

Associate Degree Nursing Student Handbook

2020-2021



SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION

ASSOCIATE DEGREE NURSING

STUDENT HANDBOOK

Revised and Reviewed
April 2020

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
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INTRODUCTION

The Associate Degree Nursing Education Program at Southwestern Illinois College began in 1958 as a three year program. The two year Associate Degree Nursing Program was instituted in 1964. It was the first ADN program in the State of Illinois and became the first NLN accredited program in Illinois. The name of the college was changed to Southwestern Illinois College, January 2000.

The program has continued to maintain accreditation with ACEN. Last accreditation visit was during the 2015 academic year with reaccreditation granted for 8 years. Current accreditation is held with Accreditation Commission for Education in Nursing, 3343 Peachtree Road, N.E. Ste. 850; Atlanta, GA 30326, 404-975-5000, www.acenursing.org.

The program has also continued to maintain approval with Illinois Department of Professional Regulation, 320 W. Washington, Springfield, IL, 62786, 217-785-0800. Last approval visit was in 1995 and is continuous. Routine visits are not made unless needed due to decreasing outcomes.

The program of nursing is designed for persons who wish to become registered nurses. The program combines classroom experiences on the SWIC campus with clinical experience in community health facilities. Students who complete the nursing program are awarded an Associate in Applied Science degree and are eligible to write the National Council Licensure Examination to become a Registered Nurse (NCLEX-RN).

The goal of nursing education is to provide safe practitioners of nursing to the community. The nursing faculty believes that education is a continuous learning process which assists students to progress toward self-realization. The program in nursing provides students with an opportunity to gain knowledge and understanding of nursing concepts and to develop skills in applying these concepts to patient care in a variety of settings. In order to prepare graduates who will be responsible members of the health team, the faculty in nursing education provides an environment that guides students toward assuming responsibility for identifying their own goals and provides the opportunity for self-directed learning throughout the program. Students assume responsibility for their own learning while faculty members act as facilitators, stimulating and guiding the students' thinking.

The program in nursing has policies established to insure that the student is aware of the responsibilities involved in pursuing a health career education and to help the student achieve success. The demands placed upon nursing students may seem restrictive and structured, but nursing is a structured profession and its practitioners are responsible in life and death situations. Procedures and policies are made for the welfare and safety of patients.

Students must attend classes and clinicals regularly. Both the classroom, clinical, and lab sessions are related so that missing a class period may cause the student to be inadequately prepared to participate in clinical or lab sessions.

Clinical experiences are planned for students in a variety of agencies. Students will need to be flexible and adjust to stipulations of these various clinical facilities. You are expected to conform to the procedures and policies of the agencies and to adhere to a dress code that is becoming to the profession and in accordance with regulations. We expect students to conduct themselves

professionally at all times in their role as student nurses.

If you have children at home or other family responsibilities, please make adequate arrangements in advance. It is against college policy to bring children to class. It would be wise for students with families to include those family members in planning a schedule. It is important that family members understand the time commitment involved in study and preparation for patient assignments. Outside working hours should be arranged so that there will be no conflict with your classroom or clinical schedule. It is important that you obtain an adequate amount of rest so that you will remain mentally and physically healthy while pursuing your nursing career.

Essentially, the nursing program will necessitate much self-discipline. If nursing is what you want and you are willing to put forth the effort necessary to successfully complete the program, you will find the next two years challenging, fulfilling and exciting and will enter a profession that offers a lifetime of rewarding service and growth.

Best wishes for a successful journey from student to Registered Nurse.

SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION PHILOSOPHY

The patient is a unique individual, interacting with the environment and having basic needs which must be met to maintain health. Health is a dynamic state dependent on the patient's ability to maintain individual wellness on a continuum. Nursing is synonymous with caring and involves the interaction of Nurse and Patient to attain, maintain, and restore health through mutual goal setting. The nurse diagnoses and treats the Patient's response to actual and potential health needs through the use of the nursing process consisting of assessment, nursing diagnosis, planning, implementation, and evaluation, within the Guidelines of the Nurse Practice Act of the State of Illinois. The patient exists in an environment which includes physical, social and cultural aspects. These influence the patient's position on the continuum of wellness.

Nursing education is an integrated process through which students gain the knowledge, understanding, and skills necessary to practice nursing. The nursing program integrates classroom, simulated laboratory, and clinical laboratory learning. Syllabi, written materials, multimedia materials, and computer aided instruction are some of the methods used to aid the student in preparation. The academic setting provides the opportunity for the student to expand learning. A staffed auto tutorial lab assists the students with the learning of psychomotor skills. College laboratory time is utilized to validate and expand on skills needed before entering the clinical setting. Multiple settings: home, community, and hospital, allow the student to carry out the nursing process in a variety of planned learning experiences.

Teaching and learning is an interactive process whereby both teacher and learner assume responsibility for the acquisition of knowledge. Teaching is a process which facilitates another to gain knowledge, skills, and insights, and to acquire psychomotor skills. The learner, a self-directed and active participant in the learning process, is accountable for personal behavior and performance. Learning is enhanced by various methods including the use of multi-media to help the learner think critically and achieve success. Learning is a life long process that influences cognitive, affective, and psychomotor domains, leading to individual growth and influencing thinking, values and actions.

The nursing curriculum prepares the Associate Degree Nurse to utilize the nursing process with members of the health care team in providing and managing care, and teaching the patients. The graduate is prepared to practice autonomously within the guidelines of the Nurse Practice Act of the State of Illinois, in an entry level position. The graduate is also accountable for care given and care which has been appropriately delegated to other members of the health care team. The graduate also identifies situations in which additional guidance is needed and seeks such guidance appropriately.

PURPOSE OF THE NURSING EDUCATION CURRICULUM:

In accordance with the Illinois Nursing and Advanced Practice Nursing Act, 2017, the purpose of the Nursing Education curriculum at SWIC is to prepare students to:

1. Apply for the NCLEX-RN exam after successful completion of the program and to apply for licensure as registered professional nurses after successfully completing the NCLEX-RN.
2. Practice entry-level professional nursing only under the direct supervision of the registered professional nurse until item No. 1 has been accomplished.
3. Practice professional nursing at a beginning staff level after successfully completing the NCLEX-RN and receiving licensure as a registered professional nurse.

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
PROGRAM OUTCOMES

1. NCLEX Pass rate:
Program NCLEX pass rate will be 80% or above for the same time periods calculated.

2. Program completion:
70% or more of generic students will complete the nursing curriculum within 150% of the catalog program length or 3 academic years. (6 semesters)

50% or more of LPN to RN students who successfully complete summer classes will complete the remainder of the curriculum within 150% of the catalog program length or 2 academic years. (4 semesters)

3. Job Placement rates:
70% of graduating students will state on the graduate exit survey that they have either obtained employment or the promise of employment within the profession.

85% of graduates returning the nursing education follow up survey will state they have obtained employment within the profession.

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
END OF PROGRAM STUDENT LEARNING OUTCOMES

1. The graduate is able to think critically by applying the nursing process in providing comprehensive care for a group of patients from diverse backgrounds whose needs be at various positions on the health continuum.
2. The graduate is aware of his/her own behavior and its influence on others.
3. The graduate is able to utilize effective, caring communication and interventions with the patient and the support system in assisting the patient to meet needs.
4. The graduate is able to collaborate with other health team members in coordinating patient care in a variety of clinical settings.
5. The graduate is responsible for his/her own behavior within the profession's ethical standards and legal framework.

SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION

CONCEPTUAL FRAMEWORK

The Nursing Education Program offers a curriculum based on the following concepts: the health continuum, the nursing process and the basic human needs as defined by the faculty.

Every individual has basic needs which must be met to maintain his/her integrity. The faculty has selected the following needs: activity and mobility, comfort, communication, elimination, love and belonging, nutrition, oxygen, rest and sleep, safety, self-awareness and self-esteem, and sexuality.

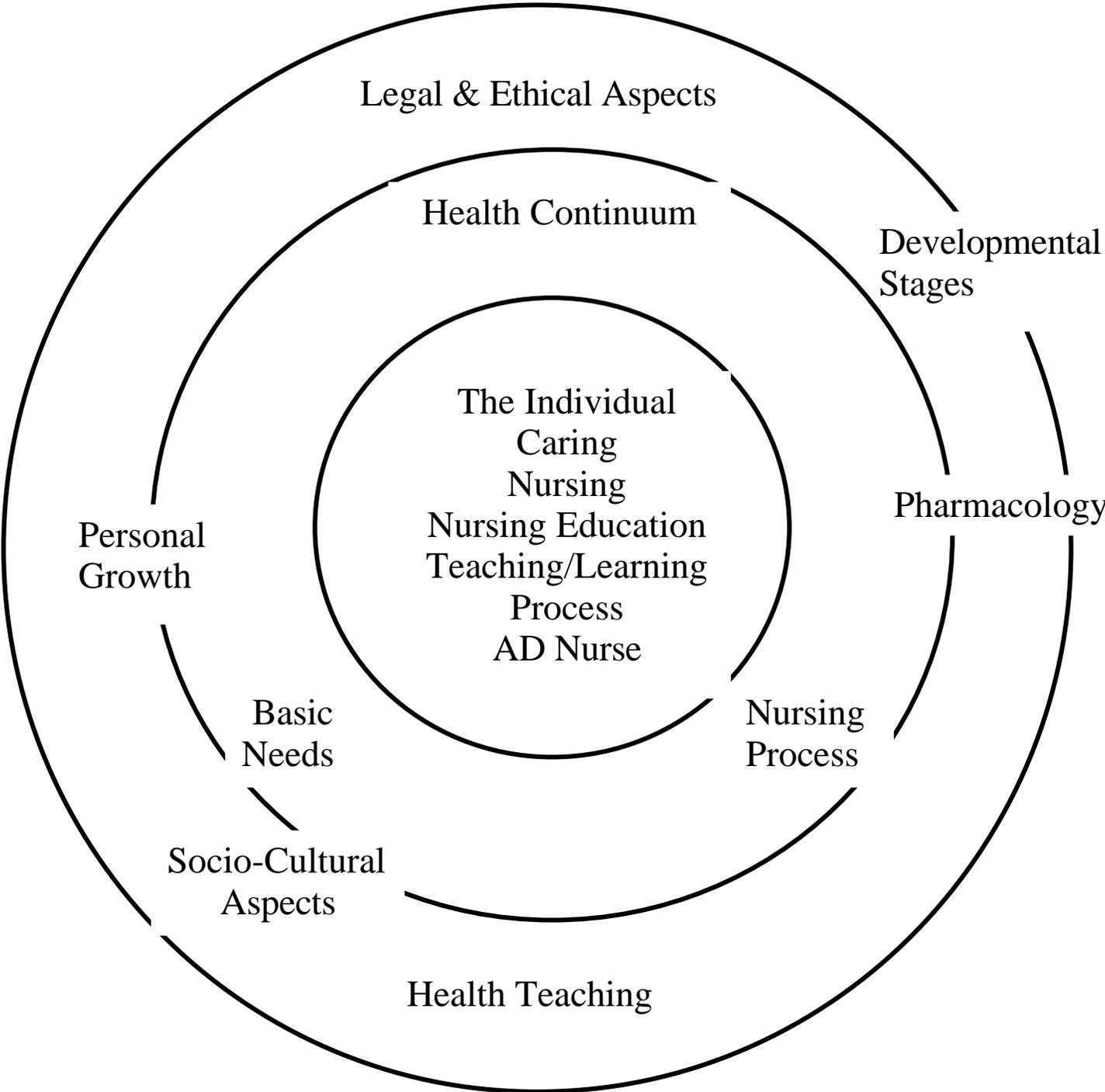
Health is viewed on a continuum representing degrees of wellness or illness that the individual may experience at any given time. Health is defined by the faculty as the individual functioning within his/her environment to successfully meet his/her needs. When there is an alteration in the ability to meet basic needs the individual moves toward illness on the continuum.

The nursing process is a systematic method of thinking critically to assist the individual to meet his/her needs at some point along a continuum. The nursing process involves: assessment, nursing diagnosis, planning, implementation, and evaluation. The process is used in promoting, maintaining or restoring, the individual to his/her health potential.

The curriculum sub concepts identified by the faculty are: personal growth, legal and ethical aspects, developmental stages, health teaching, pharmacology, and sociocultural aspects.

The faculty consider nursing and caring to be synonymous. The individual, teaching and learning process, and AD nursing, is at the center of the curriculum model.

Southwestern Illinois College
Associate Degree Nursing Program



CONCEPTUAL FRAMEWORK

NURSING EDUCATION

POLICIES RELATED TO ATTENDANCE

The nursing education program is a structured curriculum designed to be completed in sequence. Students accepted into the program will be enrolled in the required classes and must complete these classes in the specified order to maintain qualified program status.

ABSENCE POLICY

- a. When the student misses a laboratory period (ATL, which is the auto-tutorial nursing lab, or clinical) the make-up experience will be made up as determined by the instructor. An Incomplete will be given, if necessary, until make-up is done.

- b.
 - (1) Eight-week module: Any student missing the equivalent of more than one day of lecture and/or laboratory may be dropped from the program.

 - (2) Sixteen-week course: Any student missing the equivalent of one week of lecture/discussion and/or laboratory may be dropped from the program.

- c. Students who miss a class will be expected to submit any material from the missed class ie: the study guide, case history, etc. before the next class. An "I" will be given until these required materials are submitted.

ILLNESS AND PHYSICIAN'S STATEMENT

- a. A student who has incurred an absence and required medical attention must present to the instructor involved a statement from his/her physician on official physician's stationary stating permission to return to both clinical and classroom participation. Any limitations must be noted by the physician.

DROPPING COURSES

The deadline for dropping an eight-week Nursing module is prior to completion of the sixth week of that particular module of study. The withdrawal procedure for regular semester courses will be the same as the existing College policy.

If a course is to be dropped it is the student's responsibility to drop the course whenever possible.

Faculty submit course drops when grade rosters are due. Any other date for course drops require an 'Add-Drop' form which has to be signed by student, instructor, and Dean or confirm with registration that the course has been officially dropped.

RETURNING POLICIES

SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION

Returning Students

Students who seek to return to the program may have recommendations made by the nursing faculty, following withdrawal. The exit interview form and the intent to return form must be completed and on file. These forms are included in this Handbook. Information is also continued under “Policies – Promotion/Grading.”

1. Students seeking to return must be in good academic standing in the college, having achieved a GPA of 2.00 or better (based on 4-point scale) in all previous college work at SWIC. Calculation of GPA for readmission will not include the nursing course failure.
2. Students seeking to return to NE 106 or NE 108 must demonstrate ability to perform selected nursing skills included in NE 103, in addition to those in NE 106 and NE 108, as applicable.
3. Students who seek to return to a second level course are required to meet any faculty recommendations prior to re-entry. **A student who needs to repeat a spring, second level course must repeat both courses in that semester.**
4. All nursing courses for the Associate of Applied Science Degree must be completed within a five year period of first admission to the nursing program.
5. If a nursing course was failed and the student plans on retaking the nursing course, it must be taken the next year it is offered. Students cannot “sit out” a year following a nursing course failure.
6. Faculty reserves the right to make recommendations to students to better prepare them for success.
7. Returning students will be accepted **only** when the maximum number of students that can be accommodated in the nursing course would not be exceeded. If space is limited, students requesting returning will be ranked according to their NE course GPA.

9. The order of priority for students requesting readmission if space is available is:
 - a. Students who withdrew from the SWIC Nursing Education Program due to circumstances beyond their control will have first priority.
 - b. Students who experienced course failures and are eligible to re-enter will have second priority.
 - c. Students transferring from another nursing program in good standing will have third priority.
 - d. Students who withdrew from the SWIC nursing program on their own initiative, without consulting with the nursing program coordinators and/or students who were dropped for excessive absences will have fourth priority.
 - e. Students not in good standing who wish to transfer from another program will have fifth priority.

Any student who fails two SWIC nursing courses is ineligible for return to the SWIC Nursing Education Program. (Any transfer student with two previous nursing course failures from any nursing program will be allowed only 1 additional nursing course failure at SWIC.)

Any student who withdraws before mid-term with a failing grade after taking two content tests will be given a W but will be considered as having failed for readmission purposes.

Any student who withdraws after mid-term with a failing grade will be considered as having failed for readmission purposes.

Returning students should request a student handbook current for the year in which they re-enter the program as current policies will apply.

Students who are not successful in the first of 2 of the 8 week courses, NE 106/108 or 207/209 cannot progress and are responsible for dropping the following NE course that they may have enrolled in. This is the student's responsibility. Failure to do so may result in tuition consequences. Again, during the final semester BOTH of the 8 week courses NE 210/211 must be successfully completed during the same semester.

The nursing education program is a structured curriculum designed to be completed in sequence. Students accepted into the program will be enrolled in the classes required by the program in order to maintain qualified program status.

Students must successfully complete the first full fall semester to maintain qualified status in the program. In the event a student exits, without meeting this requirement, the student will need to reapply for program admittance.

EXIT INTERVIEW AND INTENT TO RETURN POLICY

Students who are dropped, withdraw or fail from a nursing course for any reason must complete an intent to return form and an exit interview form to be eligible to return. Students will not be considered unless the intent to return and exit interview forms have been completed. It is the student's responsibility to complete the intent to return and exit interview forms as soon as possible after the course failure. The intent to return and the exit interview forms are located on the next three pages of this book.

Intent to return form and exit interview form must be completed and submitted by September 1st if students plan on returning to NE 105, NE 106, NE 108, or NE 210/NE 211.

Intent to return form and exit interview form must be completed and submitted by June 1st if students plan on returning to NE 102, NE 103, NE 104, NE 207, or NE 209.

TRANSFER STUDENTS

A student transferring to Southwestern Illinois College Nursing Education program after failing two nursing courses in another nursing program, will be allowed only one additional failure in a nursing course at Southwestern Illinois College. Transfer students should provide documentation, from the previous program Director or Administrator **specifically**, which identifies standing in that program. If the student could NOT return to the previous program for other reasons, the student will be considered to have failed the previous program and only ONE additional nursing course failure will be allowed at SWIC.

INTENT TO RETURN

I _____ wish to return to course:
print name

- Circle course(s)
- NE 102
 - NE 103
 - NE 104
 - NE 105
 - NE 106
 - NE 108
 - NE 207
 - NE 209
 - NE 210 and NE 211

In the FALL or SPRING year _____.
circle one

I understand I must return the next calendar year that this course is offered. Students cannot “sit out” a year following a nursing course failure.

I must complete the requirements of the Nursing Education Program within 5 years of beginning.

Signature

Date

EXIT INTERVIEW
(For returning students)

Name _____

Address _____

Phone _____

Employment

Institution or facility, etc. _____

Hours per week _____

Financial Aid

Are you receiving financial aid? _____

If so, have you made any necessary arrangements? _____

Date and course of withdrawal or failure _____

What do you the student identify as the reason for your withdrawal or failure?

Can you identify factors, which interfered with your ability to be successful?

Have you received or sought any assistance such as counseling, tutoring, etc?

In your estimation, what assistance could have been provided to you?

Were there any recommendations from your instructor that would help?

What are your plans to carry out these recommendations?

What other actions will you take to enable you to be successful?

SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION

POLICIES - STUDENT RESPONSIBILITY

1. The student must take the initiative in contacting the instructor within one week in regard to the following:
 - a. low test grade
 - b. unsatisfactory laboratory performance (clinical or ATL)
 - c. classroom absence
 - d. clinical absence
2. Instructors have scheduled office hours. Please make an appointment as early as possible to see the individual instructor who was in charge of the class or clinical experience. Instructors also have voice mail and e-mail and, in addition, can usually be contacted through Black Board.
3. The student should make satisfactory arrangements for the care of their children. Since childhood illness, schedule changes, etc. cannot be anticipated, it is well to have emergency /alternate plan of care for your child (e.g. a friend or neighbor who can baby-sit at a moment's notice when the child can't attend school).
4. Students should keep their family informed of the location of clinical assignments. Any emergency calls for the student must be directed to the clinical instructor. Students will not have access to cell phones while in a clinical area.
5. **Students may be assigned to any of the clinical facilities and clinical schedules available and should be prepared to attend any of the clinicals assigned. Clinical schedules are developed with the coordination and approval of the multiple agencies, and may need to be arranged / changed at any time during the course as necessary. Faculty attempt to meet student needs when possible and with enough advance notice.**

Students should consider that flexibility will be important in arranging work schedules, child care, etc.

Also in planning keep in mind that clinical and lab (ATL) hours are **equated** – this means that 3 hours (60 minutes each) of lab/clinical each week for the whole 15-16 week semester equals 1 credit hour ; while 1 hour of lecture (50 minutes) per week for 15-16 weeks equals 1 credit hour. Keep this in mind when considering your time commitments.

FACULTY ACADEMIC ADVISEMENT DAY

The nursing faculty is committed to helping you succeed. The Tuesday of the week prior to the start of the fall semester the faculty will be available in the nursing department, room 2280, for advisement if you have any questions or concerns. Your advisor after this initial meeting will generally be the full time faculty member in charge of your course. Your advisor may schedule a meeting with you and you may also make an appointment to see your advisor as needed.

COUNSELING

If you are having difficulty with academic or clinical performance, seek the recommendation of one of your current instructors. If the problem is one that cannot be resolved between you and your instructor, then he/she can make the necessary referrals. Practice in the ATL can be scheduled.

NATIONAL COUNCIL LICENSURE EXAMINATION-RN

Graduates of the SOUTHWESTERN ILLINOIS COLLEGE Nursing Education Program are eligible to take the NCLEX-RN (National Council Licensure Examination-Registered Nurse).

A fingerprint criminal background check* is currently required to take NCLEX and for licensure. This must be done within 60 days before filing the NCLEX applications, and the receipt for the fingerprinting must be attached/submitted. Information is available online at www.ncsbn.org/illinois.htm for completing the application and the Illinois licensure application. (LPN Bridge students will not have to secure the fingerprint background check for NCLEX – but will be required to do the program background check.)

Students who wish to procure a license in another state are responsible for determining that state's licensure requirements.

*(Please note that this is **in addition** to the background checks required when entering the program.

The background check for clinical is not done with fingerprints.)

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
POLICIES - HEALTH

On Admission

A nursing student on admission is required to have a medical examination and a statement signed by his/her health care provider that the applicant is considered to be physically and mentally able to undertake the program in nursing. Any accommodation needed should be identified to Disability Access Center upon admission to the program. If the healthcare provider does not feel that the student is physically or mentally able to fulfill the responsibilities of a nursing student, admission to the program will be withdrawn. Health requirements, CPR at healthcare provider level, and medical insurance coverage must be kept current. An annual TB test is required (an initial 2-step if you have not had the annual tests) as well as flu vaccine. Please keep a copy of your health forms. **We do not keep copies after you leave our program.**

Please Note: All the health form requirements, background checks, and screens **MUST be completed by June 1st for LPN Bridge Students and July 1st for generic students. Forms are distributed in the spring orientation. Information will be provided for background screening and drug testing. All immunizations must be accounted for. Additional forms are available in the Nursing office. Please take note of this requirement and deadline. Exceptions will not be made and you will be dropped from the program.**

Encountering a Major Health Problem While in the Program

1. Physical illness - A statement from the attending physician that the student is physically able to continue the program theory and clinical components are required.
2. Mental illness - A statement from the attending psychiatrist that the student is mentally able to continue the program theory and clinical components are required.
3. It is ultimately the responsibility of the instructor to evaluate the physical and mental condition of the student working in the clinical area. If, in the judgment of the instructor or clinical facility, that the safety of the patient or the student is jeopardized, the student will be asked to leave the clinical area. The student may be advised to see a doctor, to go to the emergency department of the hospital, or go home. The instructor will report and document the incident to the program coordinator.

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
POLICIES – PROMOTION/GRADING

1. Successful Nursing course completion requires:
 - a.) The student must have a 76% average without rounding for the course grade. (This includes all content tests, quiz grades, and the final exam.)
 - b.) Successful completion of the course final exam with minimum of ‘C’ grade. (76%, without rounding.)
 - c.) The student must have a 76% average without rounding in all given content tests to be able to sit for the final exam.
 - d.) Completion of any other course requirements.
2. An "unsatisfactory" lab/clinical rating results in a ‘D’ grade for the course, regardless of the theory grade. Both theory and clinical must be passed.
3. A failure on the final exam results in course failure, regardless of cumulative theory grade and lab/clinical grade and will be recorded as a ‘D’.
4. A student is placed on probation, according to college policy, when his/her total college grade point average falls below 2.00. The student will be given one semester to achieve the 2.00 average. If at the end of that semester the deficiency is not made up, the student will be asked to withdraw.
5. A "C" or better in all courses is required.
6. Non-nursing courses are to be taken prior to or during the semester listed in Curriculum Plan.

THE SEQUENCE OF ALL COURSES IS PUBLISHED IN THE COLLEGE CATALOG,
PROGRAM BROCHURE, AND COLLEGE WEB-SITE. THIS SEQUENCE MUST BE
FOLLOWED.

7. Students who do not successfully complete one of the 8 week NE courses: NE 106 and 108, or NE 207 and 209, should understand that they will have to wait until the following year to re-take the failed 8 week course and progress as outlined in the NE curriculum. If a student fails the first 8 week course, 106/108 or 207/209, the student must drop the second 8 week course. This is the student's responsibility. Students who do not successfully complete either NE 210 or NE 211, if eligible for return, will have to complete BOTH courses during the next spring semester. Again, it is the student's responsibility to drop courses when necessary.
8. Nursing courses may involve remediation plans for students who may have a low score on tests.
 - Any remediation for testing or other course requirement must be completed and evidence submitted to faculty by the established date. If not, an 'I' for the course will be submitted and students cannot continue until remediation is accomplished.
9. Please remember that all nursing courses must be completed within 5 years of program entry!
10. If a nursing course was failed and the student plans on retaking the nursing course, it must be taken the next year it is offered. Students cannot "sit out" a year following a nursing course failure.

TEST REVIEW POLICY

Any test review will be determined by individual course faculty. Final exams will NOT be reviewed.

SOUTHWESTERN ILLINOIS COLLEGE – NURSING SKILLS LIST

SKILL	COURSE
Basic Skills	
Bedpan	NE 102
Bedbath	NE 102
BSC	NE 102
Bedmaking	NE 102
Occupied Bed	NE 102
TPR / Apical pulse / BP	NE 102
Positioning	NE 102
Safety (lifting/moving)	NE 102
Hoyer Lift	NE 102
Denture Care	NE 102
Mouth Care	NE 102
Feeding Patient	NE 102
Tubes & Dressings	
Enema	NE 103
Insert Foley	NE 103
Remove Foley	NE 103
Straight Cath	NE 103
Abd. Binder	NE 103
Sterile Tray	NE 103
Dressing Change	NE 108
Wet to Dry Drsg Chg	NE 108
Removing Drains	NE 108
Emptying Drains	NE 108
Sterile Packing	NE 108
Removing Sutures	NE 108
Removing Staples	NE 108
N/G Tubes	NE 210/211
Insert NG	NE 210/211
D/C NG	NE 210/211
Check Tube Placement	NE 108
Tube Feedings	NE 210/211
TPN	NE 210/211
Insulin Injections	NE 210/211
IM	NE 103

Sub-Q	NE 103
P/O	NE 103
Sublingual	NE 103
Topicals	NE 103
IVPB	NE 210/211
Inhalers	NE 209
Eye Drops	NE 103
Ear Drops	NE 103
Nose Drops	NE 103
Z Track	NE 103
Mixing Meds (vial/amp)	NE 103
Check IV Rate/Dosage	NE 106
106Check IV Site	NE 106
Remove IV	NE 106
Meds NG or G Tube	NE 108
Specimens	
UA / Clean Catch	NE 103
UA Spec. from Catheter	NE 103
Sputum Specimen	NE 209
I/O	NE 102
O2 Administration	NE 209
O2 Transport	NE 209
Nasal Cannula	NE 209
Mask	NE 209
Trach Collar	NE 209
Naso-Pharyngeal Suctioning	NE 209
Trach Suctioning	NE 209
Trach Care	NE 209
Pulse Oximetry	NE 209
Misc.	
Range of Motion	NE 102
Venous Doppler	NE 209
Palpate Pulses	NE 209
Incentive Spirometry	NE 209
Lung Sounds	NE 209
Pre-Op Teaching	NE 108
TCDB	NE 103
TED Hose/Antiembolism	NE 103

Sequential Hose	NE 106
Start IVs	NE 106
Blood Glucose Monitoring	NE 108
OB Skills	
FHT with Doppler	NE 106
Applying Fetal Monitor	NE 106
Timing Contractions	NE 106
Palpation of Uterus	NE 106
Bathing Infant	NE 106
OB Perineal Care	NE 106
Sitz Bath / Ice	NE 103/106
Coaching Labor Patient	NE 106
Infant Gestational Age Assessment	NE 106
Weigh / Measure infant	NE 106
Infant Umbilical Care	NE 106

SOUTHWESTERN ILLINOIS COLLEGE
ASSOCIATED DEGREE NURSING PROGRAM
LIABILITY INSURANCE POLICY

Nursing students will be provided with malpractice liability insurance through a group plan carried by Southwestern Illinois College. This is no extra charge.

Malpractice is an error, negligence or omission in the performance of duties.

You are responsible for the safe and accurate performance of the skills **for which you have received instruction**. You are also responsible for the self evaluation of your own competency. If you are, at any time, unsure of your ability, or have not been instructed in a particular skill, seek the supervision of your clinical instructor only.

After registration into nursing courses each academic year, the fee for your liability insurance will be paid by the college from the course lab fees.

Please note that this applies to liability insurance only. You will need to procure your own medical/health insurance, as this is NOT provided for you and is required by some clinical agencies.

Be advised that the liability insurance provided by the college is in effect ONLY for activities performed as a student nurse enrolled in a nursing course.

STUDENT EMPLOYMENT

The nursing faculty strongly encourages nursing students not to plan on full-time outside employment when entering the nursing program. Alertness in the classroom and the clinical areas is imperative for your academic and clinical success and for patient safety. Clinical schedules may need to be changed. Study, skills practice, and prep for clinical require out-of-class time.

Students with financial needs should make application in the Financial Assistance Department of the College. Scholarship opportunities are distributed through the SWIC foundation, Workforce Investment Act (in BCIS 2060) also provides financial assistance. Health care facilities may also provide financial assistance if you are an employee. If it is imperative that you work, the number of hours of work should be discussed with your faculty, taking into consideration your class load and your academic and clinical standing. Should you have a serious financial problem, please let this be known to your faculty. Other sources of financial aid may be available.

STUDENT EMPLOYMENT REGULATION

In accordance with Illinois Nurse Practice Act, a nursing student may not perform actions included in the scope of practice for licensed nurses as an employee.

Students enrolled in Schools of Nursing may be employed for compensation in hospitals, nursing homes and other health care agencies outside of class. This would NOT allow the student to perform anything other than the skills involved in an employee role and as decided by that employer.

The practice of nursing as performed by students enrolled in nursing programs must be under the supervision of their nursing education instructor.

After graduation students CANNOT practice “license pending” in Illinois until they receive proof of NCLEX passage. This proof will be notification from NCLEX Testing organization that the student has passed NCLEX and may practice as an RN, in Illinois license pending. This notification is the only evidence acceptable for a student to practice in what may be referred to ‘license pending’ status in Illinois. Other states may have different regulations.

“License-pending” status applies only until the graduate has applied for and received an actual RN license. This time period is defined in the current Nurse Practice Act. Please consult the current Nurse Practice Act for information.

**SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
FORMS**

These forms must be completed and on file by June 1st for LPN Bridge Students and July 1st for fall entering students. These forms must be signed and a parent or guardian's signature is necessary if you are a minor. Your position in the Program will be forfeited if you do not submit the forms on time. DO NOT PROCRASTINATE!!

1. Student Information Sheet
2. Medical Examination*
 - One-step TB test required if done yearly. Must submit copy of TB test results from previous year.
 - Two-step TB test if not done yearly.
 - Please note that should a clinical facility change or add to requirements, you will have to comply with the change.
3. Student Nurse Functions
4. Cooperative Agency Agreement- Student Responsibility
5. Release of Liability
6. Student Contract
7. CPR training which involves adult, child, infant & AED.*
8. Criminal background form*
9. Medical/Health insurance*
10. Flu Shot for all students when available
11. ATI Contract

If you have already submitted these forms, you do not need to duplicate them.

Information on Latex Sensitivity, Bloodborne Pathogen Exposure, and Mercury instruments is also enclosed.

Date _____

SOUTHWESTERN ILLINOIS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
STUDENT INFORMATION
PLEASE COMPLETE AREAS WHICH APPLY

NAME _____
Last First Middle Maiden

ADDRESS _____ PHONE _____
Street City Zip

DATE OF BIRTH _____ SOC. SEC. # _____
Month Day Year

SWIC Student ID _____

MARITAL STATUS S M W D

NAME OF SPOUSE: _____
Last First Middle

NAME OF MOTHER: _____
Last First Middle

NAME OF FATHER: _____
Last First Middle

NUMBER OF CHILDREN: _____ Ages: _____

NUMBER OF SISTERS: _____ Ages: _____

NUMBER OF BROTHERS: _____ Ages: _____

DO YOU HAVE RESPONSIBILITIES WHICH REQUIRE YOUR TIME?

Home: _____

School: _____

Social Life: _____

In case of Emergency Notify: _____

Name Relationship

Address Phone

TRANSPORTATION: Own car _____ Ride with _____

EMPLOYMENT PAST:

Type of Work: _____ Place _____

Length of time at this work: _____

EMPLOYMENT PRESENT:

Type of Work: _____ Place: _____

Length of time at this work: _____ Number Hrs/Wk: _____

ARE YOU PREPARED TO MEET THE NECESSARY EXPENSES OF THIS TWO-YEAR PROGRAM WITHOUT FINANCIAL AID?

Yes: _____ No: _____

FINANCIAL STATUS:

Do Not Need to Work: _____

Must Work: _____ Hours per week: _____

Will Work, but not Essential: _____ Hours per week: _____

Financial Aid: No: _____ Yes: _____ (If Yes, indicate source)

YOU CHOSE TO ENTER NURSING BECAUSE: _____

YOU CHOSE SOUTHWESTERN NURSING PROGRAM BECAUSE: _____

DO YOU HAVE ANY PAST EXPERIENCE IN NURSING? (Please check if applicable)

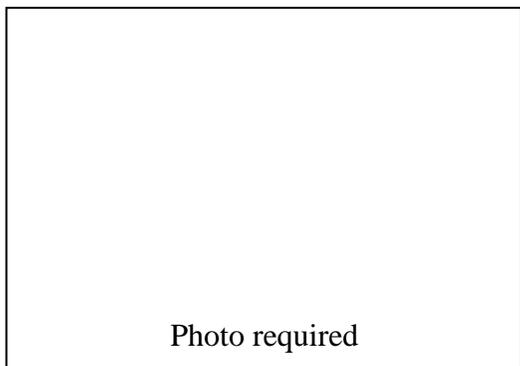
Nursing education program: _____

L.P.N. _____

C.N.A. _____

Prior to the Fall Semester, I will have completed:

	<u>No</u>	<u>Yes</u>
Biol 157 Anatomy & Physiology I or	_____	_____
Biol 158 Anatomy & Physiology II	_____	_____
Soc 153 Intro to Sociology	_____	_____
HRO 100 Medical Terminology or proficiency	_____	_____
HRO 150 Fund. of Nutrition	_____	_____
Eng 101 Rhetoric & Comp I	_____	_____
Eng 102 Rhetoric & Comp II	_____	_____
Psyc 151 General Psychology	_____	_____



_____ (signature)

Nursing Education Program Student Medical Exam Form

Return by designated deadline: Southwestern Illinois College • Nursing Education Office
BCMC Room 2280 • 2500 Carlyle Ave • Belleville, IL 62221

Section 1 – Personal Information

Student completes this section.

Student Name (last, first, middle): _____

Street Address: _____ Phone Number: _____

City, State, Zip: _____ Date of Birth: _____

SWIC Student Email Address: _____ @swic.edu

Emergency Contact:

Name: _____ Relationship: Spouse Parent Other: _____

Phone: _____

Section 2 – Medical History

Student completes this section. Medical examiner is encouraged to discuss with student.

Check all that apply – use the space below to provide details:

- | | |
|--|---|
| <input type="checkbox"/> Heart disease or heart attack | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Heart murmur or Arrhythmia | <input type="checkbox"/> Stroke or paralysis |
| <input type="checkbox"/> Fainting/dizziness | <input type="checkbox"/> Headaches/migraines |
| <input type="checkbox"/> Diabetes (specify control method) | <input type="checkbox"/> Neurological disorder |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Seizure disorder/Epilepsy |
| <input type="checkbox"/> Eye disorder/vision loss | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Ear disorder/hearing loss | <input type="checkbox"/> Shortness of breath, asthma, cough or hoarseness |
| <input type="checkbox"/> GERD, Chron's disease, IBS, etc | <input type="checkbox"/> Pulmonary disease |
| <input type="checkbox"/> Any allergic reaction (drug, food, product, latex, etc) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Skin disease | <input type="checkbox"/> Cancer (specify type) |
| <input type="checkbox"/> Back injury, scoliosis or chronic lower back pain | <input type="checkbox"/> Abnormal bleeding |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Major Surgery |
| <input type="checkbox"/> Orthopedic disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental disorder/emotional instability | <input type="checkbox"/> Other _____ |

Provide details from all boxes checked above (attach additional sheets if more room is needed):

List any current medications or treatments (attach additional sheets if more room is needed):

Section 3 – Physical Examination *Medical Examiner (MD, DO, ARNP or PA) completes this section.*

Height: _____ Weight: _____ Blood pressure: _____ Pulse: _____

System:	Normal	Abnormal/Surgery (explain - attach additional sheets if more room is needed)
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine/Metabolic	<input type="checkbox"/>	<input type="checkbox"/>
Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>
Integumentary	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 – Tests/Immunizations – ALL SECTIONS IN WHITE MUST BE COMPLETED *Medical Examiner completes this section.*

A Two Step Tuberculosis Screening: Attach chest x-ray if ANY result is positive.

Step 1 date: ____ / ____ / ____ Results: Neg Pos | Step 2 date: ____ / ____ / ____ Results: Neg Pos

B Influenza (Flu shot): Annual flu shot is REQUIRED

C Tdap date: ____ / ____ / ____ **Td booster date:** ____ / ____ / ____

(Tetanus/Diphtheria & Pertussis) One time dose of Tdap required. (Tetanus/Diphtheria) After Tdap, Td booster within 10 years.

D Measles, Mumps and Rubella: *(Attach lab results for all titers)*

MMR Vaccine dose 1: ____ / ____ / ____	OR	Measles Titer: ____ / ____ / ____	Immune: <input type="checkbox"/> Yes <input type="checkbox"/> No
MMR Vaccine dose 2: ____ / ____ / ____		Mumps Titer: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Rubella Titer: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No

E Varicella (Chicken Pox): Indicate disease or vaccine or titer.

<input type="checkbox"/> Disease was contracted. <i>(If box checked; MD signature below acts as confirmation.)</i>	OR	<input type="checkbox"/> Vaccine: Dose 1: ____ / ____ / ____	OR	<input type="checkbox"/> Titer: ____ / ____ / ____	Immune: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach lab results)</i>
		Dose 2: ____ / ____ / ____			

F Hepatitis B Vaccine Series:

1: ____ / ____ / ____ (Dose 1) | 2: ____ / ____ / ____ (1 month after dose 1) | 3: ____ / ____ / ____ (5 months after dose 2)

OR Titer: ____ / ____ / ____ Immune: Yes No
(Attach lab results)

Medical Examiner: Please complete

I verify that I have reviewed this completed form with the student. I consider this student:

Mentally and physically able to undertake this program. Not mentally and physically able to undertake this program.

Signature: _____ Printed Name: _____ Date: _____

Office Name/Address/Phone: _____ (____) _____ - _____

Student: Read, Sign and Date

The information I have provided is complete and accurate to the best of my knowledge and I have attached all laboratory results. I understand that failure to complete this form correctly may jeopardize my participation in the clinical portion of this program.

Signature: _____ Printed Name: _____ Date: _____

Student Nurse Functions

Do you believe that you are able to successfully perform, with or without accommodations, the essential functions of a SWIC student nurse as listed on this page? Yes _____ No _____

If 'No' , please arrange to discuss this with the Nursing Director:

If you require any accommodations this must be arranged BEFORE the start of classes through the Disability and Access Center. This will maximize your potential for success in the nursing program. _____

Following appropriate instruction and supervision, the student will:

1. Employ critical thinking and problem solving in the application of the nursing process to patient care.
2. Accurately assess needs/condition of patients.
3. Participate in planning the care of the patient.
4. Implement nursing measures to give safe and effective care to patients, including:
 - a. Administering physical care which often requires moving/lifting patients and/or equipment and performing gross & fine motor skills.
 - b. Performing nursing procedures which may require standing for extended periods, the ability to stoop or bend, maneuvering in confined spaces.
5. Participate in the evaluation of patient care.
6. Communicate & interact appropriately with patients, families, and other members of the health care team including:
 - a. Verbal communication
 - b. Written communication
 - c. Electronic communication
 - d. Interaction with individuals & groups from a variety of cultures & backgrounds
7. Maintain a safe and appropriate environment for patients.
8. Attend class sessions which may involve sitting for extended periods with short breaks periodically and demonstrate proficiency at clinical or college lab for all required skills.
9. Complete scheduled examinations within the designated time frame.

STUDENT'S WITH DISABILITIES

Students with disabilities who believe that they may need accommodations must contact the Disability Access Center at 618-235-2700, ext. 5368 to arrange for accommodations in a timely fashion.

I have read and understood the information provided on this page.

Print Name

Student Signature

Date

COOPERATING AGENCY AGREEMENT

STUDENT RESPONSIBILITIES SECTION

WHEREAS

In accordance with the Cooperating Agency Agreement between the authorities of the Community College District No. 522, St. Clair, Washington, Monroe, Madison, Bond, Montgomery, Perry and Randolph Counties, Illinois, and the affiliating clinical facilities, the following responsibilities will be acknowledged by the student:

- A) His liability both to himself, occupants of his vehicle and to others in his transportation to and from the clinical facility.
- B) His personal malpractice and professional liability insurance to cover his actions with the patients of the clinical facility, if not provided by the college.
- C) His personal health/accident insurance.
- D) His personal conduct at the Community College, the clinical facility, and in transportation between the two institutions.
- E) His academic achievement and skill achievement in all educational situations whether in the classroom or in the clinical facility.
- F) Maintenance of work standards set by the clinical facility's clinical supervisor.
- G) Required attendance at work experiences, classes, seminars, recruitments and individual conferences with the instructor.
- H) CPR certification at Basic Life Support level, proof of immunizations, TB test, and physical exam.
- I) Criminal background check, random drug test and name search on government registries which prohibit employment in healthcare professions prior to clinical placement.
- J) Students should be aware that each site may differ in its requirements and that additional paperwork, on-line training, and various medical information, social security number, student ID number, finger printing, etc. may be expected from specific sites. The SWIC Nursing Director/nursing clinical faculty will pass on additional information prior to and following site assignments. SWIC is subject to the demands of each of its clinical sites.

IN WITNESS WHEREOF, this agreement is effective from program entrance to program exit. The parties hereto have caused this agreement to be duly executed by their proper officers.

SOUTHWESTERN ILLINOIS COLLEGE

By: _____
(Parent/Legal Guardian, if applicable)

By: _____
(Program Coordinator)

Date: _____

By: _____
(Student – Print Name)

(Student – Signature)

Southwestern Illinois College
Nursing Education
Release of Liability

WHEREAS, _____ is presently enrolled as a student in the Nursing Education Program at Community College District No. 522, St. Clair, Washington, Monroe, Madison, Randolph, Bond, and Perry Counties, Illinois, and

WHEREAS, it is normal and incident to being associated with the health related fields that there could be an exposure to illness, disease or injury, and

WHEREAS, the undersigned recognizes the possible exposure to said illness, disease or injury, and acknowledges that said exposure would not be the responsibility of said Community College District No. 522 or the cooperating hospitals, agencies, school districts, nursing homes, or outpatient facilities, etc.

THEREFORE, in consideration of being offered and my taking the program as offered by said Community College District No. 522, I hereby release and agree to hold harmless said Community College District No. 522 and their respective Boards, administrative staffs, medical, dental and nursing staffs, faculty, coordinators, directors, instructors, supervisors and all personnel and employees, of and from any and all claims or injuries occasioned by any illness, disease or injury incurred or contracted or caused by activities connected with said courses.

Signed: _____

Date: _____

I, parent or guardian of the above named student, presently a minor, hereby join in said release and agreement to hold harmless in behalf of said student, and as parent or guardian thereof.

(Parent or Guardian's Signature)

(Witness to Signature)

SAFETY INFORMATION

**Provided for your information...please refer to
your own health care provider for more specific
information**

MERCURY INSTRUMENTS

The mercury instruments have been replaced in the nursing and nurse assistant labs. Please do NOT use these items, if any should remain. Notify the ATL supervisor, nurse assistant faculty, or nursing faculty. If by chance a mercury instrument is broken, and the mercury escapes, do **NOT** try to clean up the spill by yourself. Do **NOT** dispose of the mercury or any mercury containing instrument in the trash cans or sharps containers. Report the spill to the ATL supervisor or one of the nursing or nurse assistant faculty. A mercury spill kit is kept in each lab to be used for small clean ups.

LATEX SENSITIVITY

For your information, the following material on Latex Sensitivity is provided. Vinyl gloves are available in the nursing auto-tutorial lab.

Background

There has been an increase in the number of reported sensitivities to natural rubber latex. Because of the extent of exposure to latex by health care providers and students in those and other related career paths, the potential exists for the development of sensitivity to latex products by students and staff members. This protocol is meant to address incidences of acquired latex sensitivity by individuals exposed in the course of their studies or faculty obligations.

Various health care products including dipped products like gloves, condoms, and balloons, are made from collected sap of rubber trees cultivated for this purpose. Increased exposure to latex has resulted from the institution of universal precautions by health care workers. A rise in IgE-mediated latex allergy has been noted by the American Academy of Allergy and Immunology, the Food and Drug Administration, and the rubber industry. An allergic response to latex can range from a delayed type IV, cutaneous reaction to a Type I, IgE anaphylactic and life-threatening reaction. Now a recognized affliction, the latex allergen is felt to be proteinaceous products of the rubber tree, *Hevea brasiliensis*. However, the processing of natural latex may result in the formation of neo-antigens.

“Signs and symptoms of an allergic reaction associated with latex include local or systemic urticaria, hayfever-like symptoms, abdominal cramps, difficulty in breathing, a rapid heart rate, a drop in blood pressure and potential anaphylactic shock” (1994, p.2). Foods known to be cross-reactive with latex are bananas, avocados, and chestnuts. The presence of allergic symptoms such as oral itching are “recognized risk factors for latex allergy” (Weiss, 1995, p.4).

Individuals at Risk

There are three populations considered at high risk to sensitization: children with myelomeningocele/spina bifida (34-100%); rubber industry workers (11%), and health care workers (4.5-14%), including student nurses, medical laboratory technicians and medical imaging technologists. Increased exposure to the allergen/s over time can result in a diagnosis of latex allergy. Risk factors associated with a latex allergy include:

- * Previous allergic reaction to latex or latex-containing products,
- * Previous unexplained anaphylaxis
- * Hand eczema,
- * Allergic reaction such as oral itching from cross-reactive foods,
- * Multiple surgeries in childhood, and
- * Spina bifida.

Latex allergy testing

When an allergy to latex is suspected, the individual needs to be assessed regarding the presence of risk factors, and history of latex exposure and immediate reactions such as contact urticaria, pruritus, dermatitis, rhino conjunctivitis or asthma. Confirmatory testing consists of a blood test specific for presence of latex IgE. A negative result should be followed by other challenge tests such as *in vitro* testing for latex-specific IgE. If necessary, skin testing should be done by allergy specialists with appropriate trained personnel as anaphylactic reactions have been reported. A commercial test, AlaSTAT, is available and intended for diagnosis of suspected latex allergy. It is not intended as a screening tool.

Should an individual test positive for the latex allergy the following actions must be taken:

- * The individual must be counseled regarding continued exposure. The list of latex-containing health care and other products is long and includes many commonly used items.
- * The latex-sensitive/allergic person needs to be aware of his or her responsibility to inform instructors, health care providers, supervisors, etc. of the allergy or sensitivity.
- * Documentation from the person's health care provider regarding diagnosis and treatment must be on file in the person's health record at the Health Center. Precautions recommended by the practitioner, if any, need to be included in the report.
- * Clinical staff should notify CLC faculty if latex sensitivity of a student is suspected.
- * Alternate products for the use in the laboratory and clinical area must be provided.

References

Weiss, J. (1995). AlaSTAT: Latex allergy. Diagnostics Product Corporation Technical report.



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 NIOSH Publication No. 98-113:

Latex Allergy A Prevention Guide

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

What is latex?

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

What is latex allergy?

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

Who is at risk of developing latex allergy?

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

Is skin contact the only type of latex exposure?

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

How is latex allergy treated?

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

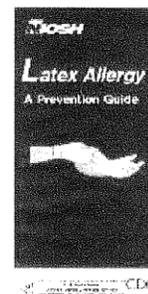
Are there other types of reactions to latex besides latex allergy?

Yes. The most common reaction to latex products is *irritant contact dermatitis*—the development of dry, itchy, irritated areas on the skin, usually the hands. This reaction is caused by irritation from wearing gloves and by exposure to the powders added to them. Irritant contact dermatitis is not a true allergy. *Allergic contact dermatitis* (sometimes called chemical sensitivity dermatitis) results from the chemicals added to latex during harvesting, processing, or manufacturing. These chemicals can cause a skin rash similar to that of poison ivy. Neither irritant contact dermatitis nor chemical sensitivity dermatitis is a true allergy.

How can I protect myself from latex allergy?

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

1. Use nonlatex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, general maintenance, etc.).
2. Appropriate barrier protection is necessary when handling infectious materials. If you choose



On This Page...

- [What is latex?](#)
- [What is Latex allergy?](#)
- [Who is at risk?](#)
- [Is skin contact the only type of latex exposure?](#)
- [How is latex allergy treated?](#)
- [Are there other types of reactions to latex?](#)
- [How can I protect myself from latex allergy?](#)
- [What if I think I have latex allergy?](#)

Related Resources ...

- [NIOSH Latex Allergy Topic Page](#)
- [NIOSH Alert No. 97-135, Preventing Allergic Reactions to Natural Rubber Latex in the Workplace](#)

This document is also available in PDF format.

98-113.pdf
2 pages, 158kb



<http://www.cdc.gov/niosh/98-113.html>

latex gloves, use powder-free gloves with reduced protein content.

- Such gloves reduce exposures to latex protein and thus reduce the risk of latex allergy.
 - So-called hypoallergenic latex gloves do not reduce the risk of latex allergy. However, they may reduce reactions to chemical additives in the latex (allergic contact dermatitis).
3. Use appropriate work practices to reduce the chance of reactions to latex.
 - When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration).
 - After removing latex gloves, wash hands with a mild soap and dry thoroughly.
 - Practice good housekeeping: frequently clean areas and equipment contaminated with latex-containing dust.
 4. Take advantage of all latex allergy education and training provided by your employer and become familiar with procedures for preventing latex allergy.
 5. Learn to recognize the symptoms of latex allergy: skin rash; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and (rarely) shock.

What if I think I have latex allergy?

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

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

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

ADDITIONAL INFORMATION

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

You may also visit the NIOSH Homepage on the World Wide Web at <http://www.cdc.gov/niosh>

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

- [http:// www.anesth.com/lair/lair.htm](http://www.anesth.com/lair/lair.htm)
- http://www.familyvillage.wisc.edu/lib_latx.htm

Second printing, with minor changes for clarity.

DHHS (NIOSH) PUBLICATION No. 98-113

[NIOSH Home](#) | [NIOSH Search](#) | [Site Index](#) | [Topic List](#) | [Contact Us](#)

Bloodborne Pathogens

Human immunodeficiency virus (HIV), hepatitis C, and hepatitis B virus (HBV) are transmitted through sexual contact and exposure to infective blood, blood components and other body fluids.

Students who may be exposed in a clinical area will follow that facility's existing policy and procedures. In all other situations students will be referred to their personal physician for individual assessment and prophylaxis, if indicated. Prophylaxis, if indicated, should be initiated promptly. Records associated with the exposure or treatment will be treated as confidential medical records and will not be discussed with anyone other than those involved in counseling, providing care, or maintaining records. A violation of confidence is unethical and will not be tolerated. A student who suspects that this trust has been violated should report the concern to the coordinator or director as soon as possible.

The following are provided **for your information only**. You should follow your physician's recommendations or hospital policy in any situation.

1. **RECOMMENDED HIV CHEMOPROPHYLAXIS AFTER OCCUPATIONAL EXPOSURE:**

Prescription for medication should be given by the student's personal physician or the ER physician based on CDC Guidelines:

2. **RECOMMENDED HBV PROPHYLAXIS**

3. **"EXPOSURE TO BLOOD"**

TABLE 1. Recommended HIV postexposure prophylaxis (PEP) for percutaneous injuries

Exposure type	Infection status of source				
	HIV-positive, class 1*	HIV-positive, class 2*	Source of unknown HIV status†	Unknown source‡	HIV-negative
Less severe¶	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings in which exposure to HIV-infected persons is likely	No PEP warranted
More severe§§	Recommend expanded 3-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings in which exposure to HIV-infected persons is likely	No PEP warranted

* HIV-positive, class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 ribonucleic acid copies/mL); HIV-positive, class 2 — symptomatic HIV infection, acquired immunodeficiency syndrome, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of PEP should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

† For example, deceased source person with no samples available for HIV testing.

‡ For example, a needle from a sharps disposal container.

§ For example, solid needle or superficial injury.

¶ The recommendation “consider PEP” indicates that PEP is optional; a decision to initiate PEP should be based on a discussion between the exposed person and the treating clinician regarding the risks versus benefits of PEP.

†† If PEP is offered and administered and the source is later determined to be HIV-negative, PEP should be discontinued.

§§ For example, large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient’s artery or vein.

TABLE 2. Recommended HIV postexposure prophylaxis (PEP) for mucous membrane exposures and nonintact skin* exposures

Exposure type	Infection status of source				
	HIV-positive, class 1†	HIV-positive, class 2†	Source of unknown HIV status	Unknown source‡	HIV-negative
Small volume**	Consider basic 2-drug PEP††	Recommend basic 2-drug PEP	Generally, no PEP warranted§§	Generally, no PEP warranted	No PEP warranted
Large volume¶¶	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP†† for source with HIV risk factors§§	Generally, no PEP warranted; however, consider basic 2-drug PEP†† in settings in which exposure to HIV-infected persons is likely	No PEP warranted

* For skin exposures, follow-up is indicated only if evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, or open wound).

† HIV-positive, class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 ribonucleic acid copies/mL); HIV-positive, class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of PEP should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

‡ For example, deceased source person with no samples available for HIV testing.

¶ For example, splash from inappropriately disposed blood.

** For example, a few drops.

†† The recommendation “consider PEP” indicates that PEP is optional: a decision to initiate PEP should be based on a discussion between the exposed person and the treating clinician regarding the risks versus benefits of PEP.

§§ If PEP is offered and administered and the source is later determined to be HIV-negative, PEP should be discontinued.

¶¶ For example, a major blood splash.

sis, those taking regimens that include PI were more likely to

TABLE 3. Primary side effects and toxicities associated with antiretroviral agents used for HIV postexposure prophylaxis, by class and agent

Class and agent	Side effect and toxicity
Nucleoside reverse transcriptase inhibitors (NRTI)	Class warning: all NRTIs have the potential to cause lactic acidosis with hepatic steatosis
Zidovudine (Retrovir [®] , ZDV, AZT)	Anemia, neutropenia, nausea, headache, insomnia, muscle pain, and weakness
Lamivudine (EpiVir [®] , 3TC)	Abdominal pain, nausea, diarrhea, rash, and pancreatitis
Stavudine (Zerit [™] , ddI)	Peripheral neuropathy, headache, diarrhea, nausea, insomnia, anorexia, pancreatitis, elevated liver function tests (LFTs), anemia, and neutropenia
Didanosine (Videx [®] , ddI)	Pancreatitis, lactic acidosis, neuropathy, diarrhea, abdominal pain, and nausea
Etricitabine (Emtriva, FTC)	Headache, nausea, vomiting, diarrhea, and rash. Skin discoloration (mild hyperpigmentation on palms and soles), primarily among nonwhites
Nucleotide analogue reverse transcriptase inhibitor (NRTI)	Class warning: All NRTIs have the potential to cause lactic acidosis with hepatic steatosis
Tenofovir (Viread [®] , TDF)	Nausea, diarrhea, vomiting, flatulence, and headache
Nonnucleoside reverse transcriptase inhibitors (NNRTIs)	
Efavirenz (Sustiva [®] , EFV)	Rash (including cases of Stevens-Johnson syndrome), insomnia, somnolence, dizziness, trouble concentrating, abnormal dreaming, and teratogenicity
Protease inhibitor	
Indinavir (Crivivan [®] , IDV)	Nausea, abdominal pain, nephrolithiasis, and indirect hyperbilirubinemia
Nelfinavir (Viracept [®] , NFV)	Diarrhea, nausea, abdominal pain, weakness, and rash
Ritonavir (Norvir [®] , RTV)	Weakness, diarrhea, nausea, circumoral paresthesia, taste alteration, and elevated cholesterol and triglycerides
Saquinavir (Invirase [®] , SQV)	Diarrhea, abdominal pain, nausea, hyperglycemia, and elevated LFTs
Fosamprenavir (Lexiva [®] , FOSAPV)	Nausea, diarrhea, rash, circumoral paresthesia, taste alteration, and depression
Atazanavir (Reyataz [®] , ATV)	Nausea, headache, rash, abdominal pain, diarrhea, vomiting, and indirect hyperbilirubinemia
Lopinavir/ritonavir (Kaletra [®] , LPV/RTV)	Diarrhea, fatigue, headache, nausea, and increased cholesterol and triglycerides
Fusion inhibitor	
Enfuvirtide (Fuzeon [®] , T-20)	Local injection site reactions, bacterial pneumonia, insomnia, depression, peripheral neuropathy, and cough

Sources: Package inserts; Panel on Clinical Practices for Treatment of HIV Infection. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents—April 7, 2005. Washington, DC: National Institutes of Health, 2005. Available at http://aidsinfo.nih.gov/guidelines/default_db2.asp?c=50.

RECOMMENDATIONS FOR HEPATITIS B PROPHYLAXIS FOLLOWING PERCUTANEOUS OR PERMUCOSAL EXPOSURE

TREATMENT WHEN SOURCE IS FOUND TO BE:

EXPOSED PERSON	HbsAg-positive	HbsAg-negative	Source not tested or unknown
Unvaccinated	HBIG x 1* and initiate HB vaccine	Initiate HB vaccine	Initiate HB vaccine
Previously vaccinated Known responder	Test exposed for anti-HBs 1. If adequate +, no treatment 2. If inadequate, HB vaccine booster dose	No treatment	No treatment
Known nonresponder	HBIG x 2 or HBIG x 1 plus 1 dose HB vaccine	No treatment	If known high-risk source, may treat as if source were HbsAg-positive
Response unknown	Test exposed for anti-HBs 1. If inadequate, HBIG x 1 plus HB vaccine booster dose 2. If adequate +, no treatment	No treatment	Test exposed for anti-HBs 1. If inadequate, HB vaccine booster dose 2. If adequate+, no treatment

* Hepatitis B Immune Globulin (HBIG) dose 0.06 ml/kg IM

+ Adequate anti-HBs (Antibody to HbsAg) is ≥ 10 SRU by RIA or positive by EIA.

Follow specific protocols of your health care provider.

Exposure to Blood What Healthcare Personnel Need to Know

OCCUPATIONAL EXPOSURES TO BLOOD

Introduction

Healthcare personnel are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. Important factors that influence the overall risk for occupational exposures to bloodborne pathogens include the number of infected individuals in the patient population and the type and number of blood contacts. Most exposures do not result in infection. Following a specific exposure, the risk of infection may vary with factors such as these:

- ◆ The pathogen involved
- ◆ The type of exposure
- ◆ The amount of blood involved in the exposure
- ◆ The amount of virus in the patient's blood at the time of exposure

Your employer should have in place a system for reporting exposures in order to quickly evaluate the risk of infection, inform you about treatments available to help prevent infection, monitor you for side effects of treatments, and determine if infection occurs. This may involve testing your blood and that of the source patient and offering appropriate postexposure treatment.

How can occupational exposures be prevented?

Many needlesticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth, or skin.

IF AN EXPOSURE OCCURS

What should I do if I am exposed to the blood of a patient?

1. Immediately following an exposure to blood:
 - ◆ Wash needlesticks and cuts with soap and water
 - ◆ Flush splashes to the nose, mouth, or skin with water
 - ◆ Irrigate eyes with clean water, saline, or sterile irrigants

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

2. **Report the exposure** to the department (e.g., occupational health, infection control) responsible for managing exposures. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for postexposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.

RISK OF INFECTION AFTER EXPOSURE

What is the risk of infection after an occupational exposure?

HBV

Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. Hepatitis B surface antigen (HBsAg)-positive individuals who are HBeAg positive have more virus in their blood and are more likely to transmit HBV than those who are HBeAg negative. While there is a risk for HBV infection from exposures of mucous membranes or nonintact skin, there is no known risk for HBV infection from exposure to intact skin.

HCV

The average risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is unknown, but is believed to be very small; however, HCV infection from blood splash to the eye has been reported. There also has been a report of HCV transmission that may have resulted from exposure to nonintact skin, but no known risk from exposure to intact skin.

HIV

- ◆ The average risk of HIV infection after a needlestick or cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.
- ◆ The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).
- ◆ The risk after exposure of non-intact skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time).

How many healthcare personnel have been infected with blood-borne pathogens?

HBV

The annual number of occupational infections has decreased 95% since hepatitis B vaccine became available in 1982, from >10,000 in 1983 to <400 in 2001 (CDC, unpublished data).

HCV

There are no exact estimates on the number of healthcare personnel occupationally infected with HCV. However, studies have shown that 1% of hospital healthcare personnel have evidence of HCV infection (about 3% of the U.S. population has evidence of infection). The number of these workers who may have been infected through an occupational exposure is unknown.

HIV

As of December 2001, CDC had received reports of 57 documented cases and 138 possible cases of occupationally acquired HIV infection among healthcare personnel in the United States since reporting began in 1985.

TREATMENT FOR THE EXPOSURE

Is vaccine or treatment available to prevent infections with blood-borne pathogens?

HBV

As mentioned above, hepatitis B vaccine has been available since 1982 to prevent HBV infection. All healthcare personnel who have a reasonable chance of exposure to blood or body fluids should receive hepatitis B vaccine. Vaccination ideally should occur during the healthcare worker's training period. Workers should be tested 1-2 months after the vaccine series is complete to make sure that vaccination has provided immunity to HBV infection. Hepatitis B immune globulin (HBIG) alone or in combination with vaccine (if not previously vaccinated) is effective in preventing HBV infection after an exposure. The decision to begin treatment is based on several factors, such as:

- ◆ Whether the source individual is positive for hepatitis B surface antigen
- ◆ Whether you have been vaccinated
- ◆ Whether the vaccine provided you immunity

HCV

There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection. Neither immune globulin nor antiviral therapy is recommended after exposure. For these reasons, following recommended infection control practices to prevent percutaneous injuries is imperative.

HIV

There is no vaccine against HIV. However, results from a small number of studies suggest that the use of some antiretroviral drugs after certain occupational exposures may reduce the chance of HIV transmission. Postexposure prophylaxis (PEP) is recommended for certain occupational exposures that pose a risk of transmission. However, for those exposures without risk of HIV infection, PEP is not recommended because the drugs used to prevent infection may have serious side effects. You should discuss the risks and side effects with your healthcare provider before starting PEP for HIV.

How are exposures to blood from an individual whose infection

status is unknown handled?

HBV–HCV–HIV

If the source individual cannot be identified or tested, decisions regarding follow-up should be based on the exposure risk and whether the source is likely to be infected with a bloodborne pathogen. Follow-up testing should be available to all personnel who are concerned about possible infection through occupational exposure.

What specific drugs are recommended for postexposure treatment?

HBV

If you have not been vaccinated, then hepatitis B vaccination is recommended for any exposure regardless of the source person's HBV status. HBIG and/or hepatitis B vaccine may be recommended depending on the source person's infection status, your vaccination status and, if vaccinated, your response to the vaccine.

HCV

There is no postexposure treatment that will prevent HCV infection.

HIV

The Public Health Service recommends a 4-week course of a combination of either two antiretroviral drugs for most HIV exposures, or three antiretroviral drugs for exposures that may pose a greater risk for transmitting HIV (such as those involving a larger volume of blood with a larger amount of HIV or a concern about drug-resistant HIV). Differences in side effects associated with the use of these drugs may influence which drugs are selected in a specific situation. These recommendations are intended to provide guidance to clinicians and may be modified on a case-by-case basis. Determining which drugs and how many drugs to use or when to change a treatment regimen is largely a matter of judgment. Whenever possible, consulting an expert with experience in the use of antiviral drugs is advised, especially if a recommended drug is not available, if the source patient's virus is likely to be resistant to one or more recommended drugs, or if the drugs are poorly tolerated.

How soon after exposure to a bloodborne pathogen should treatment start?

HBV

Postexposure treatment should begin as soon as possible after exposure, preferably within 24 hours, and no later than 7 days.

HIV

Treatment should be started as soon as possible, preferably within hours as opposed to days, after the exposure. Although animal studies suggest that treatment is less effective when started more than 24-36 hours after exposure, the time frame after which no benefit is gained in humans is not known. Starting treatment after a longer period (e.g., 1 week) may be considered for exposures that represent an increased risk of transmission.

Has the FDA approved these drugs to prevent bloodborne virus infection following an occupational exposure?**HBV**

Yes. Both hepatitis B vaccine and HBIG are approved for this use.

HIV

No. The FDA has approved these drugs only for the treatment of existing HIV infection, but not as a treatment to prevent infection. However, physicians may prescribe any approved drug when, in their professional judgment, the use of the drug is warranted.

What is known about the safety and side effects of these drugs?**HBV**

Hepatitis B vaccine and HBIG are very safe. There is no information that the vaccine causes any chronic illnesses. Most illnesses reported after a hepatitis B vaccination are related to other causes and not the vaccine. However, you should report to your healthcare provider any unusual reaction after a hepatitis B vaccination.

HIV

All of the antiviral drugs for treatment of HIV have been associated with side effects. The most common side effects include upset stomach (nausea, vomiting, diarrhea), tiredness, or headache. The few serious side effects that have been reported in healthcare personnel using combinations of antiviral drugs after exposure have included kidney stones, hepatitis, and suppressed blood cell production. Protease inhibitors (e.g., indinavir and nelfinavir) may interact with other medicines and cause serious side effects and should not be taken in combination with certain other drugs, such as non-sedating antihistamines, e.g., Claritin®. If you need to take antiviral drugs for an HIV exposure, it is important to tell the healthcare provider managing your exposure about any medications you are currently taking.

Can pregnant healthcare personnel take the drugs recommended for postexposure treatment?

HBV

Yes. Women who are pregnant or breast-feeding can receive the hepatitis B vaccine and/or HBIG. Pregnant women who are exposed to blood should be vaccinated against HBV infection, because infection during pregnancy can cause severe illness in the mother and a chronic infection in the newborn. The vaccine does not harm the fetus.

HIV

Pregnancy should not rule out the use of postexposure treatment when it is warranted. If you are pregnant you should understand what is known and not known regarding the potential benefits and risks associated with the use of anti-viral drugs in order to make an informed decision about treatment.

FOLLOW-UP AFTER AN EXPOSURE

What follow-up should be done after an exposure?

HBV

Because postexposure treatment is highly effective in preventing HBV infection, CDC does not recommend routine follow-up after treatment. However, any symptoms suggesting hepatitis (e.g., yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness) should be reported to your healthcare provider. If you receive hepatitis B vaccine, you should be tested 1-2 months after completing the vaccine series to determine if you have responded to the vaccine and are protected against HBV infection.

HCV

You should be tested for HCV antibody and liver enzyme levels (alanine aminotransferase or ALT) as soon as possible after the exposure (baseline) and at 4-6 months after the exposure. To check for infection earlier, you can be tested for the virus (HCV RNA) 4-6 weeks after the exposure. Report any symptoms suggesting hepatitis (mentioned above) to your healthcare provider.

HIV

You should be tested for HIV antibody as soon as possible after exposure (baseline) and periodically for at least 6 months after the exposure (e.g., at 6 weeks, 12 weeks, and 6 months). If you take antiviral drugs for postexposure treatment, you should be checked for drug toxicity by having a complete blood count and kidney and liver function tests just before starting treatment and 2 weeks after starting treatment. You should report any sudden or severe flu-like illness that occurs during the follow-up period, especially if it involves fever, rash, muscle aches, tiredness, malaise, or swollen glands. Any of these may suggest HIV infection, drug reaction, or other medical conditions. You should contact the healthcare provider managing your exposure if you have any questions or problems during the follow-up period.

What precautions should be taken during the follow-up period?**HBV**

If you are exposed to HBV and receive postexposure treatment, it is unlikely that you will become infected and pass the infection on to others. No precautions are recommended.

HCV

Because the risk of becoming infected and passing the infection on to others after an exposure to HCV is low, no precautions are recommended.

HIV

During the follow-up period, especially the first 6-12 weeks when most infected persons are expected to show signs of infection, you should follow recommendations for preventing transmission of HIV. These include not donating blood, semen, or organs and not having sexual intercourse. If you choose to have sexual intercourse, using a condom consistently and correctly may reduce the risk of HIV transmission. In addition, women should consider not breast-feeding infants during the follow-up period to prevent the possibility of exposing their infants to HIV that may be in breast milk.

PREVENTION OF OCCUPATIONAL INFECTIONS WITH HBV, HCV, OR HIV

Hepatitis B virus is largely preventable through vaccination. For HBV, HCV, and HIV, however, preventing occupational exposures to blood can prevent occupational infections with HBV, HCV, and HIV. This includes using appropriate barriers such as gown, gloves and eye protection as appropriate, safely handling needles and other sharp instruments, and using devices with safety features.

ADVANCED STANDING STUDENTS

Advanced Standing Students Summary

Transfer, Nurse Assistants, and LPN's may be granted advanced standing. Information should be obtained from the Director of Nursing Education if there are any questions.

Transfer students

SWIC nursing program will accept transfer students from other nursing programs with the following provisions:

1. All transcripts must be submitted to the Registrar and a transcript evaluation obtained.
2. A letter of reference from the previous nursing program Director or Administrator specifically should be provided. The letter should state whether or not the student is in good standing at the time of transfer, meaning that the student would be allowed to return to that program if he/she desired.
3. Nursing course materials such as syllabi, skills lists, topical outlines, etc., which clarify course content, should be reviewed with the Program Coordinators to determine suitability for substitution for SWIC nursing courses.
4. Other stipulations for transfer and graduation from SWIC, as described in the College Catalog, will apply.
5. Transfer students who have failed from their previous nursing program, and who subsequently fail a SWIC nursing course, will not be allowed to return to SWIC nursing program.

LPN and Nurse Assistant Students

SWIC nursing program makes provision for 2 articulated credits in nursing for Nurse Assistants and up to 13.5 articulated credits for LPNs, in accordance with the Illinois Articulation Initiative.

Nurse Assistants who desire to enter the RN program can choose to receive articulated credit for NE 102. These credits are officially applied to the student's **transcript after the student successfully completes NE 103**. If the student fails to complete successfully NE 103, the student may be allowed to re-enter, beginning with NE 102, at the next opportunity. Further information can be obtained from the program coordinators and will be discussed at the orientation held for accepted students each Spring.

LPNs complete an "Advanced Standing" for LPN's application. Pre-requisites and, at a minimum, first year general education courses must be completed before the LPN begins NE courses. The LPN will be given up to 13.5 escrowed credits, depending on transcript and program review. **These credits will be officially applied to the student's transcript after the LPN successfully completes the first two nursing courses of the bridge program, NE 105 and NE 106. After completing NE 105 and NE 106, the LPN will follow the second fall and second spring semester curriculum sequence as presented in the catalog. The LPN will therefore complete a summer, fall, and spring semester.** If one of these courses is failed, no articulated credits will be given and the program must be re-entered from the beginning. Further information and any clarification should be obtained from the Director of Nursing Education.

A student may decide **not** to receive transfer or articulated credit and may choose to enter the complete SWIC program.

If any student who enrolls in NE 102 fails to complete it successfully, the student **must** re-take NE 102 at the next opportunity, and CANNOT, after unsuccessfully attempting NE 102, substitute a CNA certification.

PLEASE NOTE: CREDIT AWARD FOR STUDENTS WITH CNA/LPN:

NA and LPN students please note: NA students must complete NE 103 to receive credit for NE 102 BEFORE being able to register for NE 105, NE 106, NE 108. LPN bridge students, likewise, must complete their first two nursing courses and first year general education courses, before being able to register for fall courses.

Articulation Information for Nurse Assistants

Welcome to Southwestern Illinois College's Articulation process for certified nurse assistants. The goal of the articulation process is to award credit for prior learning, as part of the Illinois Articulation Initiative for Nursing. General information is provided here. Information in the College Catalog should also be reviewed. The articulation process will award 2 credits to certified nurse assistants, who will not be required to register for NE 102. After completing the following course, NE 103, successfully, the credits for NE 102 will be posted to the student transcript.

To be eligible for this process, the nurse assistant must be accepted into the nursing education program and have passed the Illinois competency test for Certified Nurse Assistants and be current on the State Registry.

Should NE 103 not be successfully completed, no articulation credit will be applied and the student will re-enter the program (if desired) with NE 102.

This in no way affects the pre-requisite or general education component of the curriculum.

This articulation process applies only to students who are nurse assistants at the time of their first entry to the nursing program.

If there are any questions, please make an appointment to discuss them with the Nursing Education Program Coordinator.

Certified Nurse Assistant Articulation Information for NE 102

If you are a Certified Nurse Assistant, you may **opt** to NOT take NE 102 in the Fall. NE 102 is a 2 credit basic skills course. This option is available only to certified nurse assistants who are currently on the registry in Illinois. You must provide evidence of your certified nurse assistant status. **If your nurse assistant certificate is not current – meaning that you have been out of practice for more than 24 months – and you are not currently on the registry in Illinois, you are NOT eligible for this option.** If, as a certified nurse assistant, you choose not to take NE 102, you will be given the NE 102 credits AFTER you successfully complete NE 103. **Please note that you CANNOT register for the following semester UNTIL you complete NE 103 successfully and are given credit for NE 102.**

If you do not successfully complete NE 103, and desire to re-enter the program, you would have to complete NE 102 as well as NE 103 at that time.

If you decide that you are NOT going to take NE 102 because you are currently a certified nurse assistant, please sign and turn in this form. You will not be given articulation credits unless this form, evidence of your certified nurse assistant status, and successful completion of NE 103 has been done.

AGAIN: PLEASE NOTE: Registration for Spring classes can be done only after NE 103 is successfully completed and credit for NE 102 awarded.

To be current on the CNA Registry: You must have proof of working one 8 hour shift in a 24 month period. If no place of employment is listed within the past 24 months, you are not current. If you are a new CNA, then you have 24 months from the date of your exam to show currency of being a CNA or you would have to retest again including skills.

I have reviewed the articulation information for Certified Nurse Assistants and have had an opportunity to ask questions. My signature below indicates my understanding and agreement.

Print Name _____

Signature _____

Date _____

Articulation Information for LPN's

Welcome to Southwestern Illinois College's Articulation process for LPN's. The goal of the articulation process is to award credit for prior learning. Information should be reviewed from the College Catalog, Admission counselors, and Program Coordinators. The articulation process will enable the LPN to complete the Nursing Education coursework in 3 semesters, providing the general education and pre-requisite requirements have been met.

Up to 13.5 hours of nursing credit may be awarded to those who have successfully completed an LPN program and been licensed as an LPN in Illinois. These credits are held in "escrow" – meaning that they are not officially applied to the student's transcript until that student successfully completes the first attempted nursing courses (2) during the summer. A failure in either of the summer nursing course will prevent the LPN student from continuing the bridge program. The student must then reapply as a generic student to enter and complete the entire program. Therefore students will be able to register for Fall only after summer classes have been accomplished.

At Southwestern Illinois College, the courses for which the LPN may receive credit are indicated in the curriculum plan for Nursing, found in the College Catalog.

Since LPN programs differ and many LPN's may have already taken college courses in addition to their LPN courses, decisions concerning placement in the Nursing program can only be made after the LPN's transcripts have been reviewed. Therefore, it is important that the LPN have all transcripts and verification of LPN Illinois licensure sent to Southwestern Illinois College Registration/Admissions and request a transcript evaluation for the Nursing Education (0025) program. The LPN should also complete an application for the Nursing program indicating the request for advanced standing. That application title is "Advanced Standing Nursing Education for current LPNs".

Pre-requisites and general education requirements of the curriculum remain the same for the LPN and generic student. Generally speaking, the LPN will complete the Nursing Program application, indicating advanced standing, by December 1 of the Fall semester and enter the program in the following Summer semester. NE 105 and NE 106 will be taken that summer. The following Fall and Spring nursing courses are as presented in the college catalog for the second year of the nursing curriculum. To begin the bridge process, program pre-requisites must be completed by the application deadline and, at a minimum, the first year of general education courses, must be satisfied by the time the LPN begins Nursing courses. Other general education coursework can be completed before or during the Nursing coursework, as listed in the College Catalog. Please consult the College Catalog for pre-requisites and curriculum coursework for Nursing.

Sequence of the LPN articulated courses should be confirmed with the Nursing Department and depending on enrollment may change.

Subject to transcript review, the LPN may have requirements for HRO 100 waived and may be given credit for HRO 150. Biology taken in the LPN curriculum may satisfy the biology pre-requisite but **not** anatomy and physiology requirement. Articulation credit is given for NE 102, 103, 104, and 108.

LPN Bridge Articulation Information

I have reviewed the information provided pertaining to the LPN Bridge/Articulation, and asked any questions that I might have.

I understand that I must have successfully completed pre requisites by the application deadline, and, at a minimum, the first year's general education courses by summer, and submitted all required forms to begin the summer nursing courses for the LPN Bridge program.

I understand that articulated credit will be applied to my transcript **AFTER** I successfully complete summer NE courses.

I understand that, should I be unsuccessful in NE 105 or NE 106 during the summer, I may apply as a generic student for the next nursing program but the articulation process will **NOT** apply.

My signature below indicates my understanding and agreement.

Print Name: _____

Signature: _____

Date: _____

**PERMISSION FOR
E-MAILING INFORMATION**

Permission to E-Mail Course Information Form

Semester: _____

Course: _____

Section: _____

Date: _____

Instructor: _____

PRINT:

Last Name _____ First _____ MI _____

Student ID _____

I authorize _____ from Southwestern Illinois College to send course related information, such as assignments, grades, etc. to me electronically at the following e-mail address:

Please include/do not include (circle one) my e-mail address on group e-mails such as “class list serves.”

I understand that there is no guarantee of confidentiality via the Internet.

Signature

Date

SUPPLIES AND COSTS

SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION

NECESSARY ITEMS FOR NURSING

1. Purchase from SWIC Campus Store:
 - a. books for courses
 - b. nursing cap (last semester only)
 - c. SWIC uniform patch
 - d. printed course materials (syllabi)
 - e. The following supplies are OPTIONAL. Students may purchase them if they wish:
 - bandage scissors
 - stethoscope
2. Watch with (preferably) sweep second hand - watchband width can be no wider than face of watch.
3. Automobile sticker - necessary for parking on college parking lots: may be secured from the Security Office, Room 2348, Main Campus. No charge. Student I.D. – also from security –for library & Metrolink access.
4. Current CPR card, documenting proficiency at Basic Life Support level: adult, infant & child CPR, & AED. This must be copied and the copy on file by June 1st for LPNs and July 1st for students entering in the fall semester. It must be current throughout the time the student is in the nursing curriculum.
5. Criminal Background Checks
6. Drug screening
7. Copy of Health Insurance Document
8. Completed forms provided in this handbook
9. Information will be provided on ordering a uniform
10. SWIC Nursing Student name pin should be ordered in Print Shop (lower level, Belleville Campus Main Complex)



Health Sciences & Homeland Security
 2500 Carlyle Avenue Belleville, IL 62221-5899
 866-942-7942, ext. 5355 (618) 235-2700, ext. 5355 Fax (618) 235-2052

NURSING EDUCATION

AAS DEGREE (0025)

2020-2021 ESTIMATED DIRECT PROGRAM EXPENSES*

TUITION:

\$113.00 Per Semester Credit (68.5 Hrs.)*	\$7,740.50
\$6.00 Fee/Semester Credit- Technology	\$411.00
\$3.00 Fee/Semester Credit - Activities	\$205.50

FEES:

NE course lab fee*	\$860.00	
General Education lab fee*	\$138.00	
NCLEX-RN Application***	\$200.00	
Criminal Background Check for NCLEX***	\$55.00	
Drug & Background Check for Clinicals**	\$115.00	
Physical Exam, TB & Flu Shot	\$300.00	
Required Immunizations	\$300.00	
Assessment Technologies Institute	\$680.00	\$2,648.00

REQUIRED SUPPLIES AND EQUIPMENT

Uniforms and shoes*	\$150.00	
Name pin (\$5)*, patches (\$11.70)*	\$16.70	\$166.70

REQUIRED TEXTBOOKS:

NE*	\$2,500.00	
General Education*	\$1,100.00	\$3,600.00

TOTAL ESTIMATED COSTS:

\$14,771.70

*ALL TUITION, FEES, TEXTBOOKS, AND REQUIRED SUPPLIES AND EQUIPMENT COSTS ARE SUBJECT TO CHANGE BY ACTION OF THE BOARD OF TRUSTEES AND/OR CHANGES IN TECHNOLOGY OR PROGRAM CURRICULUM. TUITION COSTS ARE CALCULATED USING CURRENT IN-DISTRICT RATES. ADDITIONAL COST MAY EXIST FOR OUT-OF-DISTRICT OR OUT-OF-STATE STUDENTS NOT COVERED BY A COOPERATING AGREEMENT.

****UPON ACCEPTANCE TO THE HEALTH SCIENCES PROGRAM STUDENTS ARE REQUIRED TO SUBMIT TO A CRIMINAL BACKGROUND CHECK AND A DRUG SCREEN AND REGISTER FOR THE MO DEPT. OF HEALTH AND SENIOR SERVICES. MINIMUM COST FOR THE BACKGROUND CHECK/DRUG SCREEN AND REGISTRY IS \$113. STUDENTS WILL INCUR ADDITIONAL COST FOR EVERY STATE THEY HAVE RESIDED IN SINCE THE AGE OF 18. THE PROGRAM COORDINATOR WILL INFORM STUDENTS AT ORIENTATION OF DATES FOR SCREEN/CHECKS.**

***THESE ARE COSTS THAT THE STUDENT WILL INCUR UPON GRADUATION BUT ARE NOT PAID DIRECTLY TO SOUTHWESTERN ILLINOIS COLLEGE.

****Student will pay Assessment Technologies Institute directly.

Revised 2/19

BELLEVILLE

GRANITE CITY

RED BUD



Health Sciences & Homeland Security
 2500 Carlyle Avenue Belleville, IL 62221-5899
 866-942-7942, ext. 5355 (618) 235-2700, ext. 5355 Fax (618) 235-2052

ADVANCED STANDING NURSING EDUCATION
AAS DEGREE (0025)

2020-2021 ESTIMATED DIRECT PROGRAM EXPENSES*

TUITION:

\$113.00 Per Semester Credit (37 Hrs.)****		\$4,181.00
\$6.00 Fee/Semester Credit - Technology		\$222.00
\$3.00 Fee/Semester Credit - Activities		\$111.00

FEES:

NE course lab fee*	\$555.00	
General Education lab fee*	\$138.00	
NCLEX-RN Application***	\$200.00	
Drug & Background Check for Clinicals**	\$115.00	
Assessment Technologies Institute*****	\$340.00	\$1,348.00

REQUIRED SUPPLIES AND EQUIPMENT

Uniforms and shoes*	\$150.00	
Name pin (\$5)*, patches (\$11.70)*	\$16.70	\$166.70

REQUIRED TEXTBOOKS:

NE*	\$1,600.00	
General Education*	\$1,100.00	\$2,700.00

TOTAL ESTIMATED COSTS:

\$8,728.70

*ALL TUITION, FEES, TEXTBOOKS, AND REQUIRED SUPPLIES AND EQUIPMENT COSTS ARE SUBJECT TO CHANGE BY ACTION OF THE BOARD OF TRUSTEES AND/OR CHANGES IN TECHNOLOGY OR PROGRAM CURRICULUM. TUITION COSTS ARE CALCULATED USING CURRENT IN-DISTRICT RATES. ADDITIONAL COST MAY EXIST FOR OUT-OF-DISTRICT OR OUT-OF-STATE STUDENTS NOT COVERED BY A COOPERATING AGREEMENT.

****UPON ACCEPTANCE TO THE HEALTH SCIENCES PROGRAM STUDENTS ARE REQUIRED TO SUBMIT TO A CRIMINAL BACKGROUND CHECK AND A DRUG SCREEN AND REGISTER FOR THE MO DEPT. OF HEALTH AND SENIOR SERVICES. MINIMUM COST FOR THE BACKGROUND CHECK/DRUG SCREEN AND REGISTRY IS \$113. STUDENTS WILL INCUR ADDITIONAL COST FOR EVERY STATE THEY HAVE RESIDED IN SINCE THE AGE OF 18. THE PROGRAM COORDINATOR WILL INFORM STUDENTS AT ORIENTATION OF DATES FOR SCREEN/CHECKS.**

***THESE ARE COSTS THAT THE STUDENT WILL INCUR UPON GRADUATION BUT ARE NOT PAID DIRECTLY TO SOUTHWESTERN ILLINOIS COLLEGE.

****THE TUITION RATE IS SUBJECT TO CHANGE DEPENDING UPON THE NUMBER OF GENERAL EDUCATION COURSES TAKEN PRIOR TO THE PROGRAM.

***** Student will pay Assessment Technologies Institute directly.

Revised 2/19

ADDITIONAL PROGRAM COSTS

For your information and planning, the following information is provided concerning additional nursing program costs, which are independent of college costs.

1. **ATI – Assessment and Review Policy**

- Assessment Technologies Institute® (ATI) offers resources designed to enhance student academic and NCLEX success.
- The comprehensive program offers multiple assessment and remediation activities. These include assessment indicators for academic success, critical thinking, and learning styles. Online tutorials, online practice testing and proctored testing over the major content areas in nursing are also available. These ATI tools, in combination with the nursing program content, assist students to prepare more efficiently, as well as increase confidence and familiarity with nursing content.
- Data from student testing and remediation can be used for program’s quality improvement and outcome evaluation.
- ATI information and orientation resources can be accessed from your student home page.
It is highly recommended that you spend time navigating these valuable orientation materials found on your ATI student home page.

Modular Study:

ATI provides review modules in all major content areas. Students are encouraged to use these modules to supplement course work. These may be assigned during the course and/or as part of active learning/remediation following assessments.

Tutorials:

ATI offers many unique online tutorials. The tutorial **Nurse Logic** for instance teaches nursing students how to think like a nurse, how to take a nursing assessment and how to make sound clinical decisions. **Learning System** offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features embedded in the Learning System tutorial such as hint buttons, a talking glossary, and a critical thinking guide help students gain an understanding of the content. Other tutorials may be available and will be assigned as appropriate.

Assessments:

Assessments will help the student to identify what they know as well as areas requiring active learning/review. There are practice assessments available to the student and proctored assessments that may be scheduled during courses.

Active Learning/Remediation:

Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood as demonstrated on an assessment. It is intended to help the student review important information to be successful in courses and on the NCLEX. The student’s test report called their **individual performance profile** will contain a listing of the **topics to review**. From their test results the student can remediate these **topics to review** by using a **focused review** which contains links to ATI review modules, media clips and active learning templates.

Please refer to the current nursing education cost sheet for pricing.
(subject to change per ATI.)

2. **NURSING PIN**
Nursing Pins will be ordered at the beginning of your last semester. SNA funds may defray all or part of the cost for the basic pin.
3. **INVITATIONS**
Invitations to Allied Health and Public Services Pinning Ceremony will be ordered in April of your last semester. Cost last year was 0.35 each, if you wish to purchase.
4. **NCLEX** testing and Illinois RN License application fees. Applications will be completed at the end of your last semester. They can be mailed **only** after the graduation date on your official transcript. Cost last year was \$298.00. An additional 'live scan' fingerprint background check is required. Cost is \$55.00 (estimated).
5. A school uniform is required.
6. Criminal background check and drug screening will be done. Current cost is \$113.00. These stipulations of clinical agencies must be fulfilled or you will not be able to accomplish your course and will have to drop.

Some types of financial aid and scholarships may assume these costs. The Student Nurse Association may also assist with these costs, depending on the success of its fund raising activities. The more participation there is, the more costs can be defrayed!

DRESS CODES

Southwestern Illinois College Nursing Education Clinical Attire Regulations

Each student is expected to display a professional appearance. Appearance affects perception about the student and about the Nursing Education Program. Students should take pride in their appearance as health professionals and maintain appropriate attire, cleanliness, and neatness. These guidelines will apply **any time the student is representing the Nursing Program** in any assigned activity: clinical, home health, outpatient areas, preceptorships, etc. Students in any of these areas, who are checking on assignments, etc., will also be expected to adhere to these guidelines.

Name badges and Patch

The student's name badge will be worn on the left side of the uniform. If a lab coat is worn then the school patch must be visible on the left sleeve. The name badge can be ordered for a small fee in the Print Shop. A school patch will be worn centered on the left sleeve of the outermost garment. Patches can be purchased in the book store. No other buttons or pins are to be worn on the uniform. The name badge and nursing education patch must be visible at all times the student is at any clinical facility.

Jewelry

Necklaces and bracelets are not part of the uniform. A wrist watch is allowed. One simple stud earring per ear may be worn – this does not include hoops. Wedding bands may be worn – rings with ornamental stones may not be worn. No visible body piercing, other than earrings, will be allowed.

Hair

Neat, natural hair styles are part of a well-groomed appearance. Hair must be up and off the collar. Extremes such as radically unnatural colors, cutouts, spikes, Mohawks, etc., will not be allowed. Male students should neatly trim beards and/or moustaches.

Fingernails

Nails should be short and clean. Clear or light polish may be worn. Multicolored nails, nail ornaments, and false nails may not be worn.

Tattoos/piercing

Tattoos/piercing must not be visible.

Perfume/deodorant/make-up

Only light scents are permitted. Due to close contact with others, deodorant/antiperspirants should be worn. Only light make-up is appropriate.

Shoes

Shoes should be appropriate – and white. Toes must be closed. Sandals, clogs, slides, and crocs are not appropriate.

Hosiery

Hose must be worn with skirts and dresses. Socks or hose must be worn with slacks. Hose and socks are white and must cover the ankle.

Uniform

The uniform top is white with navy stripe on the sleeves – dress or pant suit for females and uniform top and trousers for males. A shirt may be worn under the uniform top but it must be a solid white or navy color. A white cardigan type sweater or a lab coat may be worn with the school patch visible. Pants/trousers are navy. Length for dress uniforms must not be above the knee. The following are not allowed: T-shirts, sweatshirts, sleeveless tops of any type, any recreational garments, leggings, stirrup pants, jeans, shorts. Slacks and pants must come to the ankle. You will be provided information concerning how to order your uniform.

Caps

Caps are worn for the Pinning ceremony in the last semester of the program. The cap can be purchased in the book store. Every School of Nursing has its own cap – do not purchase a cap in a uniform store unless you know what to look for! The ¼ inch velvet stripe on the cap should be placed 1 inch from the top edge of the cap.

These sound like very many rules to follow. However, keep in mind that patients expect health care providers to dress and act professionally. If you have any questions, consult the faculty before you purchase. Your clinical instructor is the last word on the appropriateness of your dress!

Cell Phone / Electronic Device Policy

Students are not to bring any type of cell phone or other electronic device into the clinical areas. Please notify your family, etc. that any emergency calls should be directed to your instructor at the clinical site only.

Instructors may give students their cell phone number. However, this is to be used only for clinical issues, not for classroom questions regarding material or any non-clinical questions or issues.

**INFORMATION PERTAINING
TO LICENSURE SANCTIONS**

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
LICENSURE APPLICATION INFORMATION

Students should be aware of the following:

The following information must be provided on application for licensure, completed at the end of your last semester.

PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.		
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		

PART VII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>

The student should be aware that an additional fingerprint criminal background check is required with Illinois license application. This cost, and the cost of the NCLEX application, will be the responsibility of each student. Licensure may be prohibited by certain felony convictions.

ACADEMIC CODE OF CONDUCT

The Code of Conduct is established to promote professional conduct and personal integrity on the part of all nursing students. Each student in the Nursing Program is expected to abide by the following. A student may be placed on probation, suspended or dismissed, receive a failing grade in a test or a course failure for:

- Copying from another student's test paper.
- Using material during a test not authorized by the person administering the test.
- Collaborating with any other person during a test.
- Knowingly obtaining, using, buying, selling, transporting or soliciting in whole or part the contents of an unadministered test.
- "Plagiarism" means the appropriation of any persons work and the unacknowledged incorporation of that work in one's own work offered for credit. This includes purchased or borrowed papers.
- "Collusion" is the unauthorized collaboration with another person in preparing work offered for credit.
- Furnishing false information to faculty or College officials with the intent to deceive.
- Forgery, alteration or misuse of documents or records.
- Adherence to the Student Conduct Code, available on the SWIC website, is also expected.

PROFESSIONAL CONDUCT

Health Agencies in the community are utilized for clinical experience in nursing on a contractual agreement. Nursing students are required to display professional behavior at all times. This may include but not be limited to:

- a. Observing all policies of the agency, including drug screening and background check. Please note that the clinical agencies will have a designated parking area for students. Also, most of the health-care facilities have now prohibited smoking (including vapors) **completely** and have no smoking areas at all on their properties.
- b. Maintaining strict confidentiality of records, passwords, and information. Guard conversations in elevators, corridors and dining areas. Maintain the confidentiality of any computers/passwords, or electronic medical systems etc in the clinical area. The following are also required in clinicals:
- c. Giving a patient's status report before leaving the unit.
- d. Using your appropriate name and title.
- e. Observing uniform regulations when in a student activity at a clinical site.
- f. Using a moderate tone of voice and be aware of non-verbal communication.
- g. Refraining from socializing in the nursing station, corridors, elevators, and patient rooms.
- h. Being responsible and accountable for the quality of nursing care delivered to patients based on your scope of education, competence, and experience
- i. Obtaining instructor's supervision when implementing new or unfamiliar techniques
- j. Accepting responsibility for your own judgments and actions
- k. Collaborating with your instructor and other members of the health care team
- l. Respecting the dignity and rights of patients and their significant others including but not limited to:
 - i. Privacy
 - ii. Protection of confidential information
 - iii. Protection of personal property
- m. Accepting responsibility for timely reporting of illegal, substandard, unethical or unsafe nursing practice
- n. Ensuring patient/patient safety at all times
- o. Respecting all members of the health care team, SWIC personnel/faculty/students and maintain individuals freedom from exploitation of physical, mental, sexual, or financial boundaries

Violations of professional conduct will result in sanctions as determined by faculty, and may extend to clinical course failure.

Refer to NCSBN policy regarding Professional Boundaries and Social Networking.

SOCIAL MEDIA GUIDELINES

Social network sites like Twitter, Facebook, YouTube etc. have become widely used communication tools. Please adhere to the following communication guidelines:

1. Groupwise is to be used for official college business e-mail. All students have a SWIC e-mail and this address is used to communicate with the student.
2. BlackBoard only is to be used for academic and clinical related communication and coursework
3. There is **NO OFFICIAL SWIC NURSING** face book or other social media site.

In the use of social media for other purposes, please refrain from:

1. Use of names or identifiers for any personal health information or patient information
2. Disclosing confidential information about the College, Clinical, the employees or students (refer to the NCSBN ‘Nurses’ Guide to the use of Social Media)
3. Stating personal opinions as being endorsed by the College or clinical site
4. Use of information and activities that may violate an academic policy – or local, state, or federal law or regulation, or clinical site policy.

Be clear that any view you express is your own. In opposing others’ views, use professional judgment and refrain from comments that may be judged defamatory, harassing, libelous, or inhospitable to a reasonable academic/work environment.

Again, there is **NO OFFICIAL SWIC NURSING PROGRAM FACE BOOK** site. Anything posted on social media which purports to being posted on the ‘SWIC Nursing Program Face Book’ site should be discounted immediately. Nursing program information is **ONLY** transmitted through Bb or your college e-mail.

ADDITIONAL SOCIAL NETWORKING GUIDELINES

1. Do not reveal too many personal details such as contact details, your date of birth, etc. Such information could put you at risk of identity fraud.
2. Nurses occasionally have had to take out restraining orders on obsessive patients – so if you have any concerns, do not put yourself on a public networking site.
3. **Do not upload any images of yourself or any others in a clinical environment, or any images taken of the clinical environment itself.** These are considered a breach of your code of conduct and lead to potential dismissal.
4. Before posting images or joining any causes be aware that it is not just your friends and colleagues who may see this but also patients and employers.
5. View your facility’s written professional code and check their policy on wearing uniforms, before posting pictures that show you in work clothes in social situations.

DRUG POLICY

The use or possession of alcohol, controlled substances, cannabis or cannabis containing products at Southwestern Illinois College, any Nursing Education function, or any clinical site is strictly prohibited. SWIC and its clinical affiliate reserve the right to conduct random drug testing. Positive results from the drug test or student listing on prohibitory government registry will result in dismissal from the program. Note: Positive drug testing results from the use of illegal drugs or prescription medication for which the student does not have a prescription. Recreational or medical marijuana, which is not FDA approved, is also considered a positive drug testing result. Dismissal for positive criminal background check, drug test, or listing on a government registry does not qualify students for refund of tuition or lab fees. Students who have concerns regarding their status with the above regulations are encouraged to discuss the matter with the program coordinator or the coordinator's assistant prior to seeking admission.

GUIDELINES FOR STUDENT NURSE REPRESENTATIVES
ATTENDING FACULTY MEETINGS

Students are invited and permitted to attend Nursing Faculty meetings anytime

1. Faculty meetings are generally scheduled once a month. Please verify the date and time with the department secretary, the program coordinators, or your Instructor. The meeting will usually last 1 ½ hours.
2. Have any major student topics ready for discussion.
3. Be prepared to respond to questions concerning your topic.
4. Make note of any questions you or faculty may wish to present to other students.
5. Make note of any announcements you want to relay to classmates
6. The faculty welcomes your active participation.
7. Students may, however, be asked to leave if the faculty discussion involves any areas of confidentiality.

The following excerpts pertaining to Nursing practice are provided for your information. They deal with items of examination, licensure, and causes for disciplinary action in the State of Illinois.

ARTICLE 70. ADMINISTRATION AND ENFORCEMENT

(Source: P.A. 95-639, eff. 10-5-07)

(225 ILCS 65/70-5) (was 225 ILCS 65/10-45)
(Section scheduled to be repealed on January 1, 2018)

Sec. 70-5. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department may deem appropriate, including fines not to exceed \$10,000 per violation, with regard to a license for any one or combination of the causes set forth in subsection (b) below. All fines collected under this Section shall be deposited in the Nursing Dedicated and Professional Fund.

(b) Grounds for disciplinary action include the following:

- (1) Material deception in furnishing information to the Department.
- (2) Material violations of any provision of this Act or violation of the rules of or final administrative action of the Secretary, after consideration of the recommendation of the Board.
- (3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by sentencing of any crime, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States: (i) that is a felony; or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.
- (4) A pattern of practice or other behavior which demonstrates incapacity or incompetency to practice under this Act.
- (5) Knowingly aiding or assisting another person in violating any provision of this Act or rules.
- (6) Failing, within 90 days, to provide a response to a request for information in response to a written request made by the Department by certified mail.
- (7) Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, as defined by rule.
- (8) Unlawful taking, theft, selling, distributing, or manufacturing of any drug, narcotic, or prescription device.
- (9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that could result in a licensee's inability to practice with reasonable judgment, skill or safety.
- (10) Discipline by another U.S. jurisdiction or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section.
- (11) A finding that the licensee, after having her or his license placed on probationary status or subject to conditions or restrictions, has violated the terms of probation or failed to comply with such terms or conditions.
- (12) Being named as a perpetrator in an indicated report by the Department of Children and Family Services and under the Abused and Neglected Child Reporting Act, and upon proof by clear and convincing evidence that the licensee has caused a child to be abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.
- (13) Willful omission to file or record, or willfully impeding the filing or recording or inducting

another person to omit to file or record medical reports as required by law or willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act.

(14) Gross negligence in the practice of practical, professional, or advanced practice nursing.

(15) Holding oneself out to be practicing nursing under any name other than one's own.

(16) Failure of a licensee to report to the Department any adverse final action taken against him or her by another licensing jurisdiction of the United States or any foreign state or country, any peer review body, any health care institution, any professional or nursing society or association, any governmental agency, any law enforcement agency, or any court or a nursing liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section.

(17) Failure of a licensee to report to the Department surrender by the licensee of a license or authorization to practice nursing or advanced practice nursing in another state or jurisdiction or current surrender by the licensee of membership on any nursing staff or in any nursing or advanced practice nursing or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined by this Section.

(18) Failing, within 60 days, to provide information in response to a written request made by the Department.

(19) Failure to establish and maintain records of patient care and treatment as required by law.

(20) Fraud, deceit or misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

(21) Allowing another person or organization to use the licensee's license to deceive the public.

(22) Willfully making or filing false records or reports in the licensee's practice, including but not limited to false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

(23) Attempting to subvert or cheat on a licensing examination administered under this Act.

(24) Immoral conduct in the commission of an act, including, but not limited to, sexual abuse, sexual misconduct, or sexual exploitation, related to the licensee's practice.

(25) Willfully or negligently violating the confidentiality between nurse and patient except as required by law.

(26) Practicing under a false or assumed name, except as provided by law.

(27) The use of any false, fraudulent, or deceptive statement in any document connected with the licensee's practice.

(28) Directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered.

(29) A violation of the Health Care Worker Self-Referral Act.

(30) Physical illness, including but not limited to deterioration through the aging process or loss of motor skill, mental illness, or disability that results in the inability to practice the profession with reasonable judgment, skill, or safety.

(31) Exceeding the terms of a collaborative agreement or the prescriptive authority delegated to a licensee by his or her collaborating physician or podiatrist in guidelines established under a

written collaborative agreement.

(32) Making a false or misleading statement regarding a licensee's skill or the efficacy or value of the medicine, treatment, or remedy prescribed by him or her in the course of treatment.

(33) Prescribing, selling, administering, distributing, giving, or self-administering a drug classified as a controlled substance (designed product) or narcotic for other than medically accepted therapeutic purposes.

(34) Promotion of the sale of drugs, devices, appliances, or goods provided for a patient in a manner to exploit the patient for financial gain.

(35) Violating State or federal laws, rules, or regulations relating to controlled substances.

(36) Willfully or negligently violating the confidentiality between and advanced practice nurse, collaborating physician, dentist, or podiatrist and a patient, except as required by law.

(37) A violation of any provision of this Act or any rules promulgated under this Act.

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code, as amended, operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient; and upon the recommendation of the Board to the Secretary that the license be allowed to resume his or her practice.

(d) The Department may refuse to issue or may suspend or otherwise discipline the license of any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of the tax, penalty, or interest as required by any tax Act administered by the Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(e) In enforcing this Act, the Department or Board, upon a showing of a possible violation, may compel an individual licensed to practice under this Act or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Board or Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

All substance-related violations shall mandate an automatic substance abuse assessment.

Failure to submit to an assessment by a licensed physician who is certified as an addictionist or an advanced practice nurse with specialty certification in addictions may be grounds for an automatic suspension, as defined by rule.

If the Department or Board finds an individual unable to practice or unfit for duty because of the reasons set forth in this Section, the Department or Board may require that individual to submit to a substance abuse evaluation or treatment by individuals or programs approved or designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of evaluation or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise

discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

An individual licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in compliance with nursing standards under the provisions of his or her license.

(Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07.)

(225 ILCS 65/70-10) (was 225 ILCS 65/10-50)

(Section scheduled to be repealed on January 1, 2018)

Sec. 70-10. Intoxication and drug abuse.

(a) Any nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates that a registered professional nurse or licensed practical nurse is impaired due to the use of alcohol or mood altering drugs to the extent that such impairment adversely affects such nurse's professional performance, or unlawfully possesses, uses, distributes or converts mood altering drugs belonging to the place of employment, shall promptly report the individual to the Department or designee of the Department; provided however, an administrator or officer need not file the report in the nurse participates in a course of remedial professional counseling or medical treatment for substances abuse, as long as such nurse actively pursues such treatment under monitoring by the administrator or officer or by the hospital, nursing home, health care agency or facility, or nurse agency and the nurse continues to be employed by such hospital, nursing home, health care agency or facility, or nurse agency. The Department shall review all reports received by it in a timely manner. Its initial review shall be completed no later than 60 days after receipt of the report. Within this 60 day period, the Department shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Any nurse participating in mandatory reporting to the Department under this Section or in good faith assisting another person in making such a report shall have immunity from any liability, either criminal or civil, that might result by reason of such action.

Should the Department find insufficient facts to warrant further investigation, or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported.

Should the Department find sufficient facts to warrant further investigation, such investigation shall be completed within 60 days of the date of the determination of sufficient facts to warrant further investigation or action. Final action shall be determined no later than 30 days after the completion of the investigation. If there is a finding which verifies habitual intoxication or drug addiction which adversely affects professional performance or the unlawful possession, use, distribution or conversion

of habit-forming drugs by the reported nurse, the Department may refuse to issue or renew or may suspend or revoke that nurse's license as a registered professional nurse or a licensed practical nurse.

Any of the aforementioned actions or a determination that there are insufficient facts to warrant further investigation or action shall be considered a final action. The nurse administrator or officer who filed the original report or complaint, and the nurse who is the subject of the report, shall be notified in writing by the Department within 15 days of any final action taken by the Department.

(b) Each year on March 1, the Department shall submit a report to the General Assembly. The report shall include the number of reports made under this Section to the Department during the previous year, the number of reports reviewed and found insufficient to warrant further investigation, the number of reports not completed and the reasons for incompleteness. This report shall be made available also to nurses requesting the report.

(c) Any person making a report under this Section or in good faith assisting another person in making such a report shall have immunity from any liability, either criminal or civil, that might result by reason of such action. For the purpose of any legal proceeding, criminal or civil, there shall be a rebuttable presumption that any person making a report under this Section or assisting another person in making such report was acting in good faith. All such reports and any information disclosed to or collected by the Department pursuant to this Section shall remain confidential records of the Department and shall not be disclosed nor be subject to any law or regulation of this State relating to freedom of information or public disclosure of records.

(Source: P.A. 95-639, eff. 10-5-07.)

(225 ILCS 65/70-15)

(Section scheduled to be repealed on January 1, 2018)

Sec. 70-15. Disciplinary and non-disciplinary options for the impaired nurse.

The Department shall establish by rule a program of care, counseling, and treatment for the impaired nurse. This program shall allow an impaired nurse to self-refer to the program. Individual licensee health care records shall be privileged and confidential, unavailable for use in any proceeding, and not subject to disclosure. Nothing in this Section nor the rules adopted under this Section shall impair or prohibit the Department from taking disciplinary action based upon the grounds set forth in Section 70-5 of this Act.

(Source: P.A. 95-639, eff. 10-5-07.)

(225 ILCS 65/70-20) (was 225 ILCS 65/20-13)

(Section scheduled to be repealed on January 1, 2018)

Sec. 70-20. Suspension of license or registration for failure to pay restitution.

The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 46-1 of the Criminal Code of 1961. A person whose license or other authorization to practice is suspended under

this Section is prohibited from practicing until the restitution is made in full.

(Source: P.A. 94-577, eff. 1-1-06; 95-639, eff. 10-5-07.)

(225 ILCS 65/70-25) (was 225 ILCS 65/20-25)

(Section scheduled to be repealed on January 1, 2018.)

Sec. 70-25. Returned checks; fines.

Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of \$50. The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order with 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or deny the application, without hearing. If, after termination or denial, the person seeks a license, he or she shall apply to the Department for restoration or issuance of the license and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for restoration of a license to pay all expenses of processing this application. The Secretary may waive the fines due under this Section in individual cases where the Secretary finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 95-639, eff. 10-5-07.)

(225 ILCS 65/70-30) (was 225 ILCS 65/20-30)

(Section scheduled to be repealed on January 1, 2018)

ANA Code of Ethics

Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3

The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 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.

Provision 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.

Provision 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.

Provision 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.

Provision 8

The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principle of social justice into nursing and health policy.

This document describes the policies and procedures governing student rights and conduct at Southwestern Illinois College. It also describes the process students follow to file a grievance concerning academic, administrative, or equal opportunity issues. More detailed information concerning the policies, procedures, and programs of the college may be obtained from the College Catalog and brochure.

SWIC Student Conduct Code

Students at Southwestern Illinois College have the same rights as those accorded all citizens of the United States and the State of Illinois, including the right to free, open and responsible discussion and inquiry and the right to a quality education in a program of study under competent instructors.

The college is obligated to the people of the district and the state to provide an environment which is conducive to the academic and personal development of its students. This obligation requires the college to conduct its affairs in an orderly, uninterrupted manner.

Student conduct on campus and at all college-sponsored activities is governed by the rules of the community. Violations of federal, state, and local laws at any college-sponsored activity, on or off-campus, will be considered a violation of the Student Conduct Code and violators will be subject to disciplinary action. Such violations **include but are not limited to:**

- Acts that interfere with the purposes, necessities and processes of the college community or that deny the rights of members of the college community;
- Denying a trustee, employee, student or invitee of the college freedom of movement or use of the facility; disrupting the performance of institutional duties or pursuit of educational activities; and occupying buildings or other property after due and legal notice to depart;
- **Causing or threatening to cause harm to an individual either directly or indirectly by action or verbal behavior;**
- **Academic misconduct** including, but not limited to, cheating, plagiarism and forgery; failure or refusal to follow clinical practice standards; and soliciting, aiding, abetting, concealing, or attempting such acts. **Plagiarism is defined as the act of representing the work of another as one's own. Plagiarism may consist of copying, paraphrasing, or otherwise using written or oral work of another without proper acknowledgment of the source or presenting oral or written material prepared by another as one's own;**
- Improper, unauthorized, or personal use of college computer laboratories, equipment, internet services or software; the modifying or copying of college software and the use of illegal or unauthorized software;
- Sexual harassment. **Sexual harassment is defined as any unwelcome attention, behavior, or materials of a sexual nature that create an intimidating, hostile, or offensive**

environment or that interferes with educational or work performance. Sexual harassment is a violation of state and federal law as well as Southwestern Illinois College policy;

- **Nuisance activities such as the use of loud, abusive, or otherwise improper language; loitering; improper assembling; creating any hazard to persons or things; blocking access ways; improper disposal of rubbish; and lewd or obscene conduct as defined by law;**
- Possession and/or consumption of alcoholic beverages except at off-campus activities where such possession and consumption meet requirements of state law and where the location of the activity does not prohibit such beverages;
- Sale, use, possession, or distribution of marijuana or any other illicit substance, including any controlled substance not prescribed by a licensed physician;
- Illegal gambling;
- Loss, theft or damage of college property or property of members of the college community, including failure to return college supplies, equipment, software, and library material;
- Failure to meet financial obligations relative to college transactions or the issuing of fraudulent checks;
- The possession of explosives, firecrackers, firearms, dangerous chemicals or other weapons except as specially permitted by law and college officials;
- Failure to give information or giving false or misleading information in response to requests from college officials.

Possible Sanctions for Violations of Student Conduct Code

Sanctions for academic dishonesty or for behavior disruptive to the educational process may be imposed by faculty members in their instructional role. Sanctions for academic dishonesty include a failing grade on an individual assignment, examination, or course. Serious matters of academic dishonesty or disruptive behavior may cause the student to be withdrawn from the instructor's course or a program of study.

The vice president for Student Development may impose the following sanctions upon students found to have violated the Student Conduct Code.

- **Disciplinary Reprimand:** An oral conference or written reprimand noting the seriousness of the violation of the Student Conduct Code.

- **Probation:** A status for a specific period of time which places the student on notice that further misconduct may result in more serious penalty.
- **Social Probation:** Probationary status that also restricts the student from specified activities, equipment, or facilities.
- **Suspension:** Involuntary separation from the college for a stated period of time or until stated conditions are met. Days on suspension are unexcused absences from class.
- **Expulsion:** Permanent removal from Southwestern Illinois College.
- **Assessment for Restitution:** Payment for restoration of property or to resolve financial obligations to the college. Failure to pay assessed amounts will prevent the student from obtaining records and registering for classes.
- **Separations or Restrictions:** A student may be separated or restricted from enrollments on a temporary basis pending the completion of proceedings relevant to the Student Conduct Code. Students will be so notified.

Disciplinary Proceedings

A student who is accused of violating the Student Conduct Code will be referred to the vice president for Student Development, who will determine whether the student is guilty of the charge. If the student is found guilty, the vice president will impose appropriate sanctions. The student will be notified in writing of the decision. Written response will normally be made to the student within 10 school days unless circumstances require additional time for consideration.

If the student disagrees with the action taken, he or she may request a hearing before the Disciplinary Committee within seven school days from the time the notification is received. The request for a hearing must be in writing. The hearing date will be set by the Disciplinary Committee no later than 15 school days after the receipt of the student's request for a hearing.

The Disciplinary Committee consists of three administrators appointed by the president (one to be appointed chair), two faculty members appointed by the president of the Faculty Union and two students appointed by the Student Leadership Group at the Belleville Campus and one student appointed by the Granite City Campus Advisory Board.

The Disciplinary Committee hearing should be informal and non-adversarial in nature, with rules of evidence and civil procedure not strictly applying. The hearing should be conducted much as an arbitration would be handled involving personnel decisions under administrative proceedings. The vice president for Student Development and the student should be allowed to present any testimony or documents, and such evidence will be given whatever weight it is due. All documents used by the vice president for Student Development to impose sanctions should be made available to each Disciplinary Committee member and the student prior to the hearing. A transcript should be taken of the hearing.

The written decision of the Disciplinary Committee will be communicated to the student and vice president for Student Development. The Disciplinary Committee is the final authority on the matter.

These procedures are intended to serve as general guidelines and substantial compliance with them will be considered to meet the requirements of the process.

Student Grievance Procedures

Student grievances may involve academic matters, administrative matters, or discrimination. Grievances, other than those involving discrimination charges, will be handled through the regular chain of authority. A grievant who is not satisfied with a decision at one level may appeal the grievance to the next level of authority. Information and discussions concerning the resolution of a grievance will be maintained in as confidential a manner as possible so as to protect the interests of all parties.

In grievances involving academic matters, including grading, the student should first consult with the instructor concerned. Every attempt should be made to resolve the grievance on an informal basis. If necessary, the student should process a grievance through the levels of department head/coordinator, dean, vice president for Instruction and college president. At the Granite City and Red Bud Campuses, the vice provosts and/or provosts may be consulted.

In grievances involving administrative matters, the student should attempt to resolve the complaint of an informal basis by consulting with the responsible administrator. If necessary the student should proceed through the levels of director, dean, appropriate vice president and college president. At the Granite City and Red Bud Campuses, the vice provosts and/or provosts may be consulted.

A complaint becomes formal when it is submitted in writing by the complainant. **Grievances should be submitted in writing at each level of authority within 10 school days of the action being grieved or within 10 school days of the decision being appealed.** Written response will normally be made to the grievant within 10 school days unless circumstances require additional time for consideration. Grievances may not be appealed to the Board of Trustees.

It is college policy to grant equal educational opportunity to all qualified persons without regard to race, creed, color, sex, religion, national origin/ancestry, disability, sexual preference or age.

Grievances involving discrimination should be made to the affirmative action officer, the vice president for Human Resources.

How to Report Incidents:

Students who feel threatened or intimidated, who are harmed or who observe violations of the Student Conduct Code may report the incident as appropriate:

- For academic matters: To the instructor, coordinator/department head, or dean.
- For matters of safety or security: To the Public Safety Office or Campus Administrative Office.

Belleville.....235-2700, Ext. 5221
Granite City Campus.....931-0600, Ext. 6672
Red Bud Campus.....282-6682, Ext. 8114

- In general: To an administrator, faculty member, or staff member for assistance and referral.

In keeping with the Southwestern Illinois College mission, these regulations may be revised at the discretion of the college. Supplements and/or additions may be made at any time.

CONSENT FORM

The undersigned hereby represents that I am 18 years of age, and if applicable, am the parent and/or legal guardian of the person named below (the “Minor”), and authorize Southwestern Illinois College (the “College”) to interview me or the Minor, photograph and/or record my image, or the image of the Minor, and/or record the voice of myself, or that of the Minor, and publish my image and/or voice in printed materials, motion pictures, and internet, and media outlets, including but not limited to newspapers, magazines, television, radio, or any other print or electronic/digital medium, for the exclusive purpose of promoting the College and/or all affiliated entities in any medium currently existing or hereafter developed. In addition, I hereby grant the College the right to quote or paraphrase all or any portion of the interview materials.

Furthermore, the undersigned does hereby release and hold harmless Southwestern Illinois College, its Trustees, employees and agents, from any and all claims, demands, actions, complaints, suites or other form of liability for damages, including but not limited to libel, slander, invasion or privacy or any other claim, arising out of or by reason of the aforementioned use of images(s), recording(s) and materials.

Moreover, the undersigned does hereby agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me (or the Minor), will become due to me (or the Minor), my (our) heirs, agents, or assigns at any time because of participation in any of the above activities or the above-described use of image(s), recording(s) and material(s).

The above consent is given freely and voluntarily without any promises, threats or duress.

Name: _____ Signature: _____

Address: _____ Date: _____

City: _____ State/Zip: _____ Phone Number: _____

Parent or guardian signature if the above is under 18 years of age: _____

Witnessed by: _____ Date: _____

ATI Policy

ATI – Assessment and Review Policy

- Assessment Technologies Institute® (ATI) offers resources designed to enhance student academic and NCLEX success.
- The comprehensive program offers multiple assessment and remediation activities. These include assessment indicators for academic success, critical thinking, and learning styles. Online tutorials, online practice testing and proctored testing over the major content areas in nursing are also available. These ATI tools, in combination with the nursing program content, assist students to prepare more efficiently, as well as increase confidence and familiarity with nursing content.
- Data from student testing and remediation can be used for program’s quality improvement and outcome evaluation.
- ATI information and orientation resources can be accessed from your student home page. **It is highly recommended that you spend time navigating these valuable orientation materials found on your ATI student home page.**

Modular Study:

ATI provides review modules in all major content areas. Students are encouraged to use these modules to supplement course work. These may be assigned during the course and/or as part of active learning/remediation following assessments.

Tutorials:

ATI offers many unique online tutorials. The tutorial **Nurse Logic** for instance teaches nursing students how to think like a nurse, how to take a nursing assessment and how to make sound clinical decisions. **Learning System** offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features embedded in the Learning System tutorial such as hint buttons, a talking glossary, and a critical thinking guide help students gain an understanding of the content. Other tutorials may be available and will be assigned as appropriate.

Assessments:

Assessments will help the student to identify what they know as well as areas requiring active learning/review. There are practice assessments available to the student and proctored assessments that may be scheduled during courses.

Active Learning/Remediation:

Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood as demonstrated on an assessment. It is intended to help the student review important information to be successful in courses and on the NCLEX. The student’s test report called their **individual performance profile** will contain a listing of the **topics to review**. From their test results the student can remediate these **topics to review** by using a **focused review** which contains links to ATI review modules, media clips and active learning templates.

I have received a copy of the ATI Assessment and Review Policy. I understand that it is my responsibility to purchase and utilize all of the books, tutorials and online resources available from ATI.

Print Name

Date

Signature

STUDENT CONTRACT

1. I have received a copy of the Handbook for Nursing Education, Southwestern Illinois College. I agree to abide by the policies stated therein or those in the most recent Handbook.
2. I have received a copy of the ATI Assessment and Review Policy. I understand that it is my responsibility to purchase and utilize all of the books, tutorials and online resources available from ATI.
3. I have received a copy of sections of the Illinois Nurse Practice Act, which list qualifications for Registered Nurse licensure and grounds for refusal of license.
4. I have received a copy of the Personal History Information required on application for licensure.
5. I understand that an additional fingerprint criminal background check is required for Illinois licensure application and this will be a cost to me.
6. I understand that I will be responsible for the NCLEX testing fee, fingerprinting for NCLEX as well as state licensure fees.
7. I understand that any additional requirements of clinical agencies such as background checks, drug screens, vaccinations, etc. must be met.
8. I have received the Estimated Program Expense Sheet and understand the items listed.
9. I agree to abide by “A Nurse’s Guide to the Use of Social Media” and “Nurses Guide to Professional Boundaries” published by the NCSBN www.ncsbn.org Violations may result in program dismissal.
10. I have been given an opportunity to ask any questions I might have concerning the ADN Handbook and policies of the nursing program.
11. I understand that new or changed policies will be made known to me at the beginning of each course, in course syllabi, and/or Blackboard, and that the most current policy will apply.
12. And I understand that it is my responsibility to ascertain understanding or clarification of current or new policies if I have any confusion or questions.

Print Name _____

Signature _____

Date _____