 182, or call 919-735-5151, ext. 6729.

*Rev: 5/15; 6/19; 5/20*

*Effective: Fall, 2020*

## C. ADVERSE WEATHER

When weather conditions are such that it is not advisable to open the college, announcements are made first via the WayneCC Alert system as well as on area radio, television stations, and other campus systems. Announcements are made in the early morning, and students should not report for **EITHER CLASS OR CLINICAL** assignments if the college is closed because of inclement weather. The college opens at 8 a.m. Any delays will be timed from 8 a.m. For example, if the college is on a two-hour delay, the opening time will be 10 a.m. unless a specific opening time is reported in the announcement. To sign up for WayneCC Alert, visit the following website: <https://www.waynecc.edu/mybisonid/waynecc-alert/>



## D. CHANGE OF CONTACT INFORMATION

Students must notify the Office of Admissions and Records and the Nursing Department Administrative Assistant as soon as there is a change of name, address, email, or telephone number.

## E. PARKING

- CAMPUS: WCC parking decals must be displayed according to school policy (See *WCC Catalog and Student Handbook*). Park ONLY in designated student parking areas.
- CLINICAL: Park in designated areas at all clinical sites as per instructor/clinical agency staff instructions.

## F. GUIDELINES FOR SOCIAL MEDIA USE BY NURSING STUDENTS

The purpose of this policy is to help guide students in the professional use of online communications including web and Internet platforms. The WCC Nursing faculty believe we are accountable for educating students on the use of social media in their personal as well as professional lives. Diligence should be used when using social media to maintain an atmosphere of integrity, honesty, and respect that is free of harassment, exploitation, and intimidation.

The HIPAA Privacy Act and the HITECH Act as they relate to clinical practice are expected to be followed by all nursing students.

### Guiding Principles for Social Media Use:

1. There are many benefits to using social media including networking, nurturing relationships, dissemination and discussion of nursing related education, research and practice. (ANA Fact Sheet: Navigating the World of Social Media, September 2011).
2. Students are encouraged to utilize social media with knowledge that there are also risks. These risks include the fact that information can take on a life of its own. (ANA Fact Sheet: Navigating the World of Social Media, September 2011).
3. Inaccuracies can become 'fact'. The public's trust in nurses can be compromised and the 'branding' of self can undermine an individual's nursing career. (ANA Fact Sheet: Navigating the World of Social Media, September 2011). You are also negatively branded by the use of slang, inappropriate language and grammar.
4. Content once posted or sent can be disseminated to others.

### **Reference**

American Nurses Association. (2011). American nurses association – Fact Sheet – Navigating the world of social media.  
[https://www.nursingworld.org/~4af5ec/globalassets/docs/ana/ethics/fact\\_sheet\\_-\\_navigating\\_the\\_world\\_of\\_social\\_media\\_web.pdf](https://www.nursingworld.org/~4af5ec/globalassets/docs/ana/ethics/fact_sheet_-_navigating_the_world_of_social_media_web.pdf)

### Guidelines for Online Professional or Personal Activity with Social Media:

Note: These guidelines are applicable to all forms of media (including newspaper, radio, and TV).

1. Carefully consider the criteria for approval of any person you allow access to your site. Remember anyone who accesses your site can read all information posted.
2. You are legally liable for what you post on your site and your posts on the site of others. Individual blogger has been held liable for proprietary, copyrighted, defamatory, libelous or obscene commentary (as defined by the courts).
3. Think archival systems, as search engines can research posts years after the publication dates. Archival systems save information including deleted postings.
4. Monitor your mood while posting. It is wise to delay posting until you are calm and clear-headed.
5. You will have an opportunity to provide feedback in the appropriate venue on the course and faculty at the end of each course. Therefore, social media platforms are considered inappropriate locations to provide this feedback
6. You are 'branding' yourself with each posting as well as representing the WCC Nursing Department and the nursing profession.
7. Employers and recruiters are looking for social media activity when reviewing resumes for job opportunities.
8. Take advantage of privacy settings and seek to separate personal and professional information online.
9. Pause before you post.

### **References**

- American Nurses Association. (2011). *ANA's principles for social networking and the nurse: Guidance for registered nurses*.  
<https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/social-networking.pdf>
- National Council State Boards of Nursing. (2018). *A nurse's guide to the use of social media*. [https://www.ncsbn.org/NCsBN\\_SocialMedia.pdf](https://www.ncsbn.org/NCsBN_SocialMedia.pdf)
- National Council State Boards of Nursing. (2011). NCSBN nursing bulletin, 7(1).  
National Student Nurses' Association. (n.d.). Recommendations for: Social media usage and maintaining privacy, confidentiality, and professionalism.  
[https://www.ncsbn.org/NSNA\\_Social\\_Media\\_Recommendations.pdf](https://www.ncsbn.org/NSNA_Social_Media_Recommendations.pdf)
- Purdue University. (2019). Social media policy. *Undergraduate programs student handbook 2019-2020*, 28-29.  
<https://www.purdue.edu/hhs/nur/students/undergraduate/documents/handbook.pdf>

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## **G. Nursing Student Clinical “DO NOT PERFORM” Skills List**

WCC Nursing Faculty have determined that students SHALL NOT perform the following skills:

1. Administer IV chemotherapy agents, rejection medications, epidurals, or experimental drugs and thrombolytic agents (tPA, etc.)
2. Remove epidural catheters, thoracotomy tubes.
3. Insert an IV on preceptor, faculty, or another student or patient without a provider's order.
4. Titrate continuous IV infusions of vasoactive medications or medications which alter level of consciousness (such as sedatives or narcotics).
5. Withdraw blood from central IV lines (PICC included) or arterial lines.
6. Discontinue or insert PICC, central IV lines, or arterial lines.
7. Access or remove access of implantable ports (i.e. Port-a-cath).
8. Administer medications into the reservoir of an implanted pump.
9. Insert and/or manipulate intraosseous and intrathecal medication or fluid administration.
10. Perform arterial blood punctures.
11. Administer, restart, or otherwise verify blood products to be administered.
12. Measure or perform cardiac outputs or pulmonary wedge pressures.
13. Manipulate or remove arterial catheters, sheaths, dialysis catheters, or any invasive monitoring lines or pacing wires.
14. Access dialysis devices (no dialysis needle insertion) or manipulate any dialysis therapy and/or continuous renal replacement therapy.
15. Perform or manipulate peritoneal dialysis.
16. Insert, tape, extubate, or manipulate endotracheal tubes.
17. Manipulate respiratory ventilator equipment.
18. Accompany transport via helicopter or land transportation.
19. Accompany or transport patients off unit independently (with the exception of discharge).
20. Serve as an interpreter (unless certification is held).
21. Serve as a sitter for a patient.
22. Perform procedural or conscious sedation.
23. Perform defibrillation or cardioversion.
24. Take verbal/telephone orders.
25. Transcribe provider orders off the chart or electronic medical record.
26. Access narcotics or controlled medications (without instructor supervision), count narcotics or controlled medications.
27. Use another staff's medication access code. (Staff/faculty must obtain the medication for nursing student).
28. Insert fetal scalp electrodes.
29. Administer IV Pitocin during induction or augmentation of labor.
30. Administer nitrous oxide.
31. Perform any procedure or use any equipment that agency requires certification or specialized training that has not been provided to the student. (examples: lifts or ambulation/transfer devices)
32. Witness legal documents.

Students MAY perform the following skills under DIRECT SUPERVISION of an RN, per agency policy (must be onsite and physically present during the procedure):

1. Perform vaginal examination according to agency policy.
2. Perform IV venipunctures (including obtaining venous blood samples).
3. Administer IV bolus (push) medications via venous (including Midline catheters) or central IV lines (including PICC lines, and ports that have already been accessed) in accordance with agency policy.
4. Administer IV narcotics to pediatric patients.
5. Hang lipids and hyperalimentation.
6. Flush central IV lines and PICC lines per agency protocol.
7. Remove or replace narcotics for Patient Controlled Analgesia (PCA) pumps.
8. Adjust or change IV rate of insulin and/or heparin.
9. Change dressings on central IV lines (including PICC lines).
10. Wound Vac dressing changes.

**Special client population considerations:**

Any patient considered high risk from a legal, domestic, or safety standpoint should not be assigned to a student. Examples include, but are not limited to:

1. Patients involved in risk management referrals or cases
2. Airborne isolation
3. Pediatric cancer patients on chemotherapy

If a student becomes aware that a client's risk status is high, clarification of the assignment shall be obtained from the clinical instructor or preceptor before beginning/resuming care.

Note: This is not an all-inclusive list. Questions should be referred to the appropriate faculty. Agency policy/procedures may restrict practice, but not expand the scope of WCC nursing students.

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## H. Drug Calculations Policy for Rounding

### **RULE**

To express an answer to the nearest tenth, carry the decimal point to the hundredths place (two places after the decimal). If the number in the hundredths place is 5 or greater, add one to the tenths place. If the number is less than 5, drop the number to the right of the desired decimal place.

Note: exception to this rule is when calculating IV bolus/push administration rate (see #2c).

### **Example 1:**

Express 5.46 to the nearest tenth.

### **Answer:**

5.5 (The number in the hundredths place is 6, so the number in the tenths place is increased by one. 5.4 becomes 5.5)

### **Example 2:**

Express 2.43 to the nearest tenth.

### **Answer:**

2.4 (The number in the hundredths place is less than 5, so the number in the tenths place does not change. The 3 is dropped.)

### **RULE**

To express an answer to the nearest hundredth, carry the division to the thousandths place (three places after the decimal). If the number in the thousandths place is 5 or greater, add one to the hundredths place. If the number is less than 5, drop the number to the right of the desired decimal place.

### **Example 1:**

Express 0.188 to the nearest hundredth.

### **Answer:**

0.19 (The number in the thousandths place is 8, so the number in the hundredths place is increased by one. 0.18 becomes 0.19.)

### **Example 2:**

Express 0.694 to the nearest hundredth.

### **Answer:**

0.69 (The number in the thousandths place is less than 5, so the number in the hundredths place does not change.)

### **RULE**

The WCC Nursing Department requires utilization of The Joint Commission (TJC) Official "Do Not Use" List of Abbreviations. Students must follow these rules in all testing, assignments, and clinical experiences.

### TJC Official “Do Not Use” List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily"  Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO <sub>4</sub> and MgSO <sub>4</sub>	Confused for one another	Write "magnesium sulfate"

This list applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

\*Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

[https://www.jointcommission.org/facts\\_about\\_do\\_not\\_use\\_list/](https://www.jointcommission.org/facts_about_do_not_use_list/)

#### Reference

The Joint Commission. (2018). *Official “do not use” list*.

[https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/patient-safety/do\\_not\\_use\\_list\\_9\\_14\\_18.pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/patient-safety/do_not_use_list_9_14_18.pdf)

#### 1. Liquid Medications (PO and IM)

In the clinical setting, the equipment you have will often help you determine how many places to carry out your decimal when calculating dosages. While most syringes found on Medical-Surgical units are marked in tenths, other units have syringes that are marked in hundredths. Most calculation problems require that you show at least two decimal places (hundredths place) and round off to the nearest tenth.

#### **NOTE:**

In some instances, it may be necessary to compute decimal calculations to thousandths (three decimal places) and round to hundredths (two decimal places).



**WCC Nursing Faculty require that you calculate to the hundredth place, and round to the tenth place unless otherwise directed in the problem.**

2. IVs

**a. Gravity – You CANNOT count part of a drop.**

All IV solutions being administered via gravity will be rounded to the nearest whole number.

**b. Pump – The IV pump is in milliliters per hour (mL/hr) ONLY.**

Most IV pumps will deliver to the tenth place and some to the hundredth place.

The faculty will include in the problem if the student is to include any decimal point in the answer.

**c. IV Bolus/IV Push.**

IV bolus/push calculations are administered in seconds per increment. Since manual administration cannot be performed in increments less than 1 second, calculations shall be rounded up to the nearest whole number when determining the number of seconds.

Example: the calculation answer is 1 increment every 3.25 seconds will be rounded up to 1 increment every 4 seconds.

3. Subcutaneous Insulin

Policies for Subcutaneous insulin vary at facilities. For the purpose of the WCC Nursing Department, Subcutaneous insulin will always be rounded down.

**Example 1:**

20.5 units = 20 units

**Example 2:**

0.7 units = no insulin given

4. Never round in the middle of a calculation. Rounding should occur at the end of the calculation ONLY.

**Example:**

The patient weighs 145lbs. The provider orders 2 mg/kg of a medication. Available is 20 mg/mL. 145 lbs. = 65.90909 kg. Work with 69.90909 kg. To work the rest of the problem  $65.90909 \text{ kg} \times 2 \text{ mg/kg} = 131.81818 \text{ mg}$  to be given.

131.81818 milligrams = 20 milligrams

X milliliters 1 milliliter

This gives you 6.590909 mL. You round at this point and give 6.6 mL.

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## Professional Ethics and Responsibilities

Professionalism is an integral aspect of any healthcare profession. As responsible healthcare providers, nursing professionals are obligated to practice in a manner that conveys respect for their profession and the public they serve. This is best demonstrated through proper professional conduct or behavior, known as “professionalism”. Professionalism encompasses the concepts of responsibility and accountability. Responsible nursing practice requires skills in order to deliver client centered, culturally competent, holistic care. These skills are demonstrated through caring, empathy, use of ethical principles, and the development of a therapeutic relationship with the individual and significant support person(s). The Nursing Department has developed student guidelines for professionalism which integrates the American Nurses’ Association (ANA) Code of Ethics and the WCC Nursing Department standards of professional responsibility and conduct.

All students must develop competence in professionalism. Standards for professional behavior and appearance will be taught and evaluated on an ongoing basis in the laboratory, clinical, and classroom settings. Measurable criteria are utilized for evaluation, and these criteria are listed and described in this document.

Additional program-related professionalism responsibilities will emerge as a student progresses through the nursing curricula. Each student is expected to be proactive in identifying these responsibilities and responding appropriately. Many of these additional responsibilities are stated and described throughout the Nursing Student Manual within specific areas of clinical protocols/procedures. In reading and reviewing this written information, a student should be able to meet all responsibility expectations.

### Procedure:

1. On the first day of Fall and Spring semesters, and the Summer term, students will begin with 100 professionalism points.
2. Faculty in consultation with the Nursing Department Chair will determine if professionalism points and the number of points that will be deducted based on behaviors identified that students are expected to exhibit.
3. Students that fail to maintain at least 1 point during the semester/term will not be allowed to progress in the nursing program, and will receive a grade of F for the course.
4. Students that have repeated behaviors within the same category of expected professional behaviors in the same semester/term may have double points deducted. (Example: A student does not follow the dress code policy and loses 10 points for the infraction, may lose 20 points if the same violation occurs within the same semester/term.
5. Nursing faculty will meet with students, and provide a written counseling statement on any occasion that professionalism points are deducted.
6. It is the student’s responsibility to be aware of the number of professionalism points they have. Nursing faculty will also maintain a log of points that are deducted.

7. Students may request a review of point deductions (via email) to the Nursing Department Chair within 7 calendar days of receiving notice of any point deduction. The Nursing Department Chair will review the point deduction, and will notify the student of the disposition of the points.

The following represents the professional behaviors that nursing students are expected to exhibit. This will serve as the basis for the evaluation of professionalism throughout the curriculum.

### **Expected Professional Behaviors Points Categories**

1. **Dresses as a nursing professional. Adheres to the College and Departmental dress code in the classroom, lab, and clinical areas. Or, when representing the College or Department in any capacity. (up to -10 points)**

Rationale: A nursing professional will dress in a manner that promotes a favorable image to client's and co-workers. A professional appearance or image conveys respect. Personal appearance is a pre-requisite for each class/lab/clinical/simulation session and is an essential part of the professionalism component. Instructors have the option of dismissing a student from the classroom/lab/clinical/simulation areas if appearance guidelines have not been met. Refer to the Code of Conduct/Clinical Information/Dress Code sections of the Nursing Student Manual.

2. **Respects clients, classmates, faculty, and interprofessional team members at all times. Maintains civility in all professional interactions. (up to -20 points)**

Rationale: Nursing is a service-based profession and to be successful in delivering care, a nursing professional must remember a basic tenet of interpersonal interaction which all humans deserve to be respected and treated with courtesy. Being respectful includes being culturally competent. Students are expected to establish a professional rapport with classmates, faculty, and clients including any member of the interprofessional team through respectful interaction that honors individual dignity. If and when interpersonal conflicts arise, students are to remain civil and courteous. Outbursts of anger, rage, and/or covert disrespect will not be tolerated at any time, and such incidences may result in referral to the College's Director of Counseling Services for further action. Refer to *WCC Catalog and Student Handbook* Section Disciplinary Procedures or the Behaviors Subject to Disciplinary Actions section in the *Nursing Student Manual*.

3. **Communicates openly and honestly with clients, classmates, faculty, and members of the interprofessional team. Uses tact and avoids miscommunication. (up to -20 points)**

Rationale: A nursing professional is expected to establish effective lines of communication with clients, faculty, classmates, and other professionals. To prepare for this workplace expectation, students must cultivate and practice good communication skills. The use of clear, tactful words, both spoken and written, will help foster effective communication and minimize the likelihood of miscommunication. Active listening is a critical part of good communication and occurs only when complete focus is given to spoken communication by listening carefully and then re-stating what has been said, before responding. Attention to non-verbal communication is also important, as negative body language can undermine the authenticity and intent of verbal communication. A “pleasant” demeanor should underlie all communication, and students should readily use a positive tone of voice or manner of speaking. A nursing professional is expected by employers and the public speak in an educated, professional manner.

**4. Works as an interprofessional team member, and is supportive of all team-based processes. (up to -20 points)**

Rationale: The ability to work with peers as a member of a team to solve problems and complete tasks is an integral part of the nursing team concept and work environment. Students will be expected to fully demonstrate, at all times, the ability to work as part of a team. Students should readily understand and appreciate that nursing care is dependent on many individuals collectively working together in a spirit of cooperation and professional collaboration. There will be numerous opportunities within lecture classes and lab sessions for students to participate and gain experience with teamwork. In team-based activities, students will work to develop leadership skills. This will also help students gain an understanding of the roles of leaders and followers. Similarly, within the Nursing Simulation Lab and clinical setting, students will be expected to work together in a team-based approach with peers (classmates) and supervising faculty to provide care services to clients.

**5. Engages in the instructional process, and accepts ultimate responsibility for one’s own learning. Functions well within the academic environment, and abides by all College-wide and Departmental policies. (up to -45 points)**

Rationale: Following all policies, procedures, and protocols as set forth by WCC and the Nursing Department for student behavior is essential for ensuring a positive academic experience while enrolled in the Nursing Program. Students are expected to be fully knowledgeable of all policies and to demonstrate active compliance at all times.

Didactic learning and skill development can only be accomplished through full participation and active involvement in all regularly scheduled class/lab/simulation/clinical sessions. Such engagement is best demonstrated by the following observable behaviors:

- Attendance of all regularly scheduled classes, labs, and clinical sessions in accordance with the Departmental Attendance Policy. Attendance includes

punctuality in arrival and remaining present for the entire duration of class/lab/simulation/clinical. Refer to the Departmental Attendance Policy within the Nursing Student Manual for complete policy information.

Note: Students will be subject to a deduction of professionalism points after three occurrences of absenteeism, tardiness, or any other deduction of time from the attendance roster. Thereafter, students will be subject to deduction of professionalism points after every three occurrences of absenteeism, tardiness, or any other deduction of time from the attendance roster.

- Bringing to class/lab/simulation/clinical any and all required books, notes, and/or equipment/supplies as specified by the course instructor at the beginning of each semester.
- Advanced preparation for the tasks or activities which are to be completed prior to or during a class/lab/simulation/clinical. Does not rely on classmates and/or supervising faculty for review of previously given instructions.
- Ability and willingness to follow any directions given by faculty during class/lab/simulation/clinical.
- Ability to focus on instructional activities and avoid distractions.
- Ability and willingness to support teaching efforts by faculty and support learning efforts of self and classmates. Maintains a positive attitude and does not behave in a way that is disruptive to the teaching/learning process.
- Receptiveness to instructional feedback from faculty.
- Ability to self-assess learning progress and recognize need for improvement. Is capable of self-directed learning.
- Submits required course/clinical work on time. Attends to timely completion of clinical requirements and practices effective time management within clinical sessions.

Responsibility for client care and personal professional behavior is learned and practiced by nursing students. Responsibility relates specifically to the main objective of the clinical program which is, Quality Client Care. Since clinical nursing practice directly affects decision making and client care, **nursing skills will be practiced correctly and evaluated for effectiveness.** Retention of knowledge is very important. Students should recognize that **“forgetting” certain basic principles is inexcusable because the error might seriously harm a client.** Taking “short cuts” in providing client care is also inexcusable because quality of care will be compromised. Additionally, being over-reliant on others (instructors and classmates) for obtaining procedural information and guidance is unacceptable, as each student must be accountable for having the skills and knowledge necessary to ensure client safety.

6. **Responds positively to the expressed and perceived needs of clients, classmates, faculty, and the interprofessional team. Is adaptable to change. (up to -10 points)**

Rationale: A nursing professional must be flexible and responsive to the needs of the clients who are being served and to interprofessional team members with whom they work. The context and circumstances of client care are dynamic and subject to changes. Sometimes, such changes can be extreme, and the skilled nursing professional must react with compassion and understanding while maintaining objectivity. The ability to adapt to change, anticipate and accommodate the needs of others is a character trait that must be cultivated and perfected. Throughout the nursing curricula, students should be willing to accommodate the needs of others in completion of all learning activities.

**7. Demonstrates clinical judgement and information processing skills consistently. (up to -45 points)**

Rationale: The ability to process information by analyzing and integrating multiple concepts, ideas, and facts is inherent to nursing practice. Clinical judgement is an essential skill that must be developed and perfected during the academic experience. All instructional activities will employ various modes of clinical judgement, and students are expected to gain proficiency through their active participation. It is expected that with the development of clinical judgement, students will progressively become more independent in researching and determining solutions to problems. Students will be expected to transfer didactic learning from all courses to clinical application.

**8. Exercises ethical reasoning, and makes sound judgments. (up to -45 points)**

Rationale: Every nursing professional must demonstrate ethical integrity when making clinical judgments that influence client care. In recognition of this, ethics will be taught in the nursing curriculum along with reasoning skills. Students will be expected to develop ethical reasoning skills and will have numerous opportunities, especially with client clinical care to demonstrate their understanding and appreciation for ethical principles and the integration of ethics in decision making.

**9. Practices safety in all client care and infection control procedures. Does not harm self, clients, classmates, faculty, or interprofessional team members. (up to -45 points)**

Rationale: Safety in nursing care is imperative, and there are serious legal and life endangerment concerns that emerge with unsafe client care practices. All students must be considered “safe” with respect to operating in lab/simulation and clinical areas. Carelessness and/or unsatisfactory performance that endanger self, classmates, clients, interprofessional members, and faculty must be prevented. Faculty is charged with the responsibility of ensuring safety in all classroom, lab/simulation and clinical activities.



**10. Maintains equipment, supplies, and the physical environment of the classroom, lab/simulation, and clinical areas. Effectively manages use of equipment and supplies for clinical care. (up to -25 points)**

Rationale: Equipment will only function properly when it is cared for and well maintained. **Students are expected to assume responsibility for regular care of equipment** in accordance with specific guidelines indicated in the *WCC Nursing Student Manual/Simulation Policy & Procedure Manual*. Furthermore, **students will be expected to use supplies wisely, and avoid waste.** Proper equipment and supply maintenance are standard professional responsibilities in the work place and students must gain proficiency and be held accountable.

**11. Maintains confidentiality. Respects an individual's rights to privacy. (up to -45 points)**

Rationale: Confidentiality is a duty owed to the client by the health care provider. It is a legal right of the health care consumer to expect that information regarding his/her health record and treatment will not be shared with others, unless the individual provides written consent. It is expected that students in the nursing program at WCC will work to ensure this client right. Failure to meet this duty will result in disciplinary action. Confidentiality includes, but is not limited to:

Client records	School health/child care projects
Public health activities	Community projects
Clinical observations	Clinical experiences
Didactic learning activities	Focused Client Care Experience
Preceptor clinical experiences	Pre/post conference discussions
Student presentations	Clinical paperwork assignments

A breach in client confidentiality or privacy will be cited as a violation of clients' rights, and, as such, will be evaluated as a professionalism infraction and/or dismissal. (See *WCC Nursing Student Manual* as it pertains to HIPAA).

**12. Accepts personal responsibility for ongoing development of professionalism. Readily self-assesses and seeks constructive feedback for continuous improvement. (up to -20 points)**

Rationale: A conscientious nursing professional will continually strive for an optimal level of professionalism throughout his/her career. Students will be expected to self-assess their level of professional development, and determine their own need(s) for professional development on a continual basis. Faculty may provide constructive feedback regarding students' needs for professional development. Students are expected to take the initiative and an active role in recognizing and pursuing opportunities for professional growth. Students must internalize an interest and appreciation for ongoing professional development,

from the point of program enrollment to completion, and then, as practicing nursing professionals throughout their career.

**13. Shows respect and support for the nursing profession as evidenced by active participation in professional meetings and involvement in activities which develop, advance, and represent the profession. (up to -5 points)**

Rationale: Respect denotes both a positive feeling of esteem for a person or other entity and also specific actions and conduct representative of that esteem. In demonstrating respect, a nurse should strive to support the profession through regular participation in professional meetings and activities throughout his/her career. This serves to advance the profession and promote lifelong learning which is a hallmark of a high standard of care. Such involvement brings credibility to the profession, and facilitates the collective efforts of nursing professionals to better serve the healthcare needs of the public. Students are expected to abide by the WCC Student Code of Conduct, Nursing Student Manual and the ANA Code of Ethics.

**14. Academic Integrity (up to -100 points and Program Dismissal)**

As outlined in the *WCC Catalog and Student Handbook*, *WCC Code of Student Academic Integrity Policy*, and per *WCC Nursing Student Manual*, any student that is determined to have violated the WCC Code of Student Academic Integrity Policy (includes but is not limited to the following examples: cheating, plagiarizing or other dishonorable acts) in the academic work is subject to disciplinary action, and may not be allowed to progress in the nursing program. Academic Dishonesty as defined by the *WCC Catalog and Student Handbook*: “taking or acquiring possession of any academic material, test information, research papers, notes, etc.) from a member of the College staff or student body without permission; receiving or giving help during a test; submitting papers or reports (that are supposed to be original work) that are not entirely the student’s own; not giving credit for others’ work (plagiarism)”. (p. 234) In the nursing program there are times that you will work with each other in groups and as partners, if you are unsure of what is considered “help” that is allowed please ask the appropriate instructor.

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## **J. Online Services**

All nursing (NUR) courses are face-to-face. There are currently no online or hybrid nursing courses. Nursing students must register with Okta (single sign on application) before various WCC Online services can be accessed. Visit <https://www.waynecc.edu/mybisonid/> for instructions on obtaining the MY BISON ID and login instructions. For login or password issues, contact the Open Computer Lab for assistance. Call 877-220-5016 or email [24x7helpdesk@waynecc.edu](mailto:24x7helpdesk@waynecc.edu). Some of the online services available include:

### **Moodle**

Moodle is a learning platform designed to provide educators, administrators and learners with a single robust, secure, and integrated system to create personalized learning environments. The nursing faculty provide supplemental information to students on Moodle to enhance classroom, laboratory, and clinical learning environments. Nursing students should check Moodle at least daily for updates in course information. Information available to students on Moodle include (but are not limited to) course documents, calendars, module documents, assignments, announcements, grades, and document submission folders (drop boxes).

### **WCC Email**

Students are provided with a WCC Email account that should be used for nursing program related communication. Students should check emails at least daily. Nursing faculty may communicate important information to students via email. Nursing students are expected to use appropriate email etiquette when sending emails. Some examples include:

- Use a professional salutation (i.e. Dear Mr. Smith, Hello Mrs. Johnson, or Hi Ms. Jones)
- Use caution when using humor. Humor may not translate well via email. When in doubt, leave humor out of professional communications.
- Proofread your message for spelling, grammar and message before hitting "send".
- Don't assume the recipient knows what you are talking about. Create messages as a stand-alone note, even if it is in response to a chain of emails.
- Reply to all emails timely and politely even if you do not have an answer at the moment.
- Never send an angry email, or give a quick response. Give messages thoughtful consideration before sending.
- Keep private material confidential. Refer to HIPAA guidelines for communicating patient related information. A basic guideline is to assume that others will see what you write.
- Ensure emails include a signature block with information to contact you (i.e. telephone number and email address)
- Use exclamation points and all CAPS sparingly. The result can appear too emotional or immature.

- Be culturally sensitive. Miscommunication can easily occur because of cultural differences.

### **WebAdvisor**

WebAdvisor gives student access to databases related to financial aid, registration, graduation, grades, and transcripts.

### **SelfService**

When Priority and Open Registration are active, students may use SelfService to register for classes. Students receive notification from the college when registration for classes is open. SelfService may also be used to view class schedules, GPA, transcripts, grades, and more.

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## **L. Assessment Technologies Institute (ATI)**

ATI products are designed to help students master core content, develop into practice-ready nurses, and succeed on the NCLEX. The Nursing Department faculty utilize ATI products in the ADN and PN curricula to supplement instruction. Students are required to pay fees associated with the use of ATI products, as stated in the WCC Catalog/Student Handbook. However, ATI assessments are not used to determine a student's progression or graduation in the ADN or PN program [21 NCAC 36 .0321(p)].

### **Associate Degree Nursing (ADN) Program:**

The ATI Concept-Based Curricula (CBC) are used in the ADN program. The CBC correlate knowledge, skills, and competencies across the lifespan, and within various healthcare settings. Concepts correlate knowledge, skills, and competencies across various contexts that place the focus on deep, contextual learning instead of memorization of facts. Included in the CBC are four leveled assessments that are administered across the ADN curriculum, and the ATI RN Comprehensive Predictor test that is given in the final course (NUR 213) to help guide students in preparation for the NCLEX-RN. Practice assessments are also included to assist students with remediation whenever opportunities to improve are identified.

### **Practical Nursing (PN) Program:**

The PN program utilizes the ATI PN Comprehensive Predictor in the final course (NUR 103) of the curriculum. The assessment helps students prepare for the NCLEX-PN by giving a detailed score report that determines content weaknesses, and helps guide NCLEX-PN preparation.

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# APPENDIX A

## OPTIONAL GENERAL EDUCATION COURSES FOR AAS PROGRAMS

The following courses may be used to meet the General Education course requirements in Humanities/Fine Arts.

For ADN Students to satisfy block 1 of the RN/BSN state articulation agreement take a Humanities/Fine Arts course indicated by an \*

### Humanities/Fine Arts Electives

*ART 111	Art Appreciation
*ART 114	Art History Survey I
*ART 115	Art History Survey II
DRA 111	Theatre Appreciation
DRA 126	Storytelling
ENG 231	American Literature I
ENG 232	American Literature II
ENG 241	British Literature I
ENG 242	British Literature II
ENG 261	World Literature I
ENG 262	World Literature II
ENG 273	African-American Literature
HUM 110	Technology and Society
*HUM 115	Critical Thinking
HUM 120	Cultural Studies
HUM 121	The Nature of America
HUM 130	Myth in Human Culture
HUM 211	Humanities I
*MUS 110	Music Appreciation
*MUS 112	Introduction to Jazz
*PHI 215	Philosophical Issues
*PHI 240	Introduction to Ethics
REL 110	World Religions
REL 211	Introduction to Old Testament
REL 212	Introduction to New Testament
REL 221	Religion in America

## APPENDIX B

### UNC Colleges and NCCCS RN/BSN Articulation Agreement

#### Block 1 (23 course credits)

- Consists of certain prerequisite nursing courses that are (or will be) taken as a part of all North Carolina community college AAS nursing programs. The courses are:

Course Category	Transferable courses	Credits
English Composition	Select two: ENG 111, 112, 114	6 (3,3)
Human Anatomy and Physiology with lab	BIO 165&166 or 168 & 169	8 (4,4)
Humanities/Fine Arts	Select one from the following: ART 111, ART 114, ART 115, MUS 110, MUS 112, PHI 215, PHI 240, HUM 115	3
Psychology	PSY150, PSY 241	6 (3,3)

#### Block 2 (18-19 credits):

- Consists of additional university general education requirements that are not a part of an AAS degree but are required to earn a BSN.
- These general education requirements will be met by completing one listed course in each of the first four categories and two in the last.

Course Category	Transferable courses	Credits
English Literature	ENG 231,232	3
History	HIS 111, 112, 131, 132.	3
Fine Arts	<u>Select one additional course not taken in Block 1</u> from the following: ART 114, ART 115, MUS 110, MUS 112	3
College Transfer Math	MAT 143 or MAT 171	3 or 4
Sociology	SOC 210 and one of the following: SOC 213, SOC 220, SOC 225, SOC 230, SOC 240	6(3,3)



**Block 3 (17-18 credits):**

- Consists of additional nursing or other requirements that are not a part of an AAS degree but are required to earn a BSN. These courses are:

Course Category	Transferable courses	Credits
Statistics	MAT 152	4
Microbiology with lab	BIO 175 or 275	3 or 4
Chemistry with lab	CHM 151 or CHM 130 and CHM 130A or CHM 131 and 131A	4
Social Science/ Elective: Select 2 from either category or one from each.	ECO 251, ECO 252, POL 120. Suggested electives include but are not limited to foreign language, speech, culture, and computer science. Electives must be selected from the Transfer Course List in the Comprehensive Articulation Agreement.	6 (3,3)

*Note: Individual nursing programs may require a maximum of two courses or six credits to meet school specific degree requirements that are not a part of the RN to BSN AA. In no case will these additional requirements necessitate completing more than 128 credits in order to earn a BSN. Each UNC RN to BSN institution will develop, publish, and maintain on their website a RN to BSN degree plan that identifies specific degree requirements that are not part of the RN to BSN AA.*

**Block 4 (normally 30-34 credits but may vary depending on credit allocation in block 5):**

- Consists of credit awarded by the constituent institutions for nursing course (NUR) content taken as a part of the AAS degree program.
- These credits are awarded only after an RN student has successfully completed one or two initial nursing courses.

**Block 5 (remaining credits, normally 30-34 but may vary depending on credit allocation in block 4):**

- Consists of university-based courses that are taken as a part of the RN to BSN program.
- The number of awarded credits in blocks 1 through 5 must total between 120 and 128; the number of credits required to earn a BSN at the UNC constituent institutions' RN to BSN Programs.

## APPENDIX C

### Code of Ethics for Nurses - Provisions American Nurses Association Code of Ethics for Nurses

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing and health policy.

Additional information can be found at [www.ana.org](http://www.ana.org)

## APPENDIX D

### Hepatitis B Vaccine Declination (*Waiver*)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at high risk of acquiring Hepatitis B Virus (HBV) infection.

I have read the Hepatitis B vaccination information. I understand the protection the vaccine could offer and have been given the opportunity to be vaccinated at my expense. However, I am declining Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future I want to be vaccinated with Hepatitis B vaccine, I will arrange to obtain the vaccine from my health care provider and notify the Nursing Department Chair and supply promptly the appropriate documentation to include in my health record.

For the following reason, I decline vaccination at this time:

- \_\_\_\_\_ 1. Personal reasons.
- \_\_\_\_\_ 2. I have previously received the complete series of three Hepatitis B vaccination.
- \_\_\_\_\_ 3. Antibody testing has revealed that I am immune to Hepatitis B.
- \_\_\_\_\_ 4. For medical reasons, the Hepatitis B vaccine is contraindicated.

I will provide to Wayne Community College medical documentation concerning my prior vaccination, immunity, or medical contraindication to Hepatitis B vaccine.

\_\_\_\_\_  
Student, Name (Printed)

\_\_\_\_\_  
Student, Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Date

Place in Student File

# APPENDIX E

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)	Month	Day
4. Race	Year	
<input type="checkbox"/> 1. American Indian/Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black/African American <input type="checkbox"/> 4. Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Unknown		
Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
5. Gender <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male		
6. County of Residence		

N.C. Department of Health and Human Services  
Division of Public Health  
Epidemiology Section • TB Control

## Record of Tuberculosis Screening

### Section A.

Answer the following questions.

Do you have:	Description	Yes	No
1. Unexplained productive cough	<i>Cough greater than 3 weeks in duration</i>		
2. Unexplained fever	<i>Persistent temp elevations greater than 1 month</i>		
3. Night sweats	<i>Persistent sweating that leaves sheets/bed wet</i>		
4. Shortness of breath/Chest pain	<i>Presently having shortness of breath/chest pain</i>		
5. Unexplained weight loss/appetite loss	<i>Loss of appetite with unexplained weight loss</i>		
6. Unexplained fatigue	<i>Very tired for no reason</i>		

The above health statement is accurate to the best of my knowledge. I will see my doctor and/or the health department if my health status changes.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature                      Date                      Witness

### Section B.

This is to certify that the above-named person (a) had a tuberculin skin test or an interferon gamma release assay (IGRA) on \_\_\_\_/\_\_\_\_/\_\_\_\_ which was read as \_\_\_\_ mm., which was interpreted as positive and (b) had a chest X-ray done on \_\_\_\_/\_\_\_\_/\_\_\_\_ which showed no sign of active inflammatory disease. (c) This person has no symptoms suggestive of active tuberculosis disease. A chest X-ray for tuberculosis is not indicated.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Licensed Medical Professional                      Date

Purpose: To be used for persons who:

- (1) have had a significant reaction to the tuberculin skin test;
- (2) have had a negative chest X-ray; and
- (3) need a record of their tuberculosis status

Preparation: To be completed by a licensed medical professional

**Section A:** Record the person's answers to questions 1-6

- (1) If all answers are **no** have person sign where specified and continue to Section B.
- (2) If any two answers are **yes**, **do not** complete the record. Refer person for evaluation as appropriate

**Section B:** Complete information as specified.

NOTE: Document this visit in person's clinical record and specify outcome, i.e., indicate that the record or a referral was given to the person.

Disposition: 

- (1) If all answers in Section **A** are **no**, no copy required. Document as noted above.
- (2) If any two answers in Section **A** are **yes**, retain original and any further referral form in record. Destroy in accordance with Standard 5, *Records Disposition Schedule*, published by the N.C. Division of Archives and History.

Additional forms may be downloaded from the N.C. TB Control website:  
[http://epi.publichealth.nc.gov/cd/tb/docs/dhhs\\_3405.pdg](http://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3405.pdg).

## Wayne Community College Incident Report Form

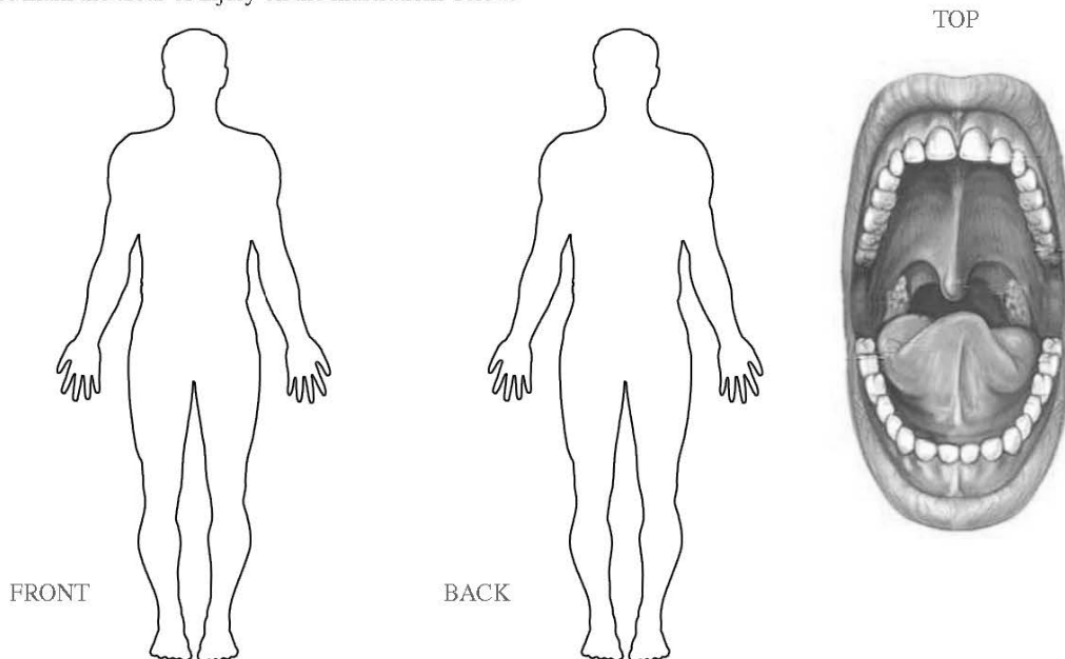
*Complete all pages front and back.*

1.	Date of Incident:	Time of Incident:	<input type="radio"/> A.M. <input type="radio"/> P.M.
----	-------------------	-------------------	---

2.	Identification of Person Involved: <input type="radio"/> Student <input type="radio"/> Employee <input type="radio"/> Guest		
	Name:	Date of Birth:	Datatel #
	Street Address:	City:	State:    Zip:
	Mailing Address:	City:	State:    Zip:
	Home Phone:	Home e-mail:	
	Cell Phone:	Work e-mail:	
	Work Phone:	Other e-mail:	

3.	<input type="radio"/> Chest Pains <input type="radio"/> Diabetes-related <input type="radio"/> Seizures <input type="radio"/> Exposure Reaction			
	Known Allergies:			
	Other Complaints:			

Please mark the areas of injury on the illustrations below.





4.	Area Injured:			
	How did the injury occur?			
	Describe all first aid administered:			
	Who administered first aid? List names:			
	Who was the instructor or supervisor?			
Where did the incident occur? <input type="radio"/> Lab <input type="radio"/> Classroom <input type="radio"/> Grounds <input type="radio"/> Other _____				
<input type="radio"/> On Campus	Location:	Building:	Room Number:	
<input type="radio"/> Off Campus	Location:	Building:	Room Number:	
Was the person transported for medical care? <input type="radio"/> Yes <input type="radio"/> No		Mode of Transportation:		
Where was the person transported for medical care? <input type="radio"/> Hospital <input type="radio"/> Immediate Care <input type="radio"/> Health Dept.				
The person injured declined: <input type="radio"/> First Aid <input type="radio"/> Medical Services <input type="radio"/> Transportation <input type="radio"/> Baseline Blood Sampling* <input type="radio"/> Blood Testing* <input type="radio"/> Follow-up Services				

*\*Note: If bio-hazard exposure occurs, testing is required to safeguard all parties. If a source individual refuses to be tested, a court order may be obtained by the Wayne County Health Department. If an exposure victim declines testing, they do so at their own risk. We strongly recommend baseline blood sampling, even if blood tests are not performed at the time of exposure. This baseline sample helps to determine if the source was infectious and if the exposure victim was indeed infected.*

*All initial testing is done at WCC expense.*

Signature of Injured Person or Representative: \_\_\_\_\_

Relation to Injured Person: \_\_\_\_\_ Date: \_\_\_\_\_

5.	Nature of Incident: <input type="radio"/> Burn(s) <input type="radio"/> Bite <input type="radio"/> Bio-hazard Exposure* <input type="radio"/> Sharps <input type="radio"/> Fracture <input type="radio"/> Needle Stick <input type="radio"/> Laceration <input type="radio"/> Abrasion <input type="radio"/> Allergic Reaction <input type="radio"/> Chemical Exposure <input type="radio"/> Other _____ _____ _____
----	---

6.	Incident-related issues or complaints:
	Known Allergies:
	<input type="radio"/> Chest Pains <input type="radio"/> Diabetes-related <input type="radio"/> Seizures <input type="radio"/> Exposure Reaction
	Other Complaints:
	Provide Details:

By signing this form, the injured person agrees to follow WCC Procedures unless they have specifically declined services as noted above.

7.	Signature of Injured Person:	Date:
	Signature of Representative:	Date:
	Signature of Source Person:	Date:
	Signature of Person Initiating Report:	Date:
	Signature of Supervisor or Department Chair:	Date:

Procedure Summary - What to do, who to notify, where to go after filling out this form:

8.	Injured Person	Procedure
	<b>Employee</b>	<ol style="list-style-type: none"> <li>1. Notify all appropriate people on the "Emergency Levels" page of the Emergency Response Plan or red emergency cards located across campus.</li> <li>2. All employee injuries will be filed against Worker's Compensation Insurance. If Worker's Comp claim is denied, the employee's personal health insurance plan may be charged, subject to deductibles and co-pays. Be sure Human Resources gets notified so they can begin this important paperwork.</li> <li>3. Complete this Incident Report Form in its entirety. This form remains at WCC in the Human Resource Department.</li> <li>4. Obtain a completed, appropriate healthcare provider authorization form that authorizes the medical provider to treat the injured person and directs the medical provider regarding billing process. Failure to have the appropriate authorization could result in lack of payment by WCC or its insurance carrier.</li> </ol>
	<b>Student</b>	<ol style="list-style-type: none"> <li>1. Notify all appropriate people on the "Emergency Levels" page of the Emergency Response Plan or red emergency cards located across campus.</li> <li>2. All student injuries will be filed against the Student Accident Insurance Plan as long as the student is covered. The Plan brochure and policy number is available in the Student Activities office. Obtain a copy of the brochure to take to the medical provider. The college's medical provider will accept the Student Accident Insurance Plan. WCC cannot guarantee that any other medical provider will accept this insurance. If not, the student may need to pay for medical treatment and submit a claim to the Student Accident Insurance Plan after the fact.</li> <li>3. Complete this Incident Report Form in its entirety. This form remains at WCC in the Student Activities Office. If the injury involves bio-hazard exposure, a copy of this form will be forwarded to Human Resources for bio-hazard record keeping.</li> <li>4. Obtain a completed, appropriate healthcare provider authorization form that authorizes the medical provider to treat the injured person and directs the medical provider regarding billing process. Failure to have the appropriate authorization could result in lack of payment by WCC or its insurance carrier.</li> </ol>

*continued...*

Injured Person	Procedure
<b>Bio-hazard Exposure Source</b>	<ol style="list-style-type: none"> <li>1. Notify all appropriate people on the "Emergency Levels" page of the Emergency Response Plan or red emergency cards located across campus.</li> <li>2. All baseline blood sampling and subsequent blood testing conducted with appropriate authorization will be billed directly to Wayne Community College.</li> <li>3. Complete this Incident Report Form in its entirety. This form remains at WCC in the Human Resources Department bio-hazard record keeping files. The HR Department will approve payment requests made by the medical provider as received in the Business Office.</li> <li>4. Obtain a completed, appropriate healthcare provider authorization form that authorizes the medical provider to test the bio-hazard exposure source person and directs the medical provider regarding billing process. Failure to have the appropriate authorization could result in lack of payment by WCC.</li> </ol>
<b>Campus Guest</b>	<ol style="list-style-type: none"> <li>1. Notify all appropriate people on the "Emergency Levels" page of the Emergency Response Plan or red emergency cards located across campus.</li> <li>2. All guest injuries will be filed against the College's liability Insurance Plan. The Plan details, claims forms and claims process are available in the Business Office. These claims will be handled on a reimbursement basis and will only cover out-of-pocket costs. In the event that a campus guest is involved in a bio-hazard exposure incident, the initial testing will be done by the College's medical provider at no cost to the guest and will be billed directly to WCC.</li> <li>3. Complete this Incident Report Form in its entirety. This form remains at WCC in the Business Office with a copy in the Human Resources Department if related to a bio-hazard exposure.</li> <li>4. Obtain a completed, appropriate healthcare provider authorization form that authorizes the medical provider to test the bio-hazard exposure source person's blood and directs the medical provider regarding billing process. Failure to have the appropriate authorization could result in lack of payment by WCC.</li> </ol>

## APPENDIX G

### Uniform Requirements

Uniform orders are required to be placed in accordance with instructions provided by the Nursing Department Chair. Students are required to have 2 complete uniforms. Uniforms must be obtained through the vendor approved by the Nursing Department.

Female:                    2 Designated skirts or pants  
                                 2 Designated Uniform tops  
                                 1 Nursing Jacket

Male:                     2 Designated Uniform tops  
                                 2 Designated Uniform pants  
                                 1 Nursing Jacket

Additional Requirements:

Stethoscope (Latex Free)  
Blood Pressure Cuff (Latex Free)  
Bandage scissors  
Watch with second hand  
Penlight

Refer to the Dress Code Policy in the Nursing Student Manual for additional expectations regarding attire in the classroom, laboratory, and clinical environments.

*Rev: 4/19; 5/20*  
*Effective: Fall, 2020*

## APPENDIX H

### Wayne Community College / East Carolina University RIBN/aRIBN

#### Regionally Increasing Baccalaureate Nursing (RIBN) Curriculum Plan:

	Year 1			Year 2			Year 3			Year 4	
	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring
<b>WCC</b>	ENG 111 CHM 130/130A BIO 168 ACA 111	CHM 151 BIO 169 PSY 150	MAT 143 or MAT 171 PSY 241 ENG 112	NUR 111 NUR 117 BIO 175	NUR 112 NUR 211	NUR 114 MAT 152	NUR 113 NUR 212	NUR 213	NCLEX		
<b>ECU</b>	THEA 1000	PHIL 1180		SOC 2110	ART 1910 or HU/FA		NURS 4901	NURS 4902 NURS 4903	NURS 4904 NURS 4905	NURS 4906 NURS 4907	NURS 4908

#### Accelerated Regionally Increasing Baccalaureate Nursing (aRIBN) Curriculum Plan:

	Year 1			Year 2			Year 3	
	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring
<b>WCC</b>	NUR 111 NUR 117 BIO 175	NUR 112 NUR 211	NUR 114 MAT 152	NUR 113 NUR 212	NUR 213	NCLEX		
<b>ECU</b>	SOC 2110	ART 1910 or HU/FA		NURS 4901	NURS 4902 NURS 4903	NURS 4904 NURS 4905	NURS 4906 NURS 4907	NURS 4908

Effective: Fall, 2019

# APPENDIX I

## Nursing Faculty and Staff

Janeil Marak, CDA, RDH, MS Dean of Allied Health & Public Services	Holly 107, Ext. 6783 <a href="mailto:janeilm@waynecc.edu">janeilm@waynecc.edu</a>
Billy Tart, MSN, RN Department Chair, Nursing	Pine 206, Ext. 6787 <a href="mailto:botart@waynecc.edu">botart@waynecc.edu</a>
Janet Grant, RMA Administrative Assistant	Pine 202, Ext. 6770 <a href="mailto:jpgrant@waynecc.edu">jpgrant@waynecc.edu</a>
Adam Combs, MSN, RN, CPAN Simulation Coordinator & Clinical Nursing Instructor	Pine 203, Ext. 6786 <a href="mailto:akcombs@waynecc.edu">akcombs@waynecc.edu</a>
Marielle Combs, MSN, RN Nursing Instructor	Pine 209, Ext. 6789 <a href="mailto:macombs@waynecc.edu">macombs@waynecc.edu</a>
Michelle Garon, MSN, RN Nursing Instructor	Pine 205, Ext. 6788 <a href="mailto:mlgaron@waynecc.edu">mlgaron@waynecc.edu</a>
Summer Gray, MSN, RN Clinical/Lab Nursing Instructor	Pine 211, Ext. 7061 <a href="mailto:sbgray@waynecc.edu">sbgray@waynecc.edu</a>
Bryan Johnson, BSN, RN Nursing Instructor	Pine 203, Ext. 6792 <a href="mailto:bcjohnson@waynecc.edu">bcjohnson@waynecc.edu</a>
Paola Ponce, BSN, RN Clinical/Lab Nursing Instructor	Pine 211, Ext. 6771 <a href="mailto:pponce@waynecc.edu">pponce@waynecc.edu</a>
Missy Smiley, MSN, RN Nursing Instructor	Pine 208, Ext. 6790 <a href="mailto:mssmiley@waynecc.edu">mssmiley@waynecc.edu</a>
Sherry Smith, MSN, RN Nursing Instructor	Pine 204, Ext. 6785 <a href="mailto:shsmith@waynecc.edu">shsmith@waynecc.edu</a>
Virginia Raper, MSN, RN Nursing Instructor	Pine 207, Ext. 6791 <a href="mailto:vdraper@waynecc.edu">vdraper@waynecc.edu</a>
Jenny Wiggins, MSN, RN Nursing Instructor	Pine 210, Ext. 6784 <a href="mailto:jmwiggins@waynecc.edu">jmwiggins@waynecc.edu</a>
Mary Carmichael, BSN, RN Adjunct Clinical Nursing Instructor	Pine 202 <a href="mailto:mecarmichael@waynecc.edu">mecarmichael@waynecc.edu</a>
Rebecca Goff, MSN, RN Adjunct Clinical Nursing Instructor	Pine 202 <a href="mailto:rmgoft@waynecc.edu">rmgoft@waynecc.edu</a>
Elizabeth Maples, BSN, RN Adjunct Clinical Nursing Instructor	Pine 202 <a href="mailto:memaples@waynecc.edu">memaples@waynecc.edu</a>
Alexis Spence, MSN, RN Adjunct Clinical Nursing Instructor	Pine 202 <a href="mailto:agspence@waynecc.edu">agspence@waynecc.edu</a>





### Health Insurance Portability and Accountability Act of 1996 (HIPPA)

The Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996 and went into effect April, 2003. The act includes several provisions. The one we are concerned with here is the Privacy Rule.

HIPAA's privacy rule is designed to ensure "that individuals' health information is properly protected while allowing the flow of health information needed" to provide good care. HIPAA concerns all personal patient/client information, referred to as Protected Health Information (PHI). Protected health information:

1. is any information that can identify an individual which is used or held by a healthcare provider
2. covers information stored on paper, in electronic records and oral communications.
3. protects patients/client from having their personal information disclosed to others without their consent.

#### What does this Act mean to you as nursing students?

Privacy in the context of medical care holds that no one should have access to private health care information without the client's consent and that clients should have access to records containing his or her own information. Confidentiality relates primarily to the protection of information. Protecting clients' privacy and maintaining the confidentiality of client information have always been core nursing values and are discussed in the American Nurses Association Code of Ethics. Nurses have a "duty of confidentiality", which means they must protect their clients' privacy. When nurses learn personal information about a client, they are ethically and legally required not to disclose it to any person or any agency other than those involved in the client's care or other designated person or agency.

Examples of breaches of confidentiality and privacy include, but are not limited to, the following:

1. Discussing client information in any public area where those who have no need to know the information can overhear. Find a private room or area when discussing treatments and administering procedures. Do not discuss clients in elevators, cafeteria, or hallways.
2. Improperly accessing, reviewing, and/or releasing client identifiable information:
  - a. Name
  - b. Address
  - c. All Dates (DOB, Admission/Discharge Dates)
  - d. Telephone numbers
  - e. Fax numbers
  - f. Electronic mail addresses
  - g. Social Security Numbers
  - h. Medical Record Numbers
  - i. Health Plan Beneficiary Numbers
  - j. Medical Status or diagnosis

3. Improperly accessing, reviewing, and/or releasing client medical information. Access to client information must be limited to what you as a student needs to know to care for assigned clients. It should be obvious that you don't need information about clients you are not caring for. The basic rule to follow when determining appropriate use of PHI is "what is the least amount of information I need in order to do my job?"
4. Discussing client information with people not entitled to the information. If asked about personal client information by a friend, another student or staff member who is not involved in that client's care, you must not share that information.
5. Pressing the client for information not necessary for care planning.
6. Leaving client medical information in a public area.
7. Discarding copies of client information in non-secured trash cans. Dispose of PHI in the proper bins or shred it.
8. Displaying information on a screen (handheld computers, etc.) that is viewed by unauthorized users.
9. Leaving a computer unattended in an accessible area with medical record information unsecured.
10. Failing to log off computer terminal.
11. Sharing or exposing password.
12. Preparing written or oral class assignments about clients without concealing their identity.
13. Interacting with the client's family in ways not authorized by the client.

#### Concerns about the Privacy Act

1. Concern about violating confidentiality during emergency situations by calling out information about a client when others might hear. The privacy act does not prohibit this.
2. Concerns have been raised about providers (doctors, nurses, other health care providers) sharing client information when asking for consults, or transferring care from one provider to another. Written permission is not required to do this.
3. Discussing clients with physicians, nurses, or family members by telephone is allowed (provided, of course, the client wants family to know of their condition).
4. Health care facilities that use sign-in sheets can continue to do so. Calling a client's name in the waiting room is also allowed.

#### Penalties for Non-Compliance.

##### Civil Money Penalties:

\$100 per failure to comply with a Privacy Rule requirement.

##### Criminal Penalties:

1. \$ 50,000 and up to one-year imprisonment for knowingly obtaining and disclosing individual HPI.
2. \$100,000 and up to five years imprisonment if wrongful conduct involves false pretenses.
3. \$250,000 and up to ten years imprisonment if the wrongful conduct involves the intent to sell, transfer, or use individual HPI for commercial advantage, personal gain, or malicious harm.



**Scenario**

Consider the example of a male client in the waiting room. He's the only male in the room. His health care provider is discussing his condition – medications he's on for the treatment of testicular cancer- with another provider. Everyone in the waiting room can hear the conversation.

What could be done differently to protect this client's privacy?

The caregivers should have tried to find a private room or area where details could not be overheard. Even when the client's name is not specifically used in conversation, remember that details about his or her case or condition can be identifying factors in certain circumstances.

**Reference**

United States Department of Health & Human Services. (2020). Your rights under hipaa.  
<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Effective: 7/07

## APPENDIX K

### Wayne Community College Nursing Department Health Insurance Portability and Accountability Act (HIPPA)

I, \_\_\_\_\_, have received oral and written instruction in the Health Insurance Portability and Accountability Act (see attached). I have read and agree to comply with the guidelines as set forth in the Health Insurance Portability and Accountability Act.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Nursing Department Chair

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## APPENDIX L

### Declaration of Technical Standards

I have read and understand the technical standards required for the WCC Nursing Program. I hereby declare that I am able to meet the above listed essential technical standards as noted in the 2020-2022 Nursing Student Manual.

\_\_\_\_\_  
Name of Student *(Print)*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



## APPENDIX M

### Wayne UNC Healthcare Student Onboarding Signature Page

**First Date of Clinical Experience at Wayne UNC Healthcare:** \_\_\_\_\_

**Student Name** *(print)*: \_\_\_\_\_

My signature attests that I have completed all of the onboarding materials including:

*Please initial as each is completed:*

- ☐ Core Orientation online presentation *(printed certificate)*
- ☐ Wayne UNC Healthcare orientation presentation *(printed certificate)*
- ☐ Read and understand all of the onboarding documents including:
  - Section 1: Summary of Immunization and Health Requirements
  - Section 2: Confidentiality Statement
  - Section 3: Student Participation Agreement
  - Section 4: Certification by Student of Physical Status
  - Section 5: Behavioral Expectations
  - Section 6: Infection Prevention Campaign Pledge
  - Section 7: Code of Conduct Attestation
- ☐ Have had my questions answered to my satisfaction

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Name** *(print)*

\_\_\_\_\_  
**Wayne Community College - Nursing  
School**

**Faculty member or representative:**

I verify that the above student is in good standing at Wayne Community College (school, college, or university).

\_\_\_\_\_  
**Faculty Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty Name** *(print)*

Date received \_\_\_\_\_

## **Section 1 - Summary of Immunization and Health Requirements**

Students assigned to The Hospital for clinical experience will comply with the entire Occupational Health Services policy (sections I-VIII below). These are the Immunization and Health Requirements for The Hospital as of September 15, 2017, and The Hospital shall update The College with a revised Appendix A from time to time during the term of the Affiliation Agreement.

**All Students with signs or symptoms of an infectious disease or exposure to communicable diseases should see their occupational health physician or local physician before providing services.**

### **I. Tuberculosis**

1. Initial two step ppd Tuberculin testing as recommended by the Centers for Disease Control and Prevention (CDC) and mandated by OSHA. Tuberculin testing should be done by the Mantoux method using a 5-TU TST (record date placed, date read, signature of MD or RN who administered and interpreted the TST, and in duration in mm). This is required to be done one time, either upon admission to the program or prior to the clinical experience at Wayne UNC Healthcare. Then a yearly screening form is required and is kept in the student's school file. The form would be sent to Wayne UNC Healthcare if there were any questions regarding exposure in the preceding year.
2. Evaluation of all personnel exposed to tuberculosis as recommended by the CDC and mandated by OSHA.

### **II. Bloodborne Pathogens & Hepatitis B**

1. Annual training for all persons with reasonably anticipated exposure to blood or body fluids regarding the prevention of bloodborne pathogens as mandated by OSHA (Federal Register) 1991; 56:64175-64182).
2. Each person with reasonably anticipated exposure to blood or body fluids must be offered hepatitis B immunization as recommended by the CDC and mandated by OSHA. Persons refusing immunization must sign an informed refusal form as mandated by OSHA. Immunity should be assured for persons taking the vaccine by obtaining a quantitative anti-HBsAg titer 1-2 months after the 3<sup>rd</sup> dose of hepatitis B vaccine. Persons with an inadequate titer (i.e., <10 mIU/mL) should be offered three (3) additional doses of hepatitis B vaccine and be retested for immunity using a quantitative test.
3. Evaluation (including provision of post-exposure prophylaxis within a few hours) of all personnel exposed to blood or contaminated body fluids as recommended by the CDC and mandated by OSHA.

### **III. Measles**

All personnel must have demonstrated immunity against rubeola (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Serologic evidence of immunity (written documentation required).
2. Immunization with 2 doses of measles vaccine (MMR preferred) on or after first birthday, doses at least 4 weeks apart.

### **IV. Mumps**

All personnel must have demonstrated immunity against mumps (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Serologic evidence of immunity (written documentation required).
2. Immunization with 2 doses of mumps vaccine (MMR preferred) on or after first birthday.

### **V. Rubella**

All personnel must have demonstrated immunity against rubella (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Serologic evidence of immunity (written documentation required).
2. Immunization with 1 dose of rubella vaccine (MMR preferred) on or after first birthday.

### **VI. Varicella**

All personnel must have demonstrated immunity against varicella (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Diagnosis of history of varicella disease by health-care provider or diagnosis of history of herpes zoster by health-care provider.
2. Serologic evidence of immunity (written documentation required).
3. Immunization with 2 doses of varicella vaccine on or after first birthday, doses at least 4 weeks apart.

## **VII. Annual influenza immunization is required.**

## **VIII. Tetanus/diphtheria/pertussis (Tdap).**

All personnel must be protected against Tetanus/Diphtheria and Pertussis. Unless medically contraindicated, a one-time dose of Tdap is required for all personnel who have not received a Tdap vaccination regardless of the time since their last Td (tetanus diphtheria) vaccination; then they should receive Td boosters every 10 years thereafter. Post-exposure prophylaxis for tetanus with Td or Tdap should be provided per 2011 CDC/ACIP guidelines.



## Section 2 - Confidentiality Statement

It is the policy of the UNC Health Care System and its affiliates (individually and collectively called “UNC HC” herein) that users (i.e., employees, medical staff, students, volunteers, contractors, vendors, outside affiliates, and any others who are permitted access to UNC HC systems and/or UNC HC information) shall respect and preserve the privacy, confidentiality and security of confidential information (“CI”) which shall include: (1) individually identifiable patient information in any format including but not limited to paper and electronic medical and billing records, (2) personnel information (e.g., disciplinary or other information about employees, volunteers, students, contractors, or medical staff), (3) confidential business information of UNC HC and/or third parties, including third-party software and licensed products or processes, or (4) other nonpublic information including information on operations, quality improvement, peer review, education, billing, reimbursement, administration, or research (such as utilization reports, survey results, and related presentations). CI may be created internally or received from other institutions and may be in any format including paper, verbal/oral communication, audio recordings or electronic format. **I understand and agree that I will only access, maintain, use or disclose CI for legitimate job-related, need-to-know purposes.**

### **I further agree that:**

1. I will protect the privacy, confidentiality and security of UNC HC patient information at all times in accordance with federal and state regulations and applicable UNC HC policies and procedures.
2. I will complete all required information privacy and security training required by UNC HC policies and procedures.
3. I will not maintain CI on any unencrypted portable computing device (laptop, smartphone, tablet, etc.) and I will not electronically transmit CI in an unsecure manner.
4. I will not disclose my user name and/or password for any UNC HC system, application or device to which I have access; I will not use another person’s user name and password to access CI on any UNC HC electronic system; and I will not leave any system, application or computer containing CI unattended while I am signed on.
5. I will not attempt to access any CI in electronic format on any UNC HC system, application or device or access a restricted physical area containing CI without proper authorization or for purposes other than official UNC HC business.
6. I will only alter or destroy CI in accordance with applicable UNC HC policies and procedures.
7. I will immediately report to my supervisor (or the appropriate UNC HC office) any known or suspected incident involving the unauthorized access, use or disclosure of CI and I will fully cooperate in any resulting investigation and make myself available for all related interviews and provide all relevant information requested during such investigation.
8. I will safeguard from loss, theft, or unauthorized use/access UNC HC owned equipment/property on which CI is stored or through which CI may be accessed. I



will immediately notify the UNC HC Information Security Department if any portable computing device I use to store or access CI is lost or stolen.

9. I will not store or transmit CI on my personal equipment/property (such as personally owned computing devices) unless permitted by and in accordance with applicable UNC HC policy or procedure.
10. I will abide by UNC HC social media policies at all times and I will never post patient identifiable information on social media in violation of UNC HC policy.
11. I will not take photographs, make videos, or make other recordings of patients, staff, or visitors except in accordance with applicable UNC HC policies and procedures.
12. I understand that my access to CI on UNC HC electronic systems and my UNC HC email account may be audited.
13. I will not access or obtain my own, a friend's, or a family member's patient information maintained by UNC HC without appropriate written authorization and under applicable policies and procedures.

**I agree that I have read, understand and will comply with the terms of this Confidentiality Statement. I understand that my failure to comply with this Confidentiality Statement may result in termination of access to UNC HC electronic health records, personal civil or criminal legal penalties, disciplinary action (up to and including termination of employment or student status), or loss of UNC HC privileges or contractual or affiliation rights. AFTER MY EMPLOYMENT OR WORK AT UNC HC ENDS, I WILL NOT TAKE ANY CONFIDENTIAL INFORMATION WITH ME AND I WILL NOT FURTHER USE OR DISCLOSE ANY CONFIDENTIAL INFORMATION.**

### **Examples of Breaches of Confidentiality**

<p>Last revised February 27, 2018 <b>Accessing confidential information that is not within the scope of your duties:</b></p> <p>Unauthorized access or reading of patient medical or account information;</p> <p>Unauthorized access of personnel file information;</p> <p>Accessing information for which you do not have a legitimate job-related "need-to-know" purpose for the proper execution of your duties.</p>	<p><b>Misusing, disclosing without proper authorization, or altering confidential information:</b></p> <p>Making unauthorized entries into or marks on a patient's chart or electronic medical record;</p> <p>Making unauthorized changes to a personnel file;</p> <p>Sharing or reproducing information in a patient chart or a personnel file with unauthorized personnel;</p> <p>Discussing confidential information in a public area such as a waiting room or elevator.</p>
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*Continued »*



<p><b>Disclosing to another person your sign-on code and password for accessing electronic confidential information or for physical access to restricted areas:</b></p> <p>Telling a co-worker your password so that he or she can log into your work or access your work area;</p> <p>Telling an unauthorized person the access codes for personnel files, patient accounts, or restricted areas;</p> <p>Posting passwords and sign-on codes in a location where they may be viewed by others.</p>	<p><b>Using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas:</b></p> <p>Using a co-worker's password to log in to the UNC Health Care computer system or access their work area;</p> <p>Unauthorized use of a login code for access to personnel files, patient accounts, or restricted areas.</p>
<p><b>Intentional or negligent mishandling or destruction of confidential information:</b></p> <p>Leaving confidential information in areas outside of your work area, such as the cafeteria or your home;</p> <p>Disposing of confidential information in a non-approved container, such as a trash can;</p> <p>Failure to promptly report the loss or theft of UNC Health Care owned equipment/property assigned to you or the misuse of this equipment/property;</p> <p>Failure to report the loss or theft of personally owned equipment containing UNC Health Care confidential information.</p>	<p><b>Leaving a secured application unattended while signed on:</b></p> <p>Being away from your desk while you are logged into an application;</p> <p>Allowing a co-worker to use your secured application for which he or she does not have access after you have logged in;</p> <p>Taking or allowing photographs to be taken of patients or patient PHI without obtaining the required authorization;</p> <p>Posting photos or confidential information on social media or public access point.</p>
<p><b>Attempting to access a secured application or restricted area without proper authorization or for purposes other than official UNC Health Care business:</b></p> <p>Trying passwords and login codes to gain access to an unauthorized area of the computer system or restricted area;</p> <p>Using a co-worker's application for which you do not have access after he or she is logged in.</p>	<p><b>These examples are only a few examples of mishandling of confidential information. If you have any questions about the handling, use or disclosure of confidential information, please contact your supervisor, manager, or director</b></p>

Last revised February 27, 2018

### **Section 3 - Student Participation Agreement**

In consideration for acceptance into the clinical experience, hereinafter referred to as "Education Program," at Wayne Memorial Hospital, hereinafter also referred to as "The Hospital," I hereby agree that I will certify, abide by and adhere to the following conditions of participation:

I certify that I am covered by professional liability insurance in the amount of \$1,000,000 per claim and \$3,000,000 in the aggregate and understand that I must show proof of such coverage to The Hospital.

I understand that my participation in this program in which I will receive structured clinical experience is contingent upon my satisfactory performance and cooperation with the staff, and if at any time I do not abide by the below enumerated conditions, I understand that I may be immediately removed from the program.

I understand that in my training, my Hospital and my conduct will be in compliance with current policies of The Hospital.

I understand that The Hospital maintains and retains total responsibility for the care of its patients. I am enrolled in an affiliation program and may not independently initiate care for the patients of The Hospital; rather I will receive appropriate clinical precepting when I am involved in direct patient care.

I understand that my clinical participation as it relates to program objectives will be formally evaluated by a clinical preceptor and that I may be dismissed immediately if my performance is not satisfactory.

I understand the issue of patient confidentiality. I also understand that during the course of my clinical instruction at The Hospital, I will receive "protected health information," as defined in the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 and its accompanying regulations ("HIPAA"), that I will function in a capacity that would otherwise be filled by a paid employee of The Hospital, and that I will function as part of The Hospital's "workforce," as defined in HIPAA, and only for HIPAA compliance purposes. I further agree that I have signed a Confidentiality Statement, that I will comply with the provisions of HIPAA, as they relate to my clinical instruction at The Hospital, and that I will comply with all applicable policies and procedures of The Hospital related to HIPAA, including completing The Hospital's HIPAA training.

I understand that even though I will function as part of The Hospital's workforce for HIPAA compliance purposes, I am not an employee or agent of The Hospital for any purposes and not subject to the benefits of employment of The Hospital, nor the College or University in which I am enrolled.

I understand that, as part of the process under which I may be assigned to the Education Program at The Hospital, a state criminal background check must be

conducted on me. Such criminal background check shall be conducted in all states where I have lived, worked or gone to school, either within the past ten (10) years, or from the date that I turned eighteen (18) years of age, whichever is shorter. I understand that The College/I must notify The Hospital of my knowledge of or if such background check reveals that I have a criminal record, and that in such event, The Hospital must agree upon my placement before I may participate in Education Program activities at The Hospital under this Agreement. I further acknowledge and agree that The Hospital has the right not to accept me into the Education Program based on my criminal record.

I will not hold The Hospital responsible for my acts or omission of acts while participating in this program.

I understand that my participation in this program shall run for the duration of the allotted time for the clinical experience.

In the event of exposure incidents that may occur during my clinical training within The Hospital, The Hospital agrees to assist in providing appropriate post-exposure evaluation and follow-up as required by OSHA standards. I understand that I am responsible for all costs incurred during any post-evaluation and follow-up that I receive from The Hospital.

I acknowledge and understand the above conditions of participation and agree to perform accordingly.

#### **Section 4 - Certification by Student of Physical Status**

I do hereby certify that I do not, to the best of my knowledge, presently have a communicable disease or communicable health problem that might or could jeopardize patient or employee health at Wayne UNC Healthcare or that I do have such a communicable disease or communicable health problem as listed below. I hereby agree to notify Program Director if I contract or become aware that I have a communicable disease or communicable health problem that might or could jeopardize patient or employee health care at Wayne UNC Healthcare.





## **Section 5 - Behavioral Expectations**

**These standards guide our day-to-day behaviors, our decisions, our actions, and our relationships with the medical staff, guests, each other and those we serve.**

### **Positive Impression**

**I will** greet everyone with a smile, making eye contact, introducing myself by name and title, and addressing them by their last or preferred name.

**I will** offer assistance to guests, escort them to their destination or hand off to someone who can.

**I will** speak positively about the organization and individuals, and professionally represent the organization in all actions and interactions.

**I will** provide positive, professional, and prompt responses and ensure my facial expressions and tone of voice is consistent with my words.

**I will** project a positive attitude and ensure that my work-related or personal challenges are kept separate from my patient care and professional activities.

**I will** commit to taking care of myself and my appearance. **I will** ensure that I am prepared to provide the very best service and project a positive image.

### **Teamwork**

**I will** welcome new employees and make time to assist all team members without being asked.

**I will** recognize the importance of team, department, and organizational goals and act accordingly.

**I will** recognize, respect and respond to the diversity of individuals and **I will** protect their dignity.

### **Effective Communication**

**I will** promptly and professionally answer the telephone with a smile, greeting the caller, identifying myself and the department, and offer assistance.

**I will** actively listen without interruption, focusing on the individual, and checking for understanding by repeating information and asking questions.

**I will** offer an apology to guests and team members without placing blame on anyone.

### **Environment**

**I will** take responsibility for the appearance of our campus by picking up and disposing of trash inside or outside of the facility and **I will** report needed repairs promptly.

**I will** take responsibility for reducing noise in patient care and work areas.

## Section 6 - Infection Prevention Campaign Pledge

### Commit to Cleanliness

#### I Pledge

**To protect my patients and myself from infections and promote a culture of safety by doing the following:**

- ☐ *Wash my hands OR Foam IN/OUT each time I enter or exit a patient room or area*
  - ☐ *Before/After patient care*
  - ☐ *Before/After touching patient*
  - ☐ *After touching surroundings*
  - ☐ *After body fluid exposure risk*
- ☐ *Encourage my colleagues to perform hand hygiene by using the code word "HANDS" as a reminder*
- ☐ *Donning (applying)/Doffing (removal) of appropriate isolation equipment for patients requiring isolation precautions when out of safety zone area*



## Section 7 - Code of Conduct Attestation

UNC Health Care and its affiliated Network Entities (individually and collectively called “UNC HC” herein) abide by a system-wide Code of Conduct.

The Code of Conduct is the cornerstone of our corporate culture and a key element of our Compliance Program. The Code of Conduct outlines behavior expected of our employees, management, vendors, volunteers and others who interact with the UNC HC.

The purpose of the Code of Conduct is to reinforce UNC HC’s institutional values and to serve as a guide for moral, ethical, and legal behavior. Adherence to the Code of Conduct promotes UNC HC’s reputation for integrity and honesty in the community and also ensures that UNC HC is compliant with applicable laws, rules, and regulations.

### Attestation

1. I confirm that I have received a copy of the Code of Conduct.
2. I understand that it is my responsibility to read the Code of Conduct and I agree to do so.
3. I also understand that anything that was unclear to me in the **Code of Conduct can be clarified by my supervisor or Compliance Officer.**
4. I confirm I will carry out my day-to-day work within the spirit and letter of the Code of Conduct.
5. I understand that I have a personal duty to **bring all (real or suspected) violations of the Code of Conduct to the attention of my supervisor and/or Compliance Officer. Concerns may also be submitted to the Hotline (1-800-362-2921 or <http://hotline.unchealthcare.org>).**
6. I understand that it is against UNC HC policy to be punished or retaliated against for upholding the Code of Conduct and for obeying the laws and regulations that apply to my job. Retaliation should be reported immediately.

**I agree that I have read, understand and will comply with the terms of this Code of Conduct Attestation and all applicable policies and procedures. I understand that my failure to comply with the Code of Conduct may result in disciplinary action, up to and including termination of employment or student status, or loss of UNC HC privileges or contractual or affiliation rights.**

UNC Health Care has adopted the following twenty standards and explanations as its system-wide Code of Conduct:

**1. Demonstrate Honesty, Integrity, and Professionalism at All Times**

We display and promote the highest standards of professional and ethical conduct. We act with the competence, skill, and integrity expected of our professions. We behave with dignity and courtesy toward our patients, clients, coworkers, and others in business-related activities. We are honest, fair, reasonable, and objective in our professional relationships.

**2. Abide by the Code of Conduct and Applicable Laws, Regulations, Policies, and Procedures**

Providing healthcare to a large community is an enormous responsibility. If each of us abides by this Code of Conduct and the laws, rules, regulations, policies, and procedures that apply to us, we will do our part to see that UNC Health Care operates with integrity. If you have questions about the legality or appropriateness of a situation, ask your supervisor or the Compliance Office for clarification.

**3. Honor Patients' Rights**

As healthcare providers, we have an ethical responsibility to make our patients feel secure in our care and to treat patients respectfully and with dignity. In addition to an ethical responsibility, we have a legal responsibility to comply with all applicable laws and regulations related to patients' rights. We must also comply with UNC Health Care policies, including policies regarding informed consent, advance directives, discharge planning, and patient participation in the care plan.

**4. Provide Quality Care**

As a healthcare provider, we dedicate ourselves to providing high quality care for our patients. Quality of care is a promise we deliver every day in every aspect of our work. We are committed to following all applicable policies, laws, and licensing / accreditation requirements relating to quality of care and patient safety. We uphold the professional standard of care, report patient safety concerns, and engage in quality improvement activities.

**5. Provide Medically Necessary Care**

At UNC Health Care, we provide care that is medically necessary. Medical necessity requires us to be prudent in the utilization of our resources, being mindful not to over utilize or underutilize the services provided to our patients.

We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) and similar regulations relating to the admission, transfer, and discharge of patients.

**6. Preserve Confidentiality and Information Security**

Protecting confidential information is a UNC Health Care priority. Confidential information includes health information about our patients, information in employee records, and proprietary information about UNC Health Care business. We access confidential information and share it with others only when authorized to do so and

for the purpose of doing our job. We follow applicable laws and policies when releasing confidential information and report concerns to appropriate parties. We investigate and report breaches of patient information and take steps to secure our systems from unauthorized access and comply with information security policies.

## **7. Use Social Media and Technology Responsibly**

UNC Health Care encourages an online and social media culture that complies with the law, internal policies, procedures, and ethical values. UNC Health Care employees may not disclose confidential or proprietary information about UNC Health Care, its patients, or its employees on social media (including, but not limited to, communications over the Internet, on personal websites or webpages, or in online communities). We do not take or transmit photographs or recordings of patients, visitors or staff in the workplace except as permitted by our policies. Any questions concerning the appropriate use of social media and technology should be directed, as applicable, to the Privacy Office or the Public Affairs and Marketing department.

## **8. Support Diversity and Inclusion**

UNC Health Care supports a culture of diversity and inclusion. We treat everyone with respect. We do not tolerate illegal discrimination against anyone at UNC Health Care, including visitors, patients and fellow employees. We do not tolerate conduct that is disrespectful, hostile, intimidating, or harassing.

## **9. Work Safely**

The health and safety of our patients and employees is a UNC Health Care priority. We comply with workplace health and safety laws and report safety concerns. We follow UNC Health Care policies for handling and disposing of hazardous materials and equipment. We only access, handle or prescribe controlled substances in accordance with UNC Health Care policy. We comply with fitness for duty policies. We maintain a work environment free from violence and disruptive behavior.

## **10. Compete Fairly**

UNC Health Care is committed to antitrust compliance and fair competition. We do not make unlawful agreements with competitors about prices or charges, services that we provide, or who to buy from. We do not discuss related matters, such as pricing policies, purchasing practices, costs, salaries, marketing plans, or surveys with those outside of UNC Health Care. We comply with marketing policies and laws related to truth in advertising.

## **11. Record and Report Information Accurately**

We keep accurate records about our patients, our employees, our physicians, clinical procedures, research trials, and financial transactions. It is the responsibility of each of us, when engaged in recordkeeping on behalf of UNC Health Care (including employee time cards, medical records, and patient bills), to be accurate and honest. For example:

- We do not sign another person's name to documents or share each other's passwords.

- We amend the medical record only in accordance with UNC Health Care policy and applicable law.
- We do not fabricate, falsify or plagiarize when proposing, conducting or reporting research.
- Our financial records conform to applicable accounting principles.

We retain documents for the length of time described in our document retention policies.

## **12. Document, Code, Bill, and Collect Appropriately**

We handle claims for payment of services with integrity to avoid fraud, waste and abuse in healthcare. All UNC Health Care personnel are expected to comply with federal healthcare program requirements, including, but not limited to, Medicare / Medicaid rules and federal and state False Claims Acts.

We bill only for medically necessary services rendered by eligible providers and properly documented and coded. We respond to patient and payer questions concerning charges in an accurate and timely manner. We correct any billing errors of which we have knowledge and refund payments received in error to third party payers and patients, with appropriate documentation.

If you become aware of inaccuracies, notify your supervisor so that the error can be corrected. If you see problems with claims that are not being corrected, contact the Compliance Office or Compliance Hotline.

## **13. Do Not Do Business with Excluded Individuals or Entities**

We expect all individuals and entities associated with UNC Health Care to be appropriately credentialed, licensed and otherwise qualified to perform their duties. UNC Health Care does not do business with, employ, or bill for services rendered by individuals or entities that are excluded or ineligible to participate in federal healthcare programs. UNC Health Care personnel and vendors have a responsibility to report to their supervisor, Human Resources, Credentialing, or Purchasing (as applicable) if they are excluded, debarred, or otherwise ineligible to participate in healthcare programs.

## **14. Cooperate with Inquiries, Audits, and Investigations**

We cooperate with government inquiries, as well as internal and external audits and investigations. When receiving non-routine requests, we consult with the Legal Department or Compliance Office to ensure that requests are handled properly. We do not alter or destroy records in violation of the law or UNC Health Care policy.

## **15. Use Resources Responsibly**

We use UNC Health Care resources responsibly for UNC Health Care business purposes, not for personal gain. We spend UNC Health Care funds wisely, eliminate waste, and control operational costs without compromising patient care. We use physical assets like computers, vehicles, machinery, and work space for UNC Health Care business, and we protect those assets from loss, damage, and theft. We don't waste supplies, equipment, space, or time. We protect intellectual property and respect patents, software licensing, copyright, and other IP agreements.

## **16. Conduct Political Activity and Fundraising Appropriately**

UNC Health Care respects employees' rights to participate in or refrain from political and fundraising activities on personal time. Employees must follow applicable policies relating to use of UNC Health Care resources for political activity, engagement in political activity while on work time, and similar issues. Employees may not inappropriately force, direct or encourage coworkers to support or contribute to a political cause, candidate, or party in violation of the law or applicable policies.

## **17. Disclose and Appropriately Manage Conflicts of Interest**

We disclose and appropriately manage conflicts of interest. Employees must report any actual or potential conflict of interest. Conflicts of interest are situations in which personal considerations may affect, or have the appearance of affecting, our loyalty and ability to fulfill our responsibilities to UNC Health Care. Depending on the circumstances, a "conflict of interest" might include: employment outside of UNC Health Care with a competitor or in violation of our policies, supervising a close relative, purchasing stocks based on confidential information, accepting gifts from a vendor, patient, or fellow provider, or causing UNC Health Care to contract with vendors with whom you have a personal or financial interest. If you have questions about what might be a conflict of interest, review UNC Health Care policies and speak with your supervisor or the Compliance Office.

## **18. Prohibit Bribes, Kickbacks, or Payment for Referrals**

We do not offer or accept bribes or kickbacks. Bribes and kickbacks are money, gifts, or special treatment given to someone in exchange for a favor. The favor may be many things, from a promise to make patient referrals to a promise to use a particular vendor's product.

We also do not offer or accept "something of value" for patient referrals. "Something of value" includes money, services, gifts, entertainment, or anything else of value to the recipient.

As this is a highly complex area of the law, employees must take special care and promptly refer any questions to the Compliance Office or the Legal Department.

## **19. Prohibit Certain Inducements Affecting Patient Choice**

The law prohibits UNC Health Care and its employees from offering certain inducements that may affect a patient's decision about where to seek care. For instance, it may be illegal to offer copayment waivers, free services, gifts, and other inducements to encourage patients to receive care at UNC Health Care. However, patient value initiatives associated with the UNC Health Alliance (our clinically integrated network) may not be precluded. As this is a highly complex area of the law, employees must take special care and promptly refer any questions to the Compliance Office.

## **20. Report Compliance Concerns Without Fear of Retaliation**

Employees are encouraged to contact the Compliance Office whenever they need clarification or direction regarding Compliance issues (including this Code of



Conduct). Employees are required to report suspected violations of the Code of Conduct, policies, procedures, the law, and regulations to a supervisor, the Compliance Office, or the confidential Compliance Hotline. Retaliation is not permitted against anyone who seeks advice, raises a concern, or reports misconduct in good faith. Such retaliation should be reported immediately to the Compliance Office.





## APPENDIX N

### Wayne Community College Nursing Department Drug Screen

I, \_\_\_\_\_, have received oral and written instruction regarding the Nursing Student Manual policy on drug screening. Nursing students may repeat a drug screen while enrolled in the program at a specified time directed by the Nursing Department Chair. Students are responsible for the cost. Failure to complete at specified time will result in dismissal from the program.

\_\_\_\_\_  
Nursing Department Chair

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## APPENDIX O

### Nursing Student Manual Acknowledgment

I, \_\_\_\_\_, have been given a copy of the nursing program policies and information as set forth in the Nursing Student Manual, 2020-2022 for Wayne Community College. I have read these policies and information myself in their entirety and have had my questions answered. I understand and agree that, as a student in the nursing program of Wayne Community College, I am bound and responsible to comply with all these policies. I also understand and agree that I am subject to all requirements, provisions, and procedures contained in these policies.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Nursing Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





3000 Wayne Memorial Drive  
Goldsboro, NC 27534  
919-735-5151

[waynecc.edu](http://waynecc.edu)

