Associate Degree Nursing
Student Handbook

2024/2025

Nursing Education

SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION

ASSOCIATE DEGREE NURSING

STUDENT HANDBOOK

Revised and Reviewed
April 2024

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, 3390 Peachtree Road, N.E. Ste. 1400; 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 ensure 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 practicners 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 lifelong 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:
   Benchmark: A minimum of 80% of NE graduates will pass the NCLEX-RN exam on the first attempt.

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

   50% or more of LPN Bridge 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. On-Time completion:
   a. A minimum of 60% admitted traditional NE students that began the first nursing course in the program will complete the nursing-education program on-time in four semesters for traditional students or 3 semesters for LPN Bridge students.

4. Job Placement rates:
   A minimum of 85% the reporting graduates will be working as a nurse within 6 months of graduation.

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
END OF PROGRAM STUDENT LEARNING OUTCOMES

1. The graduate provides contemporary and comprehensive patient-centered care across various positions of the health continuum with a nursing process focus utilizing evidence-based practice to make safe, sound clinical judgments through the bridging of theory and clinical experiences. Q1, Q3 (Cognitive Domain)

2. The graduate practices professional nursing behaviors in an ethical, legal, safe, and effective manner aligning with moral, altruistic and humanistic principles including their influence on others as well as the patients' rights. Q1, Q2 (Psychomotor Domain)

3. The graduate communicates professionally, compassionately, and effectively with patients, families, colleagues, and the public via verbal, written, and electronic means to meet individual patients need. Q1, Q2, Q6 (Affective Domain)

4. The graduate professionally and effectively participates in intra-disciplinary and inter-disciplinary collaborative efforts to coordinate quality patient care in a variety of healthcare settings. Q2 (Affective Domain)

5. The graduate practices patient advocacy throughout the continuum of care through mutual goal setting while practicing professional behaviors in an ethical, legal, safe and effective manner. Q4, Q5, Q6 (Psychomotor Domain)

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

Legal & Ethical Aspects

Health Continuum

Developmental
Stages

The Individual
Caring
Nursing
Nursing Education
Teaching/Learning
Process
AD Nurse

Personal
Growth

Pharmacology

Basic
Needs

Nursing
Process

Socio-Cultural
Aspects

Health Teaching
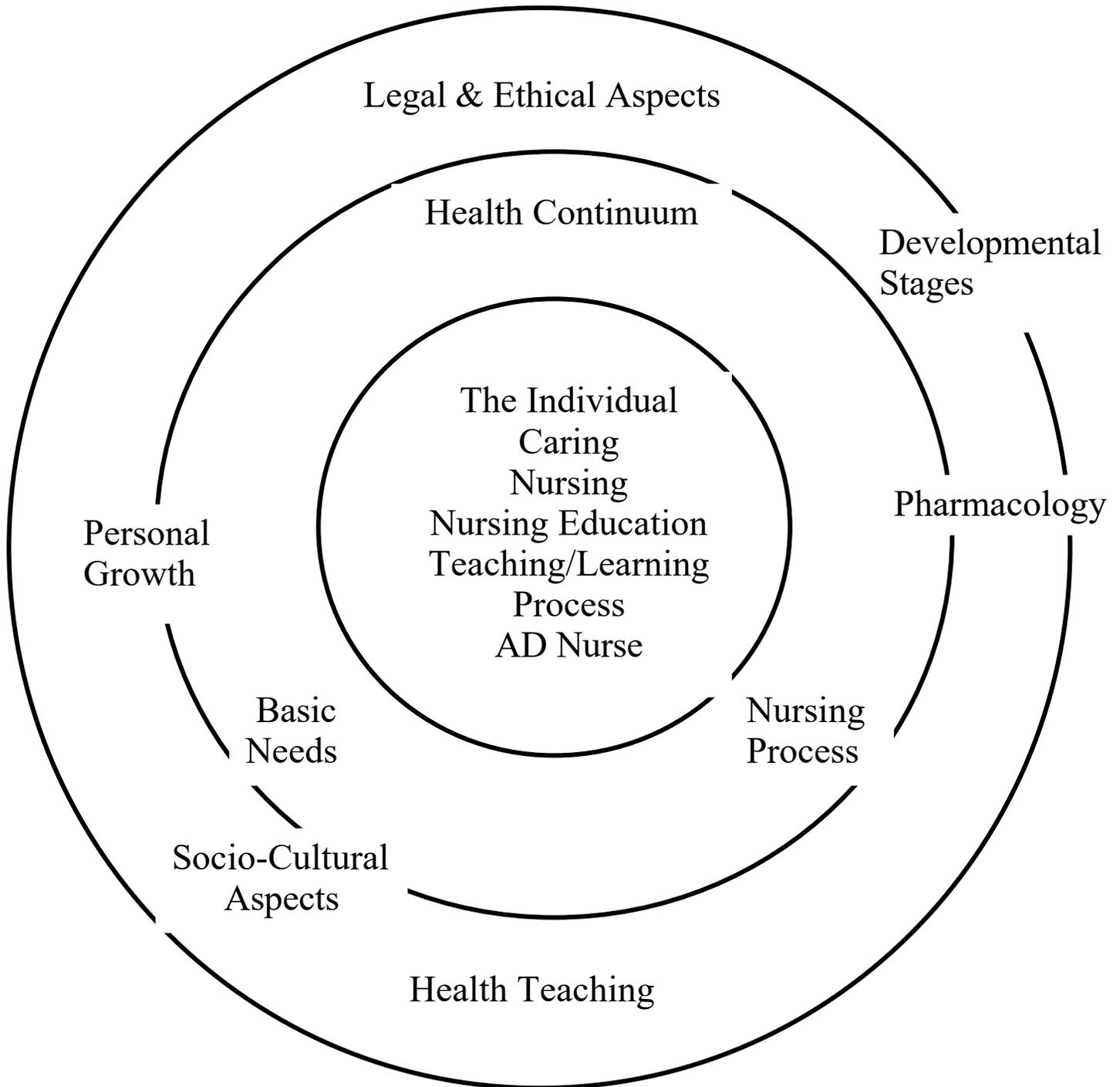
CONCEPTUAL FRAMEWORK

QSEN

Overview

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

Using the Institute of Medicine[1] competencies, QSEN faculty and a National Advisory Board have defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency. These definitions are shared in the six tables below as a resource to serve as guides to curricular development for formal academic programs, transition to practice and continuing education programs [2].

For information on applying the competencies at a graduate level, see the Graduate KSAs page.

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Definitions and Pre-licensure KSAs

- Patient-centered Care

- Teamwork and Collaboration

- Evidence-based Practice (EBP)

- Quality Improvement (QI)

- Safety

- Informatics

II.   Patient-centered Care

Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

Knowledge	Skills	Attitudes
Integrate understanding of multiple dimensions of patient centered care: • patient/family/community preferences, values • coordination and integration of care • information, communication, and education • physical comfort and emotional support • involvement of family and friends • transition and continuity Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values	Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care Communicate patient values, preferences and expressed needs to other members of health care team Provide patient-centered care with sensitivity and respect for the diversity of human experience	Value seeing health care situations "through patients' eyes" Respect and encourage individual expression of patient values, preferences and expressed needs Value the patient's expertise with own health and symptoms Seek learning opportunities with patients who represent all aspects of human diversity Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds Willingly support patient-centered care for individuals and groups whose values differ from own
Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.	Assess presence and extent of pain and suffering Assess levels of physical and emotional comfort Elicit expectations of patient & family for relief of pain, discomfort, or suffering Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and	Recognize personally held values and beliefs about the management of pain or suffering Appreciate the role of the nurse in relief of all types and sources of pain or suffering Recognize that patient expectations influence outcomes in management of pain or suffering

	expressed needs	
Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families Examine common barriers to active involvement of patients in their own health care processes Describe strategies to empower patients or families in all aspects of the health care process	Remove barriers to presence of families and other designated surrogates based on patient preferences Assess level of patient's decisional conflict and provide access to resources Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management	Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care Respect patient preferences for degree of active engagement in care process Respect patient's right to access to personal health records
Explore ethical and legal implications of patient-centered care Describe the limits and boundaries of therapeutic patient-centered care	Recognize the boundaries of therapeutic relationships Facilitate informed patient consent for care	Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care Appreciate shared decision-making with empowered patients and families, even when conflicts occur
Discuss principles of effective communication Describe basic principles of consensus building and conflict resolution Examine nursing roles in assuring coordination, integration, and continuity of care	Assess own level of communication skill in encounters with patients and families Participate in building consensus or resolving conflict in the context of patient care Communicate care provided and needed at each transition in care	Value continuous improvement of own communication and conflict resolution skills

Teamwork and Collaboration

Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Knowledge	Skills	Attitudes
Describe own strengths, limitations, and values in functioning as a member of a team	Demonstrate awareness of own strengths and limitations as a team member

Initiate plan for self-development as a team member

Act with integrity, consistency and respect for differing views | Acknowledge own potential to contribute to effective team functioning

Appreciate importance of intra- and inter-professional collaboration |
| Describe scopes of practice and roles of health care team members

Describe strategies for identifying and managing overlaps in team member roles and accountabilities

Recognize contributions of other individuals and groups in helping patient/family achieve health goals | Function competently within own scope of practice as a member of the health care team

Assume role of team member or leader based on the situation

Initiate requests for help when appropriate to situation

Clarify roles and accountabilities under conditions of potential overlap in team member functioning

Integrate the contributions of others who play a role in helping patient/family achieve health goals | Value the perspectives and expertise of all health team members

Respect the centrality of the patient/family as core members of any health care team

Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities |
| Analyze differences in communication style preferences among patients and families, nurses and other members of the health team

Describe impact of own communication style on others

Discuss effective strategies for communicating and resolving conflict | Communicate with team members, adapting own style of communicating to needs of the team and situation

Demonstrate commitment to team goals

Solicit input from other team members to improve individual, as well as team, performance

Initiate actions to resolve conflict | Value teamwork and the relationships upon which it is based

Value different styles of communication used by patients, families and health care providers

Contribute to resolution of conflict and disagreement |
| Describe examples of the impact of team functioning on safety and quality of care

Explain how authority gradients influence teamwork and patient | Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care

Assert own position/perspective in | Appreciate the risks associated with handoffs among providers and across transitions in care |

	discussions about patient care	
safety	Choose communication styles that diminish the risks associated with authority gradients among team members	
Identify system barriers and facilitators of effective team functioning Examine strategies for improving systems to support team functioning	Participate in designing systems that support effective teamwork	Value the influence of system solutions in achieving effective team functioning

Evidence-based Practice (EBP)

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

Knowledge	Skills	Attitudes
Demonstrate knowledge of basic scientific methods and processes Describe EBP to include the components of research evidence, clinical expertise and patient/family values.	Participate effectively in appropriate data collection and other research activities Adhere to Institutional Review Board (IRB) guidelines Base individualized care plan on patient values, clinical expertise and evidence	Appreciate strengths and weaknesses of scientific bases for practice Value the need for ethical conduct of research and quality improvement Value the concept of EBP as integral to determining best clinical practice
Differentiate clinical opinion from research and evidence summaries Describe reliable sources for locating evidence reports and clinical practice guidelines	Read original research and evidence reports related to area of practice Locate evidence reports related to clinical practice topics and guidelines	Appreciate the importance of regularly reading relevant professional journals
Explain the role of evidence in determining best clinical practice Describe how the strength and relevance of available evidence influences the choice of interventions in	Participate in structuring the work environment to facilitate integration of new evidence into standards of practice	Value the need for continuous improvement in clinical practice based on new knowledge

	Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events	
provision of patient-centered care		
Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences	Consult with clinical experts before deciding to deviate from evidence-based protocols	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices

Quality Improvement (QI)

Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Knowledge	Skills	Attitudes
Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	Seek information about outcomes of care for populations served in care setting Seek information about quality improvement projects in the care setting	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families Give examples of the tension between professional autonomy and system functioning	Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit Participate in a root cause analysis of a sentinel event	Value own and others' contributions to outcomes of care in local care settings
Explain the importance of variation and measurement in assessing quality of care	Use quality measures to understand performance Use tools (such as control charts and run charts) that are helpful for understanding variation Identify gaps between local and best practice	Appreciate how unwanted variation affects care Value measurement and its role in good patient care

Describe approaches for changing processes of care	Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act) Practice aligning the aims, measures and changes involved in improving care Use measures to evaluate the effect of change	Value local change (in individual practice or team practice on a unit) and its role in creating joy in work Appreciate the value of what individuals and teams can to do to improve care

Safety

Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

Knowledge	Skills	Attitudes
Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations) Describe the benefits and limitations of selected safety-enhancing technologies (such as, barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms) Discuss effective strategies to reduce reliance on memory	Demonstrate effective use of technology and standardized practices that support safety and quality Demonstrate effective use of strategies to reduce risk of harm to self or others Use appropriate strategies to reduce reliance on memory (such as. forcing functions, checklists)	Value the contributions of standardization/reliability to safety Appreciate the cognitive and physical limits of human performance
Delineate general categories of errors and hazards in care	Communicate observations	Value own role in preventing errors

Knowledge	Skills	Attitudes
Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)	or concerns related to hazards and errors to patients, families and the health care team Use organizational error reporting systems for near miss and error reporting	
Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis)	Participate appropriately in analyzing errors and designing system improvements Engage in root cause analysis rather than blaming when errors or near misses occur	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team
Discuss potential and actual impact of national patient safety resources, initiatives and regulations	Use national patient safety resources for own professional development and to focus attention on safety in care settings	Value relationship between national safety campaigns and implementation in local practices and practice settings

Informatics

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Knowledge	Skills	Attitudes

Explain why information and technology skills are essential for safe patient care	Seek education about how information is managed in care settings before providing care Apply technology and information management tools to support safe processes of care	Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills
Identify essential information that must be available in a common database to support patient care Contrast benefits and limitations of different communication technologies and their impact on safety and quality	Navigate the electronic health record Document and plan patient care in an electronic health record Employ communication technologies to coordinate care for patients	Value technologies that support clinical decision-making, error prevention, and care coordination Protect confidentiality of protected health information in electronic health records
Describe examples of how technology and information management are related to the quality and safety of patient care Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care	Respond appropriately to clinical decision-making supports and alerts Use information management tools to monitor outcomes of care processes Use high quality electronic sources of healthcare information	Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care

References

[1] Institute of Medicine. Health professions education: A bridge to quality. *Washington DC: National Academies Press*; 2003.

[2] Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3)122-131.

Southwestern Illinois College
Nursing Education Program

> **To provide accommodations, the SWIC Nursing Education program follows the most recent procedures of the Disability and Access Center (DAC).**

Southwestern Illinois College is committed to providing equal access to qualified students with disabilities. The Disability & Access Center provides accommodations and support services for students with disabilities.

Before receiving accommodations, the following procedures for requesting accommodations should be followed to ensure a smooth transition to the college.

1. The student self-identifies to the Disability & Access Center by scheduling an individual intake appointment. It is recommended that new students schedule an appointment 4-6 weeks prior to the beginning of classes in order to ensure that accommodations are arranged in a timely manner.

2. The student meets with a Disability & Access Center staff member to discuss support services and accommodations.

3. The student submits appropriate documentation of his/her disability to the Disability & Access Center. The student can request information on the SWIC disability documentation guidelines, if needed.

Remember: In order to receive accommodations, it is the student's responsibility to contact the Disability & Access Center and provide any needed documentation of his/her disability. If the student is in need of obtaining documentation, a Disability & Access Center staff member can provide community resource referrals and/or release forms for high schools or established medical providers.

4. Based upon appropriate documentation and an interactive process between the student and the staff, the Disability & Access Center develops a Comprehensive Service Plan including accommodations. Likewise, the staff generates ADA Accommodation Plans that outline the student's accommodations. Plans are not automatically prepared from semester to semester; the student must make an appointment each semester and request accommodations/ADA Accommodation Plans.

5. After the student participates in the intake process and is approved for accommodations, the Disability & Access Center will send the ADA Accommodation Plan to the student's SWIC email account. The student then is able to forward this document with an email from his/her SWIC student email account to instructors. Students also may print this document and give it to their instructors. Either way, if accommodations are wanted in classes, the student is expected to introduce themselves as a student registered in the Disability & Access Center, provide this plan, and discuss approved accommodations with their instructors. If concerns or questions arise regarding accommodations, the student should immediately discuss the issue with the instructor and/or contact the Disability & Access Center.

For more information:
• Call 618-235-2700, ext. 5368; TDD 618-234-3347.
• Email DisabilityandAccessCenter@swic.edu.
• Visit the Belleville Campus office in IS 1145.

Southwestern Illinois College
Nursing Education Program

Policy and Procedure for Nursing Education Program Reasonable Accommodations

Before applying to the program, students are encouraged to review the Student Responsibilities and Health policy for essential functions of a student nurse found in the Associate Degree Nursing Student Handbook.

Students who determine a need for accommodations are encouraged to contact the Disability & Access Center (DAC) at 618-222-5368 or 618-234-3347 (TDD) immediately and follow up with the Nursing Education Program, using the following guidelines:

Upon Accepting a Seat in the Nursing Education Program, students working with the Disability &Access Center (DAC) should:
- Contact the Nursing Education Program to inform the program that he/she has been in contact with the DAC and are seeking accommodations.

One week prior to semester start, students working with the DAC should present the ADA Accommodation Plan from the DAC to the course instructor(s), to receive accommodations for the intended course or courses.

NOTE: For students requesting accommodations after the start of the program, he/she should start the process by contacting the DAC and following up with immediate contact the course instructor(s). Once accommodations are set up, the student should follow the procedures outlined below for remaining semesters, if accommodations are going to be requested.

Prior to each semester, students requesting accommodations should:
- Work with the DAC and Nursing Education faculty to ensure that testing in the DAC does NOT interfere with other class time to ensure the most successful learning experience.

Please complete all forms and provide to the course instructor(s) at least **48 hours** prior to exam to assist with successful transfer of all documentation. Please know forms turned in without **48-hour** notice may not be accepted due to inability to meet deadline.

The following guidelines are provided for planning purposes.

When the ADA Accommodation Plan indicates a need for extended time, the times below are recommended to adequately provide double time. When scheduling assessments, students should plan for the extended time and not be tardy or absent from Nursing Education courses, in order to complete testing at the DAC.

NOTE: Skill Competency Check offs performed during or outside of theory classes will receive no extension of time and must be completed at the instructor-specified location. Students in the Nursing Education Program are expected to perform hands-on skills in a safe, competent, and time efficient manner to enter clinical practice. Time efficiency with hands on skills is a graded criterion in application and clinical experience and accommodations of increase time and/or quiet space is not provided.

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 nursing skills lab can be scheduled.

SAFETY INFORMATION

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

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, hay fever-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.

<u>Latex allergy testing</u>

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). <u>AlaSTAT: Latex allergy</u>. Diagnostics Product Corporation Technical report.

CDC

NIOSH *National Institute for Occupational Safety and Health*

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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 reactionsa.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
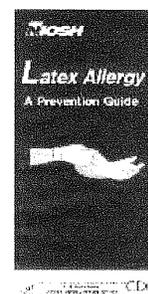
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Related Resources ...

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

Get Acrobat Reader

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.familyvillage.wisc.edu/lib_latx.htm

Second printing, with minor changes for clarity.

DHHS (NIOSH) PUBLICATION No. 98-113

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

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 in unethical and will not be tolerated. A student who suspects that this trust has be 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 EXPSOURE:**

    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.

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™; d4T)	Peripheral neuropathy, headache, diarrhea, nausea, insomnia, anorexia, pancreatitis, elevated liver function tests (LFTs), anemia, and neutropenia
Didanosine (Videx®; ddl)	Pancreatitis, lactic acidosis, neuropathy, diarrhea, abdominal pain, and nausea
Emtricitabine (Emtriva, FTC)	Headache, nausea, vomiting, diarrhea, and rash. Skin discoloration (mild hyperpigmentation on palms and soles), primarily among nonwhites
Nucleotide analogue reverse transcriptase inhibitor (NtRTI)	**Class warning: All NtRTIs 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 (Crixivan®; 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?id=50.

RECOMMENDATIONS FOR HEPATITIS B PROPHYLAXSIS 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. It 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 anit-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 ro 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 patho-gens, 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.

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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

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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 amino-transferase 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.

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 (workbooks)

    c.   The following supplies are <u>OPTIONAL</u>. Students may purchase them if they wish:

        i.   bandage scissors

        ii.   stethoscope

2.   Watch with (preferably) <u>sweep second hand</u> - watchband width can be no wider than face of watch. *No smart watches.

3.   Automobile Sticker - Necessary for parking on college parking lots: may be secured from the Security Office, Main Campus. No charge. Student I.D. (also from security) for library & Metrolink access.

4.   Current American Heart Association 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 Summer start, July 1st for Fall start, and December 1st for Spring Start. It must be current throughout the time the student is in the nursing curriculum.

5.   Criminal Background Checks – Candice Rogers is the contact for these and will email information to students.

6.   Drug screening – Candice Rogers is the contact for these and will email information to students.

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 (with First Name, Last Initial and SN)

NURSING EDUCATION
AAS DEGREE (0025)
2023-2024 ESTIMATED DIRECT PROGRAM EXPENSES*

TUITION:

$120.00 Per Semester Credit (68.5 Hrs.)*		$8,220.00
$6.00 Fee/Semester Credit- Technology		$411.00
$3.00 Fee/Semester Credit - Activities		$205.50

FEES:

NE course lab fee*	$1,660.00	
General Education lab fee (IN)*	$515.00	
Continental Testing fee for NCLEX-RN	$107.00	
PearsonVue NCLEX-RN Application***	$200.00	
Criminal Background Check for NCLEX***	$56.25	
Drug & Background Check for Clinicals**	$101.74	
Castlebranch Compliance Tracker	$39.99	
Physical Exam, TB & Flu Shot	$300.00	
Required Immunizations	$300.00	$3,279.98

REQUIRED SUPPLIES AND EQUIPMENT

Uniforms and shoes*	$108.00	
Shoes (clinical and pinning)*	$125.00	
Capping nurse cap*	$18.00	
Stethoscope (Scrubs and Beyond*	$35.00	
Watch w/second hand*	$38.00	
Penlight/bandage scissors (Scrubs and Beyond)*	$25.00	
Name Pin x 2*	$10.00	
Uniform patches x 2*	$23.40	$382.40

REQUIRED TEXTBOOKS:

NE*	$948.54	
General Education*	$1,067.48	$2,016.02
TOTAL ESTIMATED COSTS:		$14,514.90

*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 $102. 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.

Revised 8/23

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

LPN BRIDGE ADVANCED STANDING NURSING EDUCATION
AAS DEGREE (0025)

2023-2024 ESTIMATED DIRECT PROGRAM EXPENSES*

TUITION:

$120.00 Per Semester Credit (38.5 Hrs.)****		$4,620.00
$6.00 Fee/Semester Credit - Technology		$231.00
$3.00 Fee/Semester Credit - Activities		$115.50

FEES:

NE lab fee*	$735.00	
General Education lab fee (IN)*	$115.00	
Continental Testing NCLEX-RN Fee	$107.00	
Pearson Vue NCLEX-RN Application***	$200.00	
Criminal Background Check NCLEX	$56.25	
Background and Drug Screen for Clinicals**	$101.74	
Castlebranch Compliance Tracker	$39.99	$1,354.98

REQUIRED SUPPLIES AND EQUIPMENT

Uniforms and shoes*	$108.00	
Shoes (clinical and pinning)*	$125.00	
Capping nurse cap*	$18.00	
Stethoscope (Scrubs and Beyond*	$35.00	
Watch w/second hand*	$38.00	
Penlight/bandage scissors (Scrubs and Beyond)*	$25.00	
Name Pin x 2*	$10.00	
Uniform patches x 2*	$23.40	$382.40

REQUIRED TEXTBOOKS:

NE*	$926.70	
General Education*	$301.98	$1,228.68
TOTAL ESTIMATED COSTS:		**$7,932.56**

*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 $102. 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.

Revised 8/23

BELLEVILLE	GRANITE CITY	RED BUD

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 to 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.

3. **INVITATIONS**
    Invitations to Allied Health and Public Services Pinning Ceremony will be ordered during 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 $307.00 (estimated). An additional 'live scan' fingerprint background check is required. Cost is $57.00 (estimated).

5. A school uniform is required.

6. Criminal background check and drug screening will be done. Current cost is approximately $140.00. 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!

ADVANCED STANDING STUDENTS

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.

Advanced Standing Students Summary

Transfer, Nurse Assistants, and LPN's may be granted advanced standing. Information should be obtained from the Coordinator 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 Coordinator 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 2.5 articulated credits in nursing for Nurse Assistants and up to 15 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 15 escrowed credits, depending on transcript and program review. **These credits will be officially applied to the student's transcript <u>after</u> the LPN successfully completes the first three nursing courses of the bridge program, NE 105, NE 106, and NE 107. After completing these courses, 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 traditional program track. Further information and any clarification should be obtained from the Nursing Education Coordinator.

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.

<u>PLEASE NOTE</u>: 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 the subsequent semester courses. LPN bridge students, likewise, must complete their first three 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 2.5 credits to certified nurse assistants, who will not be required to register for NE 102. <u>After</u> completing 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 <u>first</u> 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 <u>after</u> 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 <u>not</u> 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 15 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 (3) 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 from first year. 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, NE 106, and NE 107 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, physiology, and microbiology requirement. Articulation credit is given for NE 101, 102, 103, 104, 105, 108, and 109.

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, NE 106, or NE 107 during the summer, I may apply as a traditional student for the nursing program but the articulation process will **NOT** apply.

My signature below indicates my understanding and agreement.

Print Name: _____

Signature: _____

Date: _____

SOUTHWESTERN ILLINOIS COLLEGE – NURSING SKILLS LIST

SKILL	LECTURE COURSE LAB EQUIVALENT
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

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 (nursing skills 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. Additionally, three tardies are equivalent to one absence.

            (2)   Sixteen-week course: Any student missing the equivalent of one week of lecture/discussion and/or laboratory may be dropped from the program. Additionally, three tardies are equivalent to one absence.

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

e.   Illness is the only acceptable excuse for missing a test and a doctor's note must be provided. Any tests given on an alternate day may be given in an alternative format, including essay.

Please refer to the Illness and Physician's Statement for required documentation.

ILLNESS AND PHYSICIAN'S STATEMENT

a.   A student who has incurred an <u>absence</u> and required <u>medical attention</u> must present to the instructor involved a <u>statement from his/her physician (MD, PA, or NP) on official physician's stationary</u> stating permission to return to both <u>clinical</u> and <u>classroom</u> participation. **Any limitations must be noted by the physician.**

b.   The student cannot attend clinical without a release from the physician stating the student "can return to the clinical without physical restrictions."

DROPPING COURSES

The withdrawal procedure for 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(s) 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.

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 nursing skills lab)

      c.   classroom absence - see policies related to absence (pg.55-56)

      d.   clinical absence - see policies related to absence (pg.55-56)

2. Instructors have scheduled office hours. Please make an appointment as early as possible to see the <u>individual instructor</u> who was in charge of the class or clinical experience. Instructors also have voice mail and e-mail.

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 <u>must</u> 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 <u>any</u> 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.

In planning, keep in mind that clinical and nursing skills lab 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.

SOUTHWESTERN ILLINOIS COLLEGE
NURSING EDUCATION
POLICIES - HEALTH

<u>On Admission</u>

A nursing student on admission is required to have a medical examination and a statement signed by

their healthcare provider that the applicant is considered to be physically and mentally able to undertake

the nursing program. 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, immunizations (included COVID), American Heart Association 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**. To request a

medical/religious exemption, please contact the program coordinator.

Clinicals sites have the right to refuse students who are not vaccinated and clinical placement is not
guaranteed.

Please Note: **All the health form requirements, background checks, and screens MUST be
completed and uploaded to Castlebranch by June 1st for LPN Bridge Students and July 1st for
Fall start traditional students and December 1st for Spring start traditional students. Forms are
distributed during orientation. Information will be provided for background screening and drug
testing. <u>All</u> immunizations must be accounted for. Please take note of requirements and
deadlines. Exceptions will <u>not</u> be made and you will be dropped from the program.**

Encountering a Major Health Problem While in the Program

1. <u>Physical illness</u> - A statement from the attending physician that the student is physically able to continue the program theory <u>and</u> clinical components are required – see policies related to attendance (pg.55-56)

2. <u>Mental illness</u> - A statement from the attending psychiatrist that the student is mentally able to continue the program theory <u>and</u> 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.) Grades in all nursing courses are calculated by percentages and the percentage does not include rounding. All letter grades are based on the percentage received within the course.

   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.) Each clinical/theory course requires the student to achieve a 100% on a medication calculation exam. The student must achieve a 100% on 1 of 3 calculation exams. Failure to do so will result in clinical failure. (see clinical evaluation forms)

   e.) A minimum of 76% on each section of the final clinical evaluation, resulting in a "passing" grade for clinical experiences.

   f.) Successful demonstration of nursing skills, resulting in a "P" grade for lab courses.

   g.) Completion of any other course requirements.

2. An "unsatisfactory" clinical rating results in a 'D' grade for the theory/clinical course, regardless of the theory grade. An "unsatisfactory" lab grade results in an "F" grade for the lab course. A "D" in any theory course OR "F" in any lab course will require repetition of both the theory and lab components regardless of a passing grade in the other. Lecture and lab equivalents must always be consecutively enrolled, regardless of previous successful completion.

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 theory/clinical courses is required. A "P" is required for all lab courses.

6.   Non-nursing courses are to be taken prior to or during the semester listed in Curriculum Plan.

   After the 1st date of attendance, students are unable to switch between day and evening

   programs.

   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 should understand that they will have to wait until the subsequent semester it is offered 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 the student must drop the second 8-week course. This is the student's responsibility. Students who do not successfully complete NE 210, NE 211, NE 212, or NE 213, if eligible for return, will have to repeat ALL courses during the same semester. Again, it is the student's responsibility to drop courses when necessary.

8.   Nursing courses require remediation plans and learning contracts for students who have low test scores (< 80%).
   > - Any remediation for testing, learning contract expectations, 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 subsequent semester it is offered. Students cannot "sit out" a year following a nursing course failure.

TEST REVIEW POLICY

The review of content tests must be completed prior to the subsequent content test. Final exams will NOT be reviewed. (*see pages **99-102** to review an example of Clinical Evaluations and Final Evaluations*)

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 <u>ONLY</u> for activities performed as a student nurse enrolled in a nursing course.

STUDENT EMPLOYMENT

Nursing students are strongly encouraged <u>not</u> 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 also provides financial assistance. Healthcare facilities may also provide financial assistance if you are an employee. If it is imperative that you work, the number of work hours 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 in Illinois until they receive proof of NCLEX passage. Via notification from NCLEX Testing organization that the student has passed NCLEX and may practice as an RN. Other states may have different regulations.

Please consult the current Nurse Practice Act for information.

DRESS CODES
&
CONDUCT POLICIES

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 standard wrist watch is allowed, but smart watches are not 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. No polish. Multicolored nails, nail ornaments, and false nails may not be worn.

Tattoos/piercing
Tattoos/piercing must not be visible.

Perfume/deodorant/make-up
No scents are permitted. Due to close contact with others, deodorant/antiperspirants should be worn. Only light make-up is appropriate. False eyelashes are not permitted.

Shoes
Shoes should be appropriate – and black. Toes and backs must be closed. No mesh or holes. Sandals, clogs, slides, and crocs are not appropriate.

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

Smoking
Smoking in uniform is prohibited. Any student smelling of smoke (cigarette or marijuana) will be dismissed from clinical and may result in additional drug testing, as applicable.

Uniform
The uniform top is royal blue. A shirt may be worn under the uniform top but it must be a solid black color. Royal blue lab coat may be worn with the school patch visible. Pants/trousers/socks are black. 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 purchase 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.

Cell Phone / Electronic Device Policy

Students are not to bring any type of cell phone or other electronic device, such as smart watches, 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.

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!

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, 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 deceived.

• 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 <u>prohibited</u> <u>smoking</u> (including vapors) **completely** and have no smoking areas at all on their properties.
  b. Maintaining <u>strict confidentiality</u> 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 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
  p. Concerns regarding clinical rotations should be addressed in the following order: the clinical instructor, course instructor, nursing coordinator, etc. Students are NOT to address the clinical staff or site individually as you are a representative of the SWIC Nursing Program. Any student reaching out to the clinical facility independently may be found to be in violation of professional behavior and may receive a failure for the clinical day, clinical failure, course failure, suspension, and/or removal from the program.

Violations of professional conduct will result in sanctions as determined by faculty, and may extend to clinical course failure. Repeated offenses of the same manner may result in removal from the program on program re-entry

Refer to IL Nurse Practice Act, ANA Code of Ethics, 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. Brightspace only is to be used for academic and clinical related communication and coursework

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.

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, your college e-mail, or the official Nursing Program Facebook page.

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 <u>not</u> 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 at the student's expense. 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.

SWIC Student Conduct Code

Refer to the SWIC Student Handbook. All current policies apply unless addressed in the SWIC Nursing Student Handbook. The SWIC Student Handbook can be found at:

https://www.swic.edu/students/student-affairs/student-handbook-2/

Offenses of the SWIC Student Code of Conduct, ANA Code of Ethics, Illinois Practice Act, or SWIC Nursing expectations may result in course/clinical/lab failure or program removal/inability to return.

INFORMATION PERTAINING
TO PROFESSIONAL CONDUCT AND
LICENSURE SANCTIONS

(225 ILCS 65/65-30)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-30. APN scope of practice.

(a) Advanced practice nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice nurse's nursing education, training, and experience.

(b) Practice as an advanced practice nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.

(c) The scope of practice of an advanced practice nurse includes, but is not limited to, each of the following:

(1) Advanced nursing patient assessment and diagnosis.

(2) Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional.

(3) Ordering treatments, ordering or applying appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status.

(4) Providing palliative and end-of-life care.

(5) Providing advanced counseling, patient education, health education, and patient advocacy.

(6) Prescriptive authority as defined in Section 65-40 of this Act.

(7) <u>Delegating selected nursing activities or tasks to a licensed practical nurse, a registered professional nurse, or other personnel</u>.

Illinois Nurse Practice Act

April 2018

(225 ILCS 65/50-75)

(Section scheduled to be repealed on January 1, 2028)

Sec. 50-75. Nursing delegation by a registered professional nurse.

(a) For the purposes of this Section:

"Delegation" means transferring to a specific individual the authority to perform a specific nursing intervention in a specific situation.

"Predictability of outcomes" means that a registered professional nurse or advanced practice registered nurse has determined that the patient's or individual's clinical status is stable and expected to improve or the patient's or individual's deteriorating condition is expected to follow a known or expected course.

"Stability" means a registered professional nurse or advanced practice registered nurse has determined that the individual's clinical status and nursing care needs are consistent.

(b) This Section authorizes a registered professional nurse or advanced

practice registered nurse to:

    (1) **delegate nursing interventions to other registered professional nurses, licensed practical nurses, and other unlicensed personnel based on the comprehensive nursing assessment that includes, but is not limited to:**

        (A) the stability and condition of the patient;

        (B) the potential for harm;

        (C) the complexity of the nursing intervention to be delegated;

        (D) the predictability of outcomes; and

        (E) competency of the individual to whom the nursing intervention is delegated;

    (2) delegate medication administration to other licensed nurses;

    (3) in community-based or in-home care settings, delegate the administration of medication (limited to oral or subcutaneous dosage and topical or transdermal application) to unlicensed personnel, if all the conditions for delegation set forth in this Section are met;

    (4) refuse to delegate, stop, or rescind a previously authorized delegation; or

    (5) in community-based or in-home care settings, delegate, guide, and evaluate the implementation of nursing interventions as a component of patient care coordination after completion of the comprehensive patient assessment based on analysis of the comprehensive nursing assessment data; care coordination in in-home care and school settings may occur in person, by telecommunication, or by electronic communication.

(c) This Section prohibits the following:

    (1) An individual or entity from mandating that a registered professional nurse delegate nursing interventions if the registered professional nurse determines it is inappropriate to do so. Nurses shall not be subject to disciplinary or any other adverse action for refusing to delegate a nursing intervention based on patient safety.

    (2) The delegation of medication administration to unlicensed personnel in any institutional or long-term facility, including, but not limited to, those facilities licensed by the Hospital Licensing Act, the University of Illinois Hospital Act, State-operated mental health hospitals, or State-operated developmental centers, except as authorized under Article 80 of this Act or otherwise specifically authorized by law.

    (3) A registered professional nurse from delegating nursing judgment, the comprehensive patient assessment, the development of a plan of care, and the evaluation of care to licensed or unlicensed personnel.

    (4) A licensed practical nurse or unlicensed personnel who has been delegated a nursing intervention from re-delegating a nursing intervention.

(Section scheduled to be repealed on January 1, 2028)
Sec. 65-35. Written collaborative agreements.
……
(e) Nothing in this Act shall be construed to limit the delegation of tasks or duties <u>by a physician</u> to a licensed practical nurse, a registered professional nurse, or <u>other persons</u> in accordance with Section 54.2 of the Medical Practice Act of 1987. Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders.

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS
PART 1300 NURSE PRACTICE ACT
SECTION 1300.20 NURSING DELEGATION

Section 1300.20 Nursing Delegation

a)   For the purposes of this Section:

"Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.

"Nursing Activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education, and experience as a licensed practical nurse or professional nurse, as defined by this Part.

b)   Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice nurse may delegate to registered professional nurses, licensed practical nurses, and others persons.

c)   **A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, <u>including medication administration</u>**. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.

d)   A registered professional nurse may delegate medication administration to a licensed medication aide in a qualified facility as authorized by Section 80-20 of the Act.

e)   A registered nurse may delegate <u>tasks</u> to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation. (Section 50-75 of the Act)

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.

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)		
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.** 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.")	YES ☐	NO ☐
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.) 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?	YES ☐	NO ☐

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.

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.)

GUIDELINES FOR STUDENT QUESTIONS, CONCERNS, OR ATTENDING FACULTY MEETINGS

If a student has questions or concerns regarding class, clinical, or lab, the following steps should be taken:

1. Meet with class/clinical/lab instructor.
2. Meet with class/clinical/lab co-instructor.
3. Meet with program coordinator.
4. Meet with SWIC Nursing Dean.

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 coordinator, 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.

https://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=022500650HArt%2E+70&ActID=1312&ChapterID=0&SeqStart=17850000&SeqEnd=21400000

RETURNING POLICIES

SOUTHWESTERN ILLINOIS COLLEGE

NURSING EDUCATION

Returning Students

1. 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."

2. 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.

3. Students seeking to return to mid-program completion must perform selected nursing skills from prior successfully completed courses.

4. 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 final semester course must repeat all courses in that semester.**

5. 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.

6. 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.

7. Faculty reserves the right to make recommendations to students to better prepare them for success.

8. 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 to return will be ranked according to their NE course GPA.

9. Returning students must provide proof of all required immunizations and CPR certification. Any returning student that returns beyond the subsequent semester, must repeat the background check and drug screen.

10. Any returning students may have learning and/or behavior contracts initiated upon return to the program.

11. 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 <u>first</u> priority.

    b.   Students who experienced course failures and are eligible to re-enter will have <u>second</u> priority.

    c.   Students transferring from another nursing program in good standing will have <u>third</u> 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 <u>fourth</u> 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 <u>ineligible</u> for return to the SWIC Nursing Education Program. (Any transfer student with two previous nursing <u>course</u> failures from any nursing program will be allowed only 1 additional <u>nursing course</u> failure at SWIC.)

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

Any student who withdraws <u>after mid-term</u> 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 <u>current policies will apply</u>.

Students who are not successful in the first 8-week course cannot progress and are responsible for dropping the following NE courses that they may have enrolled. <u>This is the student's responsibility</u>. Failure to do so may result in tuition consequences. Again, any student who needs to repeat a final semester course must repeat all courses in that 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 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.

Intent to return form and exit interview form must be completed and submitted by September 1st if students plan on returning to spring semester.

Intent to return form and exit interview form must be completed and submitted by June 1st if students plan on returning to fall semester.

INTENT TO RETURN

I _____ wish to return to course:
                          print name

Circle course(s)   NE 101

                         NE 102

                         NE 103

                         NE 104

                         NE 105

                         NE 106

                         NE 107

                         NE 108

                         NE 109

                         NE 206

                         NE 207

                         NE 208

                         NE 209

                         NE 210 and NE 211

                         NE 212

                         NE 213

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
FORMS

These forms must be completed and on file by June 1st for Summer-start students, July 1st for Fall- start students, and December 1st for Spring-start 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 Examinations, Immunizations, & Testing
   - 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.
   - COVID, MMR, HepB, Influenza, Tdap and Varicella vaccinations.
3. Student Nurse Functions
4. Cooperative Agency Agreement- Student Responsibility
5. Release of Liability
6. Student Contract
7. American Heart Association CPR training which involves adult, child, infant & AED.
8. Criminal background check and drug screen completed by June 1st for Summer start, July 1st for Fall start, or December 1th for Spring start
9. Medical/Health insurance
10. 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_____ LAST FOUR OF SOC. SEC. #_____
          Month   Day   Year

SWIC STUDENT ID _____

EMERGENCY CONTACT:_____
             Last   First   Middle

EMERGENCY CONTACT PHONE NUMBER:_____

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:_____

        _____

YOU CHOSE TO ENTER NURSING BECAUSE:_____

_____

_____

YOU CHOSE SOUTHWESTERN NURSING PROGRAM BECAUSE:_____

_____

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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:

	No	Yes
Biol 157 Anatomy & Physiology I or	_____	_____
Biol 158 Anatomy & Physiology II	_____	_____
Biol 250 Microbiology	_____	_____
Eng 101 Rhetoric & Comp I	_____	_____
Eng 102 Rhetoric & Comp II	_____	_____
HRO 100 Medical Terminology or proficiency	_____	_____
HRO 120 Pharmacology	_____	_____
HRO 150 Fund. of Nutrition	_____	_____
PSYC 151 General Psychology	_____	_____
SOC 153 Intro to Sociology	_____	_____

_____
(print name)

_____
(signature

Nursing Education Program Student Medical Exam Form

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:

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

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

System:	Normal	Abnormal/Surgery (explain - attach additional sheets if more room is needed)
Cardiovascular	☐	☐ _____
Endocrine/Metabolic	☐	☐ _____
Eyes/Ears/Nose/Throat	☐	☐ _____
Gastrointestinal	☐	☐ _____
Genitourinary	☐	☐ _____
Integumentary	☐	☐ _____
Musculoskeletal	☐	☐ _____
Neurological	☐	☐ _____
Respiratory	☐	☐ _____

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

A **Two Step Tuberculosis Screening:** (Students with <u>proof of annual screenings</u> need Step 1 only.) **Attach chest x-ray if ANY result is positive.**

Step 1 date: ___/___/___ Results: ☐ Neg ☐ Pos   Step 2 date: ___/___/___ Results: ☐ Neg ☐ Pos

Date repeated for 2nd year of program (1 Step Only): ___/___/___ Results: ☐ Neg ☐ Pos

OR Annual QuantiFERON Gold (Blood Draw):   Results: ☐ Neg ☐ Pos   Date: _____

B **Influenza (Flu shot):** *(Due mid-October)*

Year 1 date: ___/___/___

Lot#: _____

Administered By: _____

C **COVID:**

Dose #1: ___/___/___

Dose #2: ___/___/___

Or One Time Vaccination: _____

D **Tdap date:** ___/___/___

(Tetanus/Diphtheria & Pertussis) One-time dose of Tdap required.

Td booster date: ___/___/___

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

MMR Vaccine dose 1: ___/___/___

MMR Vaccine dose 2: ___/___/___   **OR**

Measles Titer: ___/___/___   ☐ Yes ☐ No

Mumps Titer: ___/___/___   ☐ Yes ☐ No

Rubella Titer: ___/___/___   ☐ Yes ☐ No

F **Varicella (Chicken Pox):** Vaccine <u>or</u> titer.   Immune:

☐ **Vaccine:** Dose 1: ___/___/___   Dose 2: ___/___/___   **OR** ☐ **Titer:** ☐ Yes ☐ No

(Attach lab results)

G **Hepatitis B Vaccine Series:**   Immune:

1: ___/___/___   2: ___/___/___   3: ___/___/___   **OR** ☐ **Titer:** ☐ Yes ☐ No

(Dose 1 must start before school starts)   (1 month after dose 1)   (5 months after dose 2)   *(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 Program Coordinator:

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)   American Heart CPR Association certification at Basic Life Support level, proof of immunizations, vaccination, 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 Coordinator/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.

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: _____

MEDIA 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 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 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 and 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 Brightspace, 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 _____

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NAME: _____

NE 103　　　　　SOUTHWESTERN ILLINOIS COLLEGE NURSING Student clinical self-evaluation
* Any infraction may result in clinical failure.
* Write your comments to reflect your progress this week. Turn in with clinical paperwork

CLINICAL EVALUATION CRITERIA	COMMENTS
I.　NURSING PROCESS / HEALTH CONTINUMN Q1, Q3 EOPSLO #1 　　A.　Assessment 　　　　1.　Collects data using basic needs as a framework 　　　　2.　Compares norms to abnormal findings 　　　　3.　Explains abnormal finings 　　B.　Nursing Diagnosis 　　　　1.　Generates appropriate N. D. related to abnormal assessments 　　　　2.　Prioritizes Nursing Diagnoses 　　C.　Planning 　　　　1.　Sets realistic outcomes 　　D.　Interventions 　　　　1.　Selects appropriate interventions 　　　　2.　Implements interventions safely 　　　　3.　Delivers care in an organized, timely manner using instructor generated 　　　　　 checklist 　　E.　Evaluation 　　　　1.　Evaluates care / outcomes 　　　　2.　Draws conclusions about patient's problem 　　　　3.　Develops a plan for future care of patients 　　　　4.　Self-evaluation reflects effect on patient care and personal growth	
II.　PROFESSIONAL BEHAVIOR / INFLUENCE ON OTHERS 　　Q1, Q2 EOPSLO #2 　　A.　Assumes responsibility for own behavior 　　B.　Compliant with HIPAA / confidentiality 　　C.　Reports on time as assigned 　　D.　Displays respectful behavior to faculty, staff and peers 　　E.　Compliant with dress code 　　F.　Avoids participating in activities that represent the school adversely 　　G.　Accepts constructive recommendation for improvement 　　H.　Demonstrates evidence of preparation prior to clinical experience 　　I.　Utilizes appropriate reference materials 　　J.　Participates in community service with supervision III.　COMMUNICATION / CARING Q1, Q2, Q6 EOPSLO #3 　　A.　Communicates effectively	

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B. Contributes/presents in conference with instructor's prompt C. Adapts teaching methods to patient and situation D. Charting is accurate and appropriate E. Completes written assignments within a designated timeframe F. Charts using computer programs G. Demonstrates caring in the nurse-patient relationship	

IV. COLLABORATION Q2 EOPSLO #4
   A. Collaborates with staff, instructors, and peers
   B. Charting is consistent with agency
   C. Receives and gives patient status report
   D. Identifies tasks to be delegated
   E. Seeks guidance from clinical instructor as needed	

V. ADVOCACY / LEGAL / ETHICAL BEHAVIORS Q4, Q5 EOPSLO #5
   A. Assumes responsibility for patient's care
   B. Demonstrates clinical curiosity, seeks information & understanding
   C. Demonstrates critical thinking
   D. Sets priorities in nursing care
   E. Organizes care for 1 patient
   F. Makes appropriate decisions
   G. Demonstrates flexibility
   H. Utilizes resources in a cost-effective manner
   I. Practices within the legal & ethical framework of nursing
   J. Applies theory to clinical experience
   K. Implements interventions in a legal/ethical manner
   L. Calculates accurately (100%)
   M. Advocates for patient when applicable	

NAME: _____ LEGEND:

NE 103   SOUTHWESTERN ILLINOIS COLLEGE NURSING Clinical Anecdotals   D - Demonstrated
            *Any infraction may result in clinical failure.   N - Not demonstrated
                                                                                          NI – Needs improvement

CLINICAL EVALUATION CRITERIA						
I. NURSING PROCESS / HEALTH CONTINUMN Q1, Q3 EOPSLO #1						
A. Assessment						
1. Collects data using basic needs as a framework	_____	_____	_____	_____	_____	_____
2. Compares norms to abnormal findings	_____	_____	_____	_____	_____	_____
3. Explains abnormal findings	_____	_____	_____	_____	_____	_____
B. Nursing Diagnosis						
1. Generates appropriate N. D. related to abnormal assessments	_____	_____	_____	_____	_____	_____
2. Prioritizes Nursing Diagnoses	_____	_____	_____	_____	_____	_____
C. Planning						
1. Sets realistic outcomes	_____	_____	_____	_____	_____	_____
D. Interventions						
1. Selects appropriate interventions	_____	_____	_____	_____	_____	_____
2. Implements interventions safely	_____	_____	_____	_____	_____	_____
3. Delivers care in an organized, timely manner using instructor generated checklist	_____	_____	_____	_____	_____	_____
E. Evaluation						
1. Evaluates care / outcomes	_____	_____	_____	_____	_____	_____
2. Draws conclusions about patient's problem	_____	_____	_____	_____	_____	_____
3. Develops a plan for future care of patients	_____	_____	_____	_____	_____	_____
4. Self-evaluation reflects effect on patient care and personal growth	_____	_____	_____	_____	_____	_____
II. PROFESSIONAL BEHAVIOR / INFLUENCE ON OTHERS Q1, Q2 EOPSLO #2						
A. Assumes responsibility for own behavior	_____	_____	_____	_____	_____	_____
B. Compliant with HIPAA / confidentiality	_____	_____	_____	_____	_____	_____
C. Reports on time as assigned	_____	_____	_____	_____	_____	_____
D. Displays respectful behavior to faculty, staff and peers	_____	_____	_____	_____	_____	_____
E. Compliant with dress code	_____	_____	_____	_____	_____	_____
F. Avoids participating in activities that represent the school adversely	_____	_____	_____	_____	_____	_____
G. Accepts constructive recommendation for improvement	_____	_____	_____	_____	_____	_____
H. Demonstrates evidence of preparation prior to clinical experience	_____	_____	_____	_____	_____	_____
I. Utilizes appropriate reference materials	_____	_____	_____	_____	_____	_____
J. Participates in community service with supervision	_____	_____	_____	_____	_____	_____

III. COMMUNICATION / CARING Q1, Q2, Q6 EOPSLO #3
    A. Communicates effectively
    B. Contributes/presents in conference with instructor's prompt
    C. Adapts teaching methods to patient and situation
    D. Charting is accurate and appropriate
    E. Completes written assignments within a designated timeframe
    F. Charts using computer programs
    G. Demonstrates caring in the nurse-patient relationship
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IV. COLLABORATION Q2 EOPSLO #4
    A. Collaborates with staff, instructors, and peers
    B. Charting is consistent with agency
    C. Receives and gives patient status report
    D. Identifies tasks to be delegated
    E. Seeks guidance from clinical instructor as needed
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V. ADVOCACY / LEGAL / ETHICAL BEHAVIORS Q4, Q5 EOPSLO #5
    A. Assumes responsibility for patient's care
    B. Demonstrates clinical curiosity, seeks information & understanding
    C. Demonstrates critical thinking
    D. Sets priorities in nursing care
    E. Organizes care for 1 patient
    F. Makes appropriate decisions
    G. Demonstrates flexibility
    H. Utilizes resources in a cost-effective manner
    I. Practices within the legal & ethical framework of nursing
    J. Applies theory to clinical experience
    K. Implements interventions in a legal/ethical manner
    L. Calculates accurately (100%)
    M. Advocates for patient when applicable
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Student Signature and Date **I have reviewed my scores for sections I-V and all comments. I have been given an opportunity to ask any questions I may have concerning any scores and comments.**	Student Signature and Date	Student Signature and Date	Student Signature and Date	Student Signature and Date	Student Signature and Date	Student Signature and Date