Associate Degree
Registered Nurse

2020 – 2021
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I. Letter from the Dean

Dear College of Technology Student,

Congratulations on your decision to pursue your education at the Idaho State University College of Technology. On behalf of all faculty, staff, and administration, I want to take this opportunity to personally extend a warm welcome. The College of Technology is one of seven colleges on the ISU campus designed to meet the needs of students – like you.

I am pleased to see that you made the decision to join the largest, most comprehensive postsecondary technical institution in the state of Idaho. You now belong to a college that boasts an alumni base of more than 25,000. For more than 100 years, students have graduated from Idaho State University with the technical skills necessary to successfully enter the workforce. I am confident that you will also be will prepared by our faculty to pursue your passion and have an enjoyable lifetime career.

Amid the excitement of enrolling at ISU, you probably have many questions. This student handbook has been prepared for your use and contains the answers to many of your questions. If you would like additional information, please contact your faculty or Student Services directly. We are all here to help you succeed in your studies and stand prepared to assist with your concerns.

Once again, welcome to the College of Technology.

Go Bengals!

R. Scott Rasmussen
Dean
II. Program Introduction

This handbook is designed to provide information and serve as a resource for most questions and school situations you may encounter as a student in the Associate Degree Registered Nurse program. The information provided in this handbook is meant to supplement that provided in the Idaho State University Bulletin and Official Student Code of Conduct.

All students are directly responsible to the instructors first. Details regarding program procedures will be covered and questions answered during orientation at the beginning of the program or as the need arises. Problems of any nature will be brought to the attention of the instructors and program coordinator. They will seek assistance for a student problem. If a student feels a need for conference with someone other than an instructor or the program coordinator, a meeting may be arranged with an advisor from the College of Technology Student Services at (208) 282-2622.

Program Administration

The Associate Degree Registered Nurse program is operated by the College of Technology, Idaho State University. The program works in cooperation with the Idaho State Board for Professional Technical Education and is approved by the State Board of Education.

The Associate Degree Registered Nurse program is accredited by the Accreditation Commission for Education in Nursing (ACEN).

Accreditation Commission for Education in Nursing

3343 Peachtree Road NE, Suite 850
Atlanta, Georgia 30326
(404) 975-5000
acenursing.org
Welcome!

Welcome to the Associate Degree Registered Nurse (ADRN) program at the College of Technology, Idaho State University. The faculty, staff, and administration wish you the best success as you undertake this exciting and challenging step in your education as a professional nurse.

As a nursing student, you are a valued and valuable member of the healthcare team. Health team members are expected to be responsible, caring persons who perform within the scope and standards of the profession. Faculty, administration, and staff at Idaho State University and the College of Technology are committed to doing all that is possible to guide and support your career goals as well as your personal and professional growth. A committed focus on lifelong learning, critical thinking, competence, healthcare teamwork, caring, and professional honesty and integrity are key ingredients to your success now and in the future.

Affiliation Agreements/Sponsoring Agencies

The Associate Degree Registered Nurse program operated by the College of Technology at Idaho State University is in affiliation with the following:

- Bear Lake Memorial and Skilled Nursing Facility – Montpelier, ID
- Bingham Memorial Hospital and Extended Care Facility – Blackfoot, ID
- Caribou Memorial Hospital and Living Center – Soda Springs, ID
- Cassia Regional Medical Center – Burley, ID
- Complex Care Hospital of Idaho – Meridian, ID
- District 7 Health Department – Idaho Falls, ID
- Eastern Idaho Regional Medical Center – Idaho Falls, ID
- Encompass Home Health and Hospice – Pocatello, ID
- Franklin County Medical Center – Preston, ID
- Harms Memorial Hospital – American Falls, ID
- HealthSouth Corporation
- Hillcrest Haven Convalescent Center – Pocatello, ID
- *Holy Rosary Medical Center – Ontario, OR
- Idaho Doctors Hospital – Blackfoot, ID
- Idaho Elks Rehabilitation Hospital, Inc. – Boise, ID
- Idaho Home Health & Hospice
- Idaho Kidney Institute – Pocatello, ID
- Idaho National Laboratory (INL) Occupational Health Center
- *IHCHS Intermountain Healthcare – Utah
- Pocatello Family Practice – Pocatello, ID
- Idaho State University Student Health – Pocatello, ID
- Lost Rivers Medical Center – Arco, ID
- Madison Memorial Hospital – Rexburg, ID
- Magic Valley Regional Medical Center – Twin Falls, ID
- Minidoka Memorial Hospital – Rupert, ID
- Mountain Home AFB, 366 Medical Group – Mountain Home, ID
- Mountain View Hospital – Idaho Falls, ID
- Oneida County Hospital/LTC/Home Health – Malad City, ID
- Portneuf Medical Center – Pocatello, ID
- Rocky Mountain Surgery Center – Pocatello, ID
- St. Alphonsus Regional Medical Center – Boise, ID
- St. Luke’s Medical Center Jerome – Jerome, ID
- St. Luke’s Regional Medical Center – Boise, ID
- St. Luke’s Wood River Medical Center – Ketchum, ID
- Shoshone-Bannock Tribes, Tribal Health & Human Services – Fort Hall, ID
- South Eastern District Health Department – Southeast, ID
- South Central District Health – Twin Falls, ID
- *Star Valley Medical Center – Afton, WY
- State Hospital South – Blackfoot, ID
- Steele Memorial Hospital – Salmon, ID
- Surgical Care Affiliates, LLC aka Treasure Valley Hospital – Boise, ID & Nationwide
• Teton Valley Hospital and Surgical Center – Driggs, ID

*Not a current clinical site; individual state board of nursing requirements/permissions needed prior to facility use.

**ADRN Program Mission Statement**

The mission of the ADRN program is to provide quality, accessible learning opportunities to meet students’ diverse educational needs and provides critical thinking opportunities to promote professional identity and global citizenship. The curriculum is designed to deliver education that responds to the changing needs of students, employers, and communities. Our commitment is to offer professional mobility through a progressive approach to nursing education and meet the needs for quality health care while building a foundation for life-long learning for ADRN program graduates. The program provides a bridge between and among levels of study within nursing with potential articulation into the baccalaureate and masters preparation.

**Nursing Program Philosophy**

The philosophy for the Idaho State University College of Technology ADRN program is based on an eclectic approach combining the four domains of nursing, the nursing process, and the Dreyfuss Model of Skill Acquisition and Development as implemented in Patricia Benner’s “From Novice to Expert” (Benner, 1984). This approach uses the four domains as the philosophical base.

**Person:** The nursing faculty believes the person can be an individual, a family, a community, or a culture. Holistic in nature, the person is unique in his/her/their own experiences, value system, and inherited characteristics. Persons have self-worth and the right to self-determination with a potential for growth, development, and change. This development of person throughout the lifecycle is dynamic and interactive because people, as social beings, both affect and are affected by an internal and external environment.

**Environment:** The nursing faculty believes the environment is a summation of all internal and external factors affecting the health of a person. People maintain or attain health by adapting to environmental and developmental changes across the lifespan. We believe the environment is utilized by the nurse to enhance the patient’s health and well-being. The nurse interacts simultaneously with many patients from diverse cultural backgrounds and across a variety of environments.
Health: is characterized by the ability of a person to meet his/her/their needs within the five dimensions that make up the wholeness of the human experience: physiological, psychological, socio-cultural, developmental, and spiritual. A characteristic of health is the ability of a person to meet his/her/their needs, which include: a need for a safe effective care environment, health maintenance, psychosocial integrity and physiological integrity. When necessary, nursing assists persons to meet these needs through the processes of collaboration and through healing interventions.

Nursing: is an art and science that incorporates a set of core nursing values. These values include adherence to standards of professional practice, accountability, functioning within legal, ethical, and regulatory structures, caring/helping, valuing the profession of nursing and active participation in life-long learning.

Nursing includes the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy for individuals, families, communities, and populations (American Nurses Association, 2010).

Fundamental to the practice of nursing is the nursing process, which is an organizing framework that uses scientific reasoning and problem solving. The nursing process includes assessment as data collection and holistic nursing assessment of the patient using the Gordon’s Functional Health Patterns. The nursing diagnosis utilizes assessment data to formulate problems and etiologies and identify related symptoms in a prioritized manner. Planning incorporates a multidisciplinary approach to identify measurable patient outcomes and nursing interventions to achieve wellness. Implementation includes performing individualized care to the patient. Evaluation is a continuous process designed to measure and refine planning and interventions to optimize patient outcome.

Nursing uses reasoning to integrate knowledge derived from previous education and experience to achieve deliberative and competent decision-making that is grounded in evidence based practice to achieve best practice outcomes. At the novice level, the nurse practices as the beginner using rules and guidelines. As the nurse progresses in the profession, the nurse approaches each task with inquiry, intuition, and wisdom.

Nursing faculty strongly believes that nursing education is a multifaceted, dynamic, and lifelong process involving the acquisition of knowledge, skills, and attitude. The process requires degrees of independent judgement, problem-solving, and intellectual activity that is supported by liberal arts general education, biological, physical, and social sciences; nursing education cultivates decision making abilities, technical capabilities, and strategies based on standards of care.

Nursing faculty believes that teaching and learning requires a partnership between the student and educator, where the educator serves as the facilitator and mentor. Although
the ultimate responsibility for learning remains with the student, student learning is a collaborative effort where students learn from their patients, the community, and all other healthcare disciplines.

Nursing faculty also believe that learning is facilitated when learners become increasingly goal-directed and actively involved in the education process. As a result of this belief, faculty designs experiences to help learners develop more autonomy in seeking learning opportunities as they progress through the educational experience.

The nursing program faculty supports the mission of the college and the university to provide quality educational opportunities for all students, regardless of location. To this end, distance learning is utilized to provide learning opportunities to students.

Organizing Framework of the Nursing Program

The organizing framework flows from the philosophy of the nursing program. The NLN Associate Degree Core Competencies, the American Nurses Association Code of Ethics, the National Patient Safety Standards, and QSEN Competencies are used as professional guiding documents for the curriculum. The program integrates the following concepts throughout:

- Caring Interventions
- Clinical Decision Making
- Communication and Collaboration
- Evidence-Based Practice
- Nursing Process
- Professional Behavior
- Quality and Safety
- Teaching and Learning

The professional guiding documents and the integrating concepts provide the organizing framework of the nursing program which is reflected in program and course student learning outcomes, and clinical evaluation tools.

CONCEPTS

Caring Interventions: Demonstrating empathy and client advocacy. Demonstrating appropriate genuineness, respect and demeanor toward patients, families, and communities. Initiating a holistic (physiological, psychological, sociocultural,
developmental, and spiritual) lifespan approach. Demonstrating non-judgmental attitude & promotes clients’ rights to self-determination.

**Clinical Decision Making:** Choosing and implementing nursing interventions. Observing, interpreting, responding, and reflection situations within, and emerging from, the nurse’s knowledge and perspective. Prioritizing and delegating appropriate interventions and tasks.

**Communication and Collaboration:** Fostering therapeutic communication, mutual respect, and shared decision-making to achieve quality patient care. Ensures proper implementation of written, verbal, and non-verbal direction. Demonstrating caring, compassion, and cultural awareness. Promoting positive outcomes. Functioning effectively within nursing and inter-professional teams.

**Evidence Based Practice:** Examines and questions the evidence that underlines nursing care. Integrating best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

**Nursing Process:** Utilizing the five steps to the nursing process to deliver patient care. Obtaining a holistic view of the patient’s structural variables and basic needs. Promoting patient-centered outcomes. Assisting patients towards meeting health needs. Evaluating interventions to meet changing needs and adapting plans of care as required.

**Professional Behaviors:** Committing to the profession of nursing. Adhering to standards of professional practice. Accountable for his/her actions and behaviors and practices nursing within legal, ethical, and regulatory frameworks.

**Quality/Safety:** Uses data to monitor the outcomes of care processes and uses improvement methods to design and test changes to promote the quality and safety of health care systems. Minimizes risk of harm to patients and providers through both system effectiveness and individual performance. Follows national and facility safety standards and procedures.

**Teaching/Learning:** Encompasses the provision of health education to promote and facilitate informed decision making. Achieves positive outcomes and supports self-care activities.

**Student Learning Outcomes**

Upon successful completion of the nursing program, the student will be able to:

1. Communicate and document accurate information about patients in a concise and clear manner.
2. Utilize therapeutic communication skills when interacting with patients and their families.
3. Collaborate with patients, families, and health care personnel to achieve positive patient outcomes.
4. Integrate evidence-based data that guides or leads to best practice and quality improvement.
5. Apply the steps of the nursing process in a competent and caring manner to safely meet the holistic needs of patients across the lifespan in a variety of health care settings;
6. Provide care that reflects the professional practice standards including ethical and legal parameters.
7. Demonstrate cultural awareness and respect for persons when working with all populations in the healthcare environment.
8. Provide and manage care through the safe and efficient use of human, physical, financial, and technical resources to meet patient outcomes.
9. Demonstrate professional accountability through identification of learning needs and ongoing professional development.
10. Apply principles of teaching and learning to advocate for and empower patients and families to effectively participate in healthcare decisions and health maintenance.
11. Demonstrate patient-centered prioritization of nursing actions and delegates tasks to appropriate members of the healthcare team.

Nursing Program Benchmarks

The nursing program benchmarks will serve as a quantifiable measure of how successfully the program is in educating students to function as registered nurses.

1. Seventy-five percent or more of the students admitted into the nursing program will graduate within 150% of the program length.
2. Graduates will pass the NCLEX-RN on the first attempt or above the national pass rates.
3. Ninety percent or more of the graduates responding to the graduate survey will state that they are satisfied or highly satisfied with their education received.
4. Ninety percent or more of the employers of the graduates responding to the Employer Survey will state that the graduates are prepared at the entry level for practice.
5. Seventy-five percent or more of the graduates seeking employment will be employed as professional registered nurses in the health care setting within one year of passing the NCLEX-RN.
American Nurses Association Code of Ethics

- The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.
- The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
- The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.
- The nurse owes the same duty to self as others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
- The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The nurse collaborates with other Healthcare Professionals and the public in promoting community, national, and international efforts to meet health needs.
- The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

International Council of Nurses’ Pledge

(Based on the ICN Code of Ethics for Nurses, 2006)

In 1899, the International Council of Nurses was founded in Geneva, Switzerland. Their pledge affirms the common goals of all nurses around the world.

In the full knowledge of the task I am undertaking, I promise to take care of the sick with all the skill and understanding I possess, without regard to race, creed, color, politics, or social status, sparing no effort to conserve life, to alleviate suffering, and promote health.
I will respect at all times the dignity and religious beliefs of the patients entrusted in my care, holding in confidence all personal information entrusted to me and refraining from any action which might endanger life or health.

I will endeavor to keep my professional knowledge and skill at the highest level and give loyal support and cooperation to all members of the health team.

I will do my utmost to uphold the International Council of Nursing Code of Ethics for Nurses and to uphold the integrity of the nurse.

Statement on Professionalism

Professionalism is defined as those behaviors that demonstrate the ability to make independent and sound judgments. These judgments are congruent with current standards of practice. The student is responsible to participate as a member of the health care team within the limits and responsibilities of the functions and scope of practice of the Registered Nurse as defined in Section 54-1408 Idaho Code Nursing Practice Act.

Professionalism also encompasses those traits that project an image. This includes attitude, ethics, honesty, integrity, loyalty, mannerisms, appropriate communication skills (verbal, non-verbal, written, electronic), appearance, personal hygiene, and the ability to remain effective under stress.

Students are accountable and responsible for their own nursing actions and decisions. Students interact within legal aspects of professionalism in terms of documentation, confidentiality, honesty and integrity, medication administration and treatments as prescribed by those healthcare providers authorized to prescribe medications, and maintaining safe and effective nursing care rendered directly or indirectly. Students are accountable and responsible for maintaining a level of physical and mental health that allows them to function safely and competently in the health care arena. This is a board of nursing, as well as a program requirement.

Student Governance

Nursing students enrolled in the ADRN program have multiple student governance opportunities. Each admission class elects class officers/leaders. As class representatives, student leaders are invited to participate in all ADRN program team meetings. The purpose of this participation includes an opportunity to professionally dialogue regarding the program. According to university policy, each student is asked to
carefully evaluate all ADRN program courses and faculty. To provide the best possible teaching/learning environments and opportunities for students, these evaluations are considered essential during course and program revision/evaluation. Each student is also asked to evaluate clinical nurse preceptors and clinical facilities/sites. These clinical-related student evaluations are used to make decisions regarding clinical sites and preceptors. The ISU Chapter of the Student Nurse Alliance (SNA) is located within the ISU ADRN program and is an encouraged student governance option for all ADRN students. The SNA is an official organization of the ASISU – Associated Students of ISU.
III. Fall 2020 Health & Wellness Plan

Idaho State University will resume full campus operations for the Fall 2020 semester, which will include in-person instruction, an adjustment to the fall academic calendar, and implementation of public health guidelines. Currently, the University is following State of Idaho guidelines to rebound to normal operations. Detailed information is available online and regularly updated at: isu.edu/coronavirus/

Fall 2020 Schedule

The University will adjust the Fall 2020 academic calendar to ensure that all face-to-face instruction has be completed by Tuesday, November 24, two days before Thanksgiving. The University will shorten the Thanksgiving Break to three days (Wednesday through Friday), and classes will meet on the Monday and Tuesday of Thanksgiving Week. Following Thanksgiving, the University will have one week of online final exams (November 30 – December 4). The start date for the fall semester will remain on Monday, August 17.

This adjustment to the calendar will allow the University to complete all face-to-face instruction before late fall, when projections in our neighboring states suggest greater prevalence of general illness and perhaps an increased threat from COVID-19. The change also supports student academic progress and ensures the University meets all federal and accreditation requirements.

- August 17: Fall Classes Begin
- October 5 - 9: Mid-Term Week
- November 24: Face-to-Face Instruction Concludes
- November 25 - 27: Thanksgiving Break
- November 30 - December 4: Online Final Exams
- December 15: Semester Grades Due

**Note: Any deviations from this schedule will be given in advance by the instructors.**
Health and Safety

Adjustments have been made on campus to ensure health and safety. University officials are working with state and local public health officials to implement a number of recommendations from the Centers for Disease Controls. Classes are being moved into larger meeting places for increased social distancing, some class times have been changed to accommodate classroom availability, and some instruction will make use of hybrid in-person and online models.

For the Fall 2020 semester, all individuals should continue to:

• Engage in physical distancing of at least six feet.
• Wear face coverings in public places – including interactions within six feet or when indoors in common areas or classrooms.
• Stay home if sick or if someone in your household is sick.
• Practice good hand hygiene – wash hands regularly with soap and water.
• Do not shake hands, high-five, hug, etc.
• Cover coughs and sneezes.
• Disinfect surfaces and high-touch objects regularly.

Cloth Face Coverings

All members of our Bengal community have a shared responsibility in doing their part to protect one another, our families, and those who are medically vulnerable. All faculty, staff, students, and visitors are required and expected to wear face coverings for the Fall 2020 semester.

The CDC recommends that everyone wear cloth face coverings when leaving their homes, regardless of whether they have fever symptoms of COVID-19. This is because of evidence that people with COVID-19 can spread the disease, even when they don’t have any symptoms.

Cloth face coverings may prevent the person wearing the mask from spreading respiratory droplets when talking, sneezing, or coughing. Since people may spread the virus before symptoms start, or even if people never have symptoms, wearing a cloth face covering may protect others around you.

When using a cloth face covering, make sure:

• The mouth and nose are fully covered.
• The covering fits snugly against the sides of the face so there are no gaps.
• You do not have any difficulty breathing while wearing the cloth face covering.
• The cloth face covering can be tied or otherwise secured to prevent slipping.
• Wash your cloth face covering after each use in the washing machine or by hand using a bleach solution. Allow it to completely dry.
IV. Program Policies

The ADRN nursing student has two areas of learning: classroom/lab and clinical experience. (Classroom is defined as anytime connections are made with faculty/peers – includes all virtual “class” experiences. Both require commitment to rules as well as conduct expectations.) Because the ADRN nursing student is about to enter a career that requires special conduct and behavior while in the performance of specified duties, the student must, at all times, adhere to the ethics and conduct listed under the regulations, policies, and procedures of each healthcare facility while representing the program and functioning as a student-learner in that facility.

Requirements

Required minimum hours of actual clinical practice per credit for clinical courses in the ADRN program is about 45-50 hours per credit. Therefore, a three credit clinical course will require a minimum of 150 hours of supervised clinical practice (can include additional hours related to the accomplishment of clinical course objectives). Additionally, the ADRN 298 Independent Study course for one to five credits. Each credit of ADRN 298 will require a minimum of 45 hours of student effort.

Generally, students taking courses in the ADRN program should expect to spend “in class” time per week based on the credit allocation. For example, a three credit didactic course would include three “in-class” hours per week. In-class time includes teaching/learning sessions, discussions, on-line connections, etc. In addition to time in class, students should expect to spend the standard two to four hours per week in study and preparation, for each in-class hour. Thus, a three credit course would include three in-class hours per week plus two to four hours of preparation per credit, per week, totaling an average requirement of 9-15 hours per week for that course.

Needed Program-Related Computer and On-Line Skills

ADRN program students need keyboarding and touch typing, basic internet technologies such as understanding of browsers, firewalls, cookies, etc.; downloading and saving files and images; searching and retrieving research information; email: sending, receiving, adding attachments, downloading attachments; using ISU resources (such as health library sites); Moodle; Word processing; Power-point presentation skills.
Distance-Based Education

Successful students completing distance based education are highly motivated, self-directed, well organized, and very adaptable learners. Whether studying, finishing an assignment, completing online forums with classmates, researching a project, or planning and attending clinical experiences, successful distance-based nursing program students make their education a priority. Furthermore, these students shed the notion of a traditional teacher-centered classroom experience and consider their distance-based education as an opportunity for new and exciting learner-centered experiences that are personally and professionally rewarding.

Attendance

Personal appointments and schedules need to avoid conflicts with a student’s class and/or clinical schedule.

Clinical placement (the supervised clinical practice completed each term while enrolled as an ADRN student) is on a space available basis. Clinical sites must be negotiated and may not be available in your geographic area. Therefore, extensive travel to and from clinical sites may be required. Program flexibility around other work and school schedules is never guaranteed and Pocatello-based intensives are required and occur about twice per month. Required minimum hours of actual clinical practice per credit for clinical courses in the ADRN program is about 45-50 hours per credit. Therefore, a three credit clinical course will require a minimum of 150 hours of supervised clinical practice (can include additional hours related to the accomplishment of clinical course objectives).

Classroom: The ADRN program will use a combination of “regular” classroom, virtual classrooms, and distance learning classrooms. The following discussion pertains to all forms of classroom instruction. While web-based classes may be taken asynchronously, “attendance” means that students perform all expected activities that are required for the “time frame” of the class within the specified class time and activity/assignment due dates/times.

Students are expected to “attend” every class. If you are absent, you are fully responsible for all missed content. Students unable to attend part or all of an intensive face-to-face session, will need to complete a learning contract re: all missed content as well as content-related assignments. When in a class that meets together, electronic communication devices must be used discreetly and for emergency purposes only. [Cell phones (or any similar electronic communication/texting device) are never allowed during
proctored examination.
Calls should always be placed outside of the classroom. Scheduled post conferences, nursing skill labs, clinical meetings, or clinical performance checks will be set up by lab and/or clinical instructors and these are mandatory. Mandatory means that attendance is required or consequences may be imposed. Special arrangements may be made for emergencies on a case-by-case basis as determined by faculty. Health complications require a doctor’s verification of the medical situation and written verification that the student is in safe condition and good health, prior to resuming clinical or lab assignments.

All intensives are required. Missing intensives during the first week of any term places the student in jeopardy of non-success in the course and program and therefore may ultimately lead to program dismissal. Skills day and facility orientations are mandatory; missing these sessions places the student in jeopardy of non-success in the course and program and may ultimately lead to program dismissal.

There are periodic teaching/learning sessions and workshops during the year, which may have different hours. Required days/times of attendance may be different from standard class schedules. Students will be notified in advance of required workshops and other teaching/learning sessions so they may make necessary arrangements for attendance, which is mandatory. Students may incur additional costs related to these workshops.

Clinical: Idaho is the only state in which ADRN program clinical experiences occur. Though clinical course objectives and hour requirements do not change, course-specific clinical hours may vary depending on the facility, the objectives being accomplished, and the rotations required for appropriate experiences. Students will be required to spend clinical time at facilities outside of their community hospital, facility, or geographic area. Hours may begin as early as 3:00 am, evening or night rotations may be required, and weekend rotations may also be required. Some clinical experiences may be under the supervision of a clinical nurse preceptor. Students should be prepared for and arrange their employment and family schedules to accommodate clinical and class experiences. Simultaneous full time employment during this program is strongly discouraged and may negatively impact required class and clinical hours as well as the successful completion of course/program objectives and successful performance on the NCLEX-Rn exam.

No clinical experiences are allowed until course tuition/fees are paid.

Grading Criteria

A student’s attitude and active participation in his or her own learning may be reflected in his or her course grade.

Course grading will be:

ISU College of Technology - 21 - Student Handbook 2020 - 2021
<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percent</th>
<th>Points</th>
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<tr>
<td>F</td>
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A grade of “C” (75%) or above is required in each nursing course. A student may not progress in the program with any grade below a “C” in any nursing course.

**Withdrawal, Readmission, Course Failures**

There are circumstances (example: medical) that may necessitate student withdrawal from the ADRN program. If the student has courses successfully completed and wishes to reenter the program at a later date, he or she must petition for readmission. Readmission is always based on a space available basis for the courses and semesters where nursing specific courses are needed, giving priority to in-sequence students. If a student withdraws and does not have on record any course grades, the student may reapply and retake the pre-entrance examinations for ranking purposes. Admission is contingent on ranking within the applicant pool of the upcoming class. Students who achieve a failing grade (below 75%) in a nursing course will not progress to the next term. If they are in the final term of the program, they will be unable to graduate. Students wishing to repeat a nursing course, following failure of that course, may repeat that course once.

For ADRN students unable to achieve an acceptable level of competence in a nursing course during their initial enrollment, conditions for re-enrollment will be reviewed on an individual basis by the nursing administer and/or faculty. Further academic conditions may be imposed on a student who fails to pass required course(s) or course objective(s).
Dismissal from the Associate Degree Registered Nurse Program

A. Probation, Remediation, and Dismissal

- Probation is a process initiated by the faculty member as a result of serious or repeated violation of policy by the student. When a student is placed on probation the faculty member will identify, in writing, specific actions exemplifying violation of a policy by the student, remediation measures required, and consequences to the student if remediation does not occur. When a student action is identified as being unsafe and/or in violation of program policies, the following steps may be initiated:

1. Student’s problem is identified by the faculty member and discussed with the student (documented and signed by the student acknowledging the occurrence).

2. If the problem persists, the faculty member discusses the situation with the Nursing Director and, if deemed necessary, the Department Chair. The faculty will then confer with the student and identify in writing, via a probationary contract, remediation measures and time frame for completion, which will be signed by the student and the instructor. The original of said “contract” will be placed in the student’s file and a copy will be given to the student.

3. If remediation is not satisfactory, the student will be dismissed from the program.

4. The student is notified of the decision for dismissal and given opportunity to meet with the instructor, Nursing Director, and/or Department Chair.

5. A student dissatisfied with the decision of the instructor, Nursing Director, and/or Department Chair may appeal.

B. Dismissal – Immediate

- A student may be immediately dismissed from the program for any of the following reasons:

1. Grade below “C” (75%) in any of the required courses.

2. Unsafe practice in the clinical area; any act that is harmful or potentially detrimental to the patient, patient family, facility, faculty, or community. This includes but not limited to:
   a. Inability to apply classroom theory to clinical practice.
   b. Inability to determine self-capabilities or limitations.
   c. Inability to demonstrate nursing care at level of education.

3. Consistently coming to “class” of clinical poorly prepared, such as, but not limited to:
   a. Illness
b. Fatigue from lack of sleep  
c. Impaired reflexes and/or judgment  
d. Substance use or abuse  
4. Exhibiting false and fraudulent behavior. (Integrity, honesty, 
dependability, and trustworthiness are the most important 
characteristics of a nurse.)

- Because it is the philosophy of the Associate Degree Registered Nurse program that learning occurs most effectively when classroom theory is correlated with appropriate clinical experience, in the event of dismissal from clinical practice and if remediation is possible, the student may be allowed to continue in theory classes only until the end of the current semester.

C. Readmission into the ADRN Program

- NOTE: A student may not be eligible for reinstatement into the ADRN program if dismissed on the grounds of:
  1. Academic or clinical dishonesty,  
  2. Alcohol or drug abuse,  
  3. Unsafe clinical behavior verified by faculty and/or preceptors, or  
  4. Is prohibited from receiving clinical experiences at any of the sponsoring agencies.

- A student may go through the appropriate channels established by Student Services to request readmission into the ADRN program (i.e. Petition, etc.).
  1. Reinstatement will be limited to one opportunity after the initial failure.
  2. If a student is dismissed from their clinical practicum and this is their second attempt at the ADRN program, the student is dismissed from the program. Theory and classroom attendance ends immediately at the point of the second dismissal.
  3. A student may be readmitted conditionally or unconditionally. If on conditional status, specific criteria will be formulated as identified in a contractual agreement.
  4. A returning student must repeat any clinical performance checks or objectives successfully prior to any clinical practicum.

Chain-of-Command/Communication

Nursing faculty have authority and responsibility for their courses as well as for all student grading and evaluation. To clarify, any questions or concerns, all queries regarding syllabi, policies of the classroom or Web-class, clinical policies, schedules,
requirements, etc. should immediately be addressed by the student to the faculty member responsible for that course. Students should NOT wait until the end of the course to question class policies, due dates, procedures, testing, etc.

Program procedures are discussed and questions answered during orientation and as needed. Electronic connections with faculty are available on a 24/7 basis. Unless otherwise indicated, asynchronous responses occur within two business days; phone discussions are available whenever asked for or needed. Office hours are available as needed, to address concerns, answer questions, and/or review course requirements.

Students are expected to communicate in an honest, respectful, professional, and positive manner. Assertive communication is the primary mode of communication within which all nurses are expected to function. Passive-aggressive gossiping, backbiting, whining, complaining, rationalizing, projecting, and blaming are not acceptable modes of communication and produce unhealthy, unwanted outcomes. Students who express problems and concerns are expected to participate in developing solutions. The following procedure should be followed.

**Step 1A:** If a student has a problem with his or her fellow classmate/peer, the student will first approach the peer involved and attempt to resolve the concern.

**Step 2A:** If step 1A does not result in resolution, the student may meet with the course faculty.

**Step 1B:** If the student has a concern with a preceptor/faculty member, the student is expected to first approach the preceptor/faculty member involved and attempt to resolve the concern.

**Step 2B:** If step 1B does not result in resolution, the student and faculty member/preceptor will meet with the facility liaison and/or the Nursing Director.

*Clinical site preceptors and supervising clinical faculty MUST be consulted immediately, should a personal or professional problem occur during clinical experiences.*

During any of the above meetings, a student may request that a counselor be present. If satisfactory resolution does not occur after Step 2B, the student may bring his/her complaint to the Health Occupation’s Department Chair, who will seek appropriate complaint resolution among all parties. The Department Chair’s decision and/or compliant resolution may be appealed to the College of Technology Dean.

**Children**
Children are **not** allowed in the classroom, nursing skills labs, testing centers, or clinical facilities.

**Electronic Communication Devices**

If during classroom or clinical experiences, communication devices are used, they must be on vibration mode. Many clinical facilities prohibit the use of such devices. During secure, proctored examinations, electronic communication devices must be “off” and out of site for the duration of the examination. With the exception of scheduled breaks, electronic social networking via text, tweets, email, Facebook, etc. is prohibited during class and clinical time.

**Nursing Competency Policy**

As a condition of progression and completion of the ADRN program, nursing competency will be assessed each term. Students will be required to take nationally normed examinations throughout the curriculum and make a satisfactory score on such examinations. In the last term of the curriculum, students will be required to take a nationally normed comprehensive exam and make a satisfactory score on such exam prior to graduation.

**CPR Certification**

All students in the ADRN program must be current in CPR Certification (BCLS, healthcare professional). CPR certification can be through the American Heart Association of the American Red Cross.

**IV Therapy Instruction**

All Students in the ADRN program must provide evidence of successful completion of an approved IV Therapy course.
LPN Licensure

All students in the ADRN program must be licensed to practice as an LPN in the State of Idaho. License must be current and unencumbered/in good standing.

Immunizations & Health Policy

All students in the ADRN program must be current in their required immunizations/health assessments. ADRN program requirements include:

- TB assessment must be yearly (every 11 months) and current
- MMR – if a student was born after 1957, he or she will need documentation of two MMRs or a titer for Rubella and Rubeola; The titers should indicate immunity
- Current (within the last ten years) tetanus immunization (prefer after five)
- Hepatitis B: Three shots are required followed by a titer; titer must indicate sero-conversion. Titers are usually done one month after the third shot. The titer is very important! Sometimes Hep B doesn’t “take” until a fourth or fifth booster is given. Boosters are administered and required until the titer is positive, or until the sixth shot has been given. Thus, students need three shots AND a titer, at the very minimum. If after two sets of three shots, the student has not yet sero-coverted, that student is considered a “non-responder.” If a non-responder is exposed to Hep B, he/she must receive HBIG as prophalaxis. The ADRN program must maintain documentation of the two sets of three Hep B series in addition to the Hep B titer results following the sixth Hep B immunization.
- Varicella titer: students must have proof of a positive Varicella titer or Varicella immunization.
- Verified good mental and physical health status is required.

All ADRN students are required to practice safely, competently, and effectively. This requirement includes classroom, lab, testing, and clinical sites. Compromised ability may involve impairment from personal/job/school related stress, sleep deprivation, pregnancy/delivery, medications, health conditions/events, etc. ADRN students are responsible for self-assessing the competence and safety of their practice. In addition, faculty hold ultimate authority in assuring student and patient safety. Thus, with physical or mental health-related issues, the ADRN program will require a full health attestation and medical release, prior to the resumption of clinical or lab requirements. Random drug screens, may also be required. Costs of these drug screens are the students’ responsibility.
Background Checks & Drug Screening Protocol

Students in the ADRN program must follow program and clinical facility policies regarding background checks and drug screens. Any related costs become the student’s responsibility.

Conduct Policies

No one is permitted to disrupt the learning environment for any persons involved in the teaching/learning process (peers, faculty, staff, etc.). This includes an expected adherence to the nursing programs, ISU, and professional codes of conduct.

The classroom is a center for study and understanding of the subject matter for which the instructor has professional responsibility and institutional accountability. Control of the order and direction of a class, as well as the scope and treatment of the subject matter, rests with the individual instructor, free from distraction or disruption by students or others who may be in disagreement. Disruption of the classroom is forbidden. Each student has the obligation to respect the rights of others in the maintenance of classroom order and in the observance of courtesy. The instructor has the right to remove a student from the course or give a reduced grade in cases of disruptive classroom behavior.

Academic Integrity

Dishonest conduct is unacceptable. In cases of academic dishonesty, such as cheating or plagiarism, students will be dismissed from class, given failing grades or otherwise disciplined by the instructor.

Cheating is defined as the act of using or attempting to use in examinations or other academic work, material, information, or study aids that are not permitted by the instructor.

Examples of cheating include but are not limited to:

- Obtaining, providing, or using unauthorized information during an examination verbally or visually or by notes, books, or other materials.
- Acquiring, possessing, or providing to others examinations or other course materials without authorization of the instructor. This is understood to include
providing information about an examination before the scheduled administration of that examination.

- Taking an examination for another person or arranging for someone else to take an examination for you.
- Submitting for course credit the same work or substantial portions of the same work more than once.
- Fabricating information without the permission of the instructor for any report or other academic exercise.

**Plagiarism** is defined as representing another person’s words, ideas, data, or work as one’s own. Plagiarism includes but is not limited to the exact duplication of another’s work and the incorporation of a substantial or essential portion thereof. Other examples of plagiarism are the acts of appropriating the artistic or musical composition of another or portions thereof and presenting them as one’s own.

The guiding principle is that all work submitted must be properly credited to the original source(s) of the information. In written work, direct quotations, paraphrased statements, summarizations of the work of another, and other information that is not considered common knowledge must be cited or acknowledged usually in the form of a footnote. Quotation marks or a proper form of identification shall be used to indicate direct quotations.

As long as a student adequately acknowledges sources of information, plagiarism is not present. However, students should be aware that most professors require certain forms of acknowledgement or referencing and may evaluate a project on the basis of form and penalize the student in the grade assigned if citation of sources is improper.

**Graduation**

As a candidate for the Associate of Science degree at ISU, students are valued participants in the ISU commencement ceremonies. This ceremony is a special recognition of achievements at ISU and is a formal cap and gown ceremony. All ADRN program graduates are urged to participate. Though students may officially graduate three times per year, ISU commencement occurs once per year in May.

Students planning to graduate should apply for graduation no less than one semester before all requirements are completed. College of Technology students need to contact the Student Services Office to obtain applications for graduation and to pay a graduation/diploma fee.
Licensure

In the final semester of your program, you will apply for Board of Nursing licensure. This process includes the NCLEX-RN (National Council Licensure Examination for RN) testing process and requires Board of Nursing licensure fees as well as testing fees and background check fees (you will be asked for fingerprints). The Board of Nursing license application form requires answers to screening questions that include actual or pending nursing license discipline in any state, physical and mental competence, charges of felony/misdemeanor in any jurisdiction, etc. For complete information contact the Idaho Board of Nursing at PO Box 83720, Boise, ID 83720-0061; phone (208) 577-2476. You may also refer to their web site at ibn.idaho.gov. Answering yes to these questions may prevent you from being eligible to obtain a nursing license under Idaho State Statutes. It does not necessarily mean you will be excluded from taking the NCLEX-RN but you must follow specific guidelines. The Board of Nursing will review information on a case-by-case basis. Absolute honesty on the licensure application is required.

Disability Services

MISSION STATEMENT

The mission of Disability Services (DS) is to increase equal opportunities and equal access to all programs and services sponsored or funded by Idaho State University. DS is dedicated to creating an accessible environment for students, employees, and community members with disabilities. In achieving this, DS:

Works collaboratively with University Partners to foster a welcoming, diverse, and inclusive University community.

Collaborates with and empowers individuals who have documented disabilities by working together proactively to determine reasonable accommodation(s).

Promotes a culture of self-advocacy, responsibility, and agency.

Ensures compliance with the Americans with Disabilities Act Amendments Act (ADAAA) and other current legislation.

Readily responds to grievances and advances inclusion through the removal of identified informational, physical, and/or attitudinal barriers.

Advocates for Universal Design (UD) as a crucial framework to support the diverse needs of students, faculty, staff, and community members.
Develops partnerships with external community members/groups to support the advancement of equity and inclusion at the local, state, and national levels.

Provides institution-wide advisement, consultation, and training on disability-related topics, including but not limited to: legal and regulatory compliance and universal design.

**CONTACT INFORMATION**

Disability Services; Division of Student Affairs:

Rendezvous Complex, Room 125  
921 South 8th Avenue, Stop 8121  
Pocatello, ID 83209-8121  
Phone: 208-282-3599  
Fax: 208-282-4617  
VP for ASL: 208-417-0620  
Email: disabilityservices@isu.edu

**Office of Equity and Inclusion**

**MISSION STATEMENT**

The Office of Equity & Inclusion is committed to creating and maintaining a safe and respectful learning and working environment for all staff and students at Idaho State University by providing leadership, expertise and education in our mission to create an environment where all members of the ISU community can thrive. Our webpage will detail the specifics of each of our areas of service to the campus community including:

- EEO policy and procedure  
- Civil Rights including harassment and discrimination  
- Title IX compliance  
- Gender Resource Center  
- Diversity Resource Center  
- Training, workshops and events

Our helpful and friendly staff are available to work with any member of the university community. We look forward to serving you.

**CONTACT INFORMATION**

ISU College of Technology
Office of Equity and Inclusion:

Rendezvous Complex, Room 157
921 South 8th Avenue, Stop 8315
Pocatello, ID 83209-8315
Phone: 208-282-3964
Fax: 208-282-5829
V. Clinical Policies

Clinical Practicum

A. Safe Practice

- The ADRN nursing student is responsible for adhering to safe practice. The student will demonstrate patterns of professional behavior which follow the legal and ethical codes and standards of nursing; promote the actual or potential well-being of patients/clients/families, health care workers, faculty, classmates, and self in the biological, psychological, sociological, and cultural realms; demonstrate accountability in preparation, documentation, and continuity of care; and show respect for the human rights of individuals.

- The student must successfully complete all nursing course and clinical work (75% or better) in each term in order to advance to the next term in the program.

B. Unsafe Clinical Practices Policy

- Unsafe practice in the clinical area is defined as any act by the student that is harmful or potentially detrimental to the student, peer, patient, patient’s family, healthcare personnel, community, or facility. A student whose pattern of behavior is found to be unsafe at any time during the course may not continue in clinical practicum for reasons of “unsafe practice” and will receive a grade of “F” for the course. Indicators to be used as guidelines for evaluating safe practice in clinical settings are:

1. Regulatory: The student practices within the regulatory boundaries and regulatory guidelines of the Idaho State Nurse Practice Act, the guidelines and objectives of the ADRN program, and follows the policies, procedures, rules, and regulations of the health care agency/facility. Examples of unsafe practice include, but are not limited to, the following:
   a. Failure to notify the agency/facility and clinical instructor/preceptor of clinical absence.
   b. Presenting for clinical or lab while impaired (chemicals, fatigue, illness, etc.).
   c. Habitual tardiness to clinical assignments.
   d. Failure to adhere to the dress code of the facility/agency and/or program.
   e. Arriving to clinical poorly prepared.
2. **Ethical:** The student practices within the ethical boundaries and regulatory guidelines according to the Idaho Board of Nursing, Nursing Practice Act. Examples of unsafe practice include, but are not limited to, the following:
   a. Refuses clinical assignment based on patient’s race, gender, age, culture, sexual orientation, or religious preference.
   b. Inappropriate/unprofessional practice or communication in any assigned activity related to nursing practice.
   c. Ignoring illegal or unethical behaviors of health care persons in the clinical setting(s), which affects patient welfare.
   d. Dishonest practices, including but not limited to, fabrication of information used in documentation (verbal/written/electronic), assessments, interventions, care maps, etc.

3. **Bio-psycho-social-cultural Realms:** The student’s practice meets the holistic needs of the human person from a bio-psycho-social-cultural standpoint. Examples of unsafe practice include but are not limited to the following:
   a. Failure to display stable mental, physical, or emotional behaviors and attitudes, which may affect others’ well-being.
   b. Inability to follow oral and/or written instructions.
   c. Failure to follow through on suggested referrals or interventions to correct deficit areas, which may result in harm to others.
   d. Acts of omission or commission in the care of persons/groups of persons, such as but not limited to: Physical abuse, placing in hazardous positions, conditions or circumstances; mental or emotional abuse, and medication errors.
   e. Interpersonal relationships with agency staff, coworkers, peers, preceptors, and faculty resulting in miscommunication, disruption of patient care and/or unit functioning.
   f. Lack of physical coordination necessary for carrying out nursing procedures.
   g. Lack of application in classroom theory to clinical practice.
   h. Lack of demonstration of nursing care at level of education.

4. **Accountability:** The student’s practice consistently demonstrates the responsible preparation, documentation, and promotion of continuity in the care of persons and/or groups of persons. Examples of unsafe practice include but are not limited to the following:
   a. Failure to provide concise, inclusive, written and verbal communication.
b. Failure to accurately record and report comprehensive patient behaviors or problems.
c. Failure to report questionable nursing practices.
d. Attempting activities or procedures without adequate orientation or theoretical preparation or appropriate assistance and supervision.
e. Inability to determine capabilities and limitations.
f. Dishonesty.
g. Failure to adequately prepare for clinical experiences.
h. Behavior that is harmful or potentially harmful to the patient, facility, program, and/or profession.

5. Human Rights: The student’s conduct shows respect for the patient, health team members, classmates, faculty, and self. This includes, but is not limited to legal, ethical, and cultural realms. Examples of unsafe practice include but are not limited to the following:
   a. Failure to maintain confidentiality of interactions and records.
   b. Dishonesty in professional relationships.
   c. Failure to individualize patient assessments and plans of care.
   d. Failure to recognize and promote patients’ rights.

C. Unsafe Practice

- Students, whose pattern of behavior endangers the safety or well-being of patients (example – medication error), classmates, staff members, preceptors, and/or clinical instructors, may receive one or more of the following penalties:
  1. A verbal and written educational warning (documented and signed by the student acknowledging the occurrence, recognizing personal responsibility, and agreeing to identified remediation).
  2. If it is determined that the student’s pattern of behavior continues to be unsafe, the student will be dismissed from the clinical practicum and will receive an “F” for the course.
  3. Course or program dismissal. The student may be dismissed from assigned experiences, the course, or the program for the incidences identified.

- At the discretion of the primary clinical faculty member/preceptor and the Nursing Director, the student may be reassigned to a different clinical instructor/clinical area/preceptor for further evaluation.

D. Clinical Dress Code and Appearance Requirements

1. Facility policy will be adhered to.
2. Idaho State University photo name badges must be worn and clearly visible at all times, during all clinical experiences.
3. Uniform
a. Uniforms and lab coats are solid white, non-transparent, non-denim, with no ornamentation. If a belt is worn, it must be all white. Underwear is never visible through uniforms.
b. Tops are of uniform style cotton or blends, preferably with a collar. Tops should be loose fitting with sleeves long enough to completely cover underarms and accommodate the official school/program patch.
c. Pants must be non-transparent cotton or blend with a uniform cut. (With facility and instructor permission, uniform pants/skirts may be solid black).
d. Skirts or dresses are of uniform style, below the knee but no longer than mid-calf.
e. Shoes are white duty shoes or all white athletics. No exposed foot or open-toed shoes are to be worn in clinical areas.
f. Socks must be white. Hose may be white or beige.
g. The school patch must be worn on the left sleeve of all uniforms and lab coats. The patch will be secured on all edges and will appear on the outer clothing. That is, during clinical experiences, the patch will be visible at all times.
h. Required accessories include a watch with a sweep second hand, bandage scissors, and a pen with black ink. Additional equipment, such as a stethoscope and forceps, may be needed based on clinical area requirements.

4. Personal appearance
a. Minimum of cosmetics may be worn.
b. Hair is clean, neat, and preferably of natural color. Long hair is contained. Hair must be off the face, pulled back, and secured. Facial hair must be contained.
c. Nails are short and maintained. No artificial nails.
d. No visible body jewelry other than a watch, plain wedding bands, and plain post earrings (earrings may not be allowed in certain clinical areas such as with psychiatric or pediatric patients). This includes body piercings.
e. Body odor is unacceptable (includes perfumes, aftershaves, etc.).
f. No visible body adornments such as tattoos are allowed.

5. Safe practice/dress code during laboratory experiences:
a. Just as in a real clinical setting, students performing laboratory work (lab practice, check offs, demonstrations, etc.) must wear flat, sturdy duty shoes. Additionally, hair must be contained and back and jewelry, including body jewelry, as per above requirements.
E. Other Clinical Requirements

- While receiving clinical experience in any health care facility or clinical site, the student works under the immediate direction of the nursing staff with supervision by the clinical instructor/clinical nurse preceptor and oversight by the master’s prepared clinical instructor/professor. **The staff nurse retains the ultimate responsibility for the patient’s care.** Therefore, close communication among student, staff, faculty, supervising preceptor, and other healthcare personnel is essential.

- Specific expectations regarding patient selection and preparation for clinical experiences can be found in each clinical course syllabus.

- The student will be responsible for current assignments, which include patient plans of care, patient case studies, clinical objective sheets, medication reviews, workbook entries, and reports which may require additional outside reading and research time.

- Clinical tardiness is not acceptable. Lunch, breaks, and departure times are to be determined by patient and facility needs, and directions from clinical faculty and/or clinical nurse preceptors. It is the student’s responsibility to request, communicate, and use break times appropriately. If assigned to an area which requires a special change of clothing, the extra time this requires needs to be considered with regards to arrival and departure times. Lunch breaks cannot be added as clinical time.

- Students need to be familiar with their facility’s policy and procedure manuals and thereby practice in accordance with these policies and procedures. Specific facility orientation requirements must be adhered to.

- In addition to the written documentation, students must make a verbal and/or taped report of patient information as needed to the staff and/or charge nurse.

- Prior to leaving the unit for the day, students must report off duty to the nurse in charge of each of their patients, as well as to their clinical nurse preceptor and/or clinical instructor.

- If a student is practicing at a clinical facility outside of clinical hours without the instructor’s/preceptor’s express permission or knowledge, the student will be immediately dismissed from the ADRN program.

- If a student has been ill, had a baby, had surgery, etc. he or she cannot return to the clinical practice area until a signed written release has been received by the Nursing Director. The release must indicate clearly that the student is healthy and capable of full participation as an ADRN student.

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**Clinical Absences**
For a clinical absence, the student is responsible to notify their assigned facility and supervising clinical faculty member AND clinical nurse preceptor (if applicable) at least 1 hour prior to the assigned shift. The student is advised to ascertain who is receiving this call-off notice.

- It is recognized that there may be a RARE need to be absent from clinical.
- Failure to notify the facility AND the clinical instructor/preceptor (No Call and No Show) results in an unexcused absence* and a full grade reduction from the final total clinical evaluation score. This unexcused absence cannot be made up and further grade reductions are possible if performance requirements cannot be met.
- If the student is unavoidably delayed and calls the facility and clinical instructor/preceptor within two (2) hours after the shift has started, he or she will be considered tardy.

Note: A no-call-no-show unexcused clinical absence will result in a full grade reduction per day. (Example: the student was absent one day without notification. If the student’s clinical course was a C; the student’s final clinical course grade is now a D).

Extenuating circumstances will be dealt with on a case-by-case basis and the decision is based on the clinical faculty/preceptor’s recommendation after consulting with the course faculty or program director. Examples of extenuating circumstances include: immediate family member death, giving birth, or receiving a donated organ. Verification of these extenuating circumstances is REQUIRED. Advance notification of absence is always the expected behavior.

**Evaluation Process for Clinical Areas**

A student’s clinical practice increases in complexity and requirements throughout the program. A student’s clinical faculty member will complete clinical performance evaluations and grades for each clinical course. A final faculty-generated “Student Clinical Performance Evaluation” will remain in the student’s file. Clinical nurse preceptors will provide supervisory information relevant to this faculty generated evaluation. Clinical course grading is based on the student’s achievement of clinical course objectives and accomplishment of curricular concepts.

**Clinical Performance Criteria**

The ADRN student will observe the clinical objectives outlined by the Nursing Director at Idaho State University. These clinical objectives and the nursing student’s ability to meet the clinical objectives create the basis for the student final clinical evaluation that will be conducted at the end of each clinical course. The faculty-generated clinical performance evaluation form used to determine how the student is functioning within the given
objectives and curricular concepts is included in this handbook as is the clinical nurse preceptor behavior identification and supervision form.

**LPN Practice**

ADRN students performing in the clinical area or performing other course/program experiences are **NEVER** allowed to practice as LPNs. This requirement includes paid as well as unpaid service.

**Educational Warning and Documentation Record**

When students perform below expectation (or concerns surface) in any area relevant to the ADRN program, they may receive a faculty-generated Educational Warning. This warning, as well as criteria needed for improvement and remedial processes, is designed to outline student and faculty responsibilities regarding the problem or issue.

**Transportation of Patients**

Students are never allowed to transport patients, unaccompanied and/or in their private, personal vehicles.

**Math/Dosage Calculations Competency Policy**

To ensure safe administration of pharmacologic products, medications, and fluids in the clinical areas, the ADRN student will demonstrate math competence each term of the program. Students need to pass a math competency examination with a minimum score as established by the course and program. Failure to pass the math/dosage calculations exam means course failure and failure to progress in the program.

**Injuries During Clinical**

While performing as an ADRN student, ADRN students are not covered under Workmen’s Compensation at clinical facilities. If a student has an “injury” connected with his or her hours of patient care, he or she must complete the appropriate forms with the facility. Students are not eligible for health insurance at the clinical facilities; however, health insurance is available to all ISU students as part of the registration fee. The student should seek appropriate medical care at ISU Student Health Center or other appropriate facilities. In the event of a needle-stick or exposure to blood or body fluids, the student
will immediately report the incident to the clinical faculty member AND preceptor, complete the necessary paperwork, and report to ISU Student Health Center as soon as possible.

**Travel for Clinical Experiences**

Students are responsible for their own transportation to and from classroom and clinical experiences. This includes travel to a clinical experience, such as to a private home for a home health or hospice experience.

All travel to and from clinical experiences remains the responsibility of the student. Clinical time begins at the point-of-contact for any clinical experience and therefore, clinical time is not granted for travel. With the strict exception of traveling with or transporting patients (which is generally forbidden) as private citizens, students may travel with whomever they wish; however, ISU and the ADRN program carry no liability nor responsibility for such arrangements because students are not “on duty” as students, while traveling. Whenever traveling as a passenger, students are urged to inform the driver that they are “under” the driver’s auto insurance.

**Malpractice Insurance**

The ADRN student can be legally and financially liable if another person is injured as a result of error, omission, commission, or negligence on the student’s part. Whether a mistake is deemed professional or personal in nature, the student can be held liable and may be sued individually or along with the physician, hospital, or the school. ISU’s ADRN program requires each nursing student to carry malpractice insurance. Student malpractice insurance is obtained at the time of payment of fall term fees. **Coverage is only for the period a student is attending scheduled clinical hours.**

**Background Checks and Drug Screenings**

The Nursing Director complies with the requirements of the clinical sites in which students receive clinical experience. Many/most of these clinical sites require background checks and drug screenings. Therefore, all ADRN students are required to complete these assessments and any costs incurred will be the responsibility of the student. Clinical facilities may also require routine or immediate drug screens. Costs for
these screenings would be the student’s responsibility. Idaho Board of Nursing may deny, suspend, or revoke a license if an applicant has a criminal history or licensee is involved in a felony or other crime. Under these or any other questionable circumstances, ADRN students/applicants are urged to immediately consult with the Idaho State Board of Nursing for more information. **Successful completion of the ADRN program does not guarantee nursing licensure.**
VI. Bloodborne Pathogen Exposure Protocol

Definition of exposure incident: A specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood, tissue, or other potentially infectious materials that results from the performance of a student’s or an employee’s duties. Following an exposure incident, the procedure to be followed for ISU ADRN students is described below:

*Note: Exposed person should NOT counsel source.
**Exposed person is tested and evaluated at own expense.

Student Obligations

A. Cleanse the exposed area very well, using generous amounts of soap and water to wash and/or flush.
B. Notify your preceptor, house supervisor/charge nurse, and instructor immediately, when a suspected exposure occurs.
C. If the determination is made that an exposure has occurred, the “Record of Exposure Incident” form must be completed. The student will help the instructor by completing the post-exposure form which documents the exposure events. The student will also assist facility staff and administration in any facility-based documentation and reporting. The facility’s employee health officer and risk manager must be notified. The student will cooperate and participate in any and all facility policies and procedures relative to the exposure incident.

- Students will notify the Student Health Service about the incident so that they may follow up with your care. This is to be done regardless of source for initial care and evaluation.

D. The student is responsible for reading and understanding the “Antibody Testing Information Sheet.”

E. Help your instructor and preceptor in completion of all exposure incident procedures.

F. The student is responsible for reading and asking questions related to the “Informed Consent for Post Exposure Medical Evaluation” before signing the form for consent or refusal for medical consultation.

G. If the student consents to obtain a medical evaluation, blood should be drawn as soon as possible after consent is gained (1-2 hours after the exposure is
recommended). Costs associated with testing will be the responsibility of the student. If the student allows for collection of a sample but not testing, the sample must be reserved for at least 90 days to allow for reconsideration. If at all possible, make arrangements for blood testing at one of the facilities listed below:

- ISU Student Health Service
- Southeast Idaho District Health Department
- Personal Physician
- Urgent Care Medical Facilities

H. When the student consents to obtain a medical evaluation for the exposure, the instructor will provide a copy of the following information to be sent with the individual to give to the Healthcare Professional.

- Copy of the CDC Standard
- Copy of the completed “Record of Exposure Incident” form which includes information on the source’s HIV, HBV, HCV status, if known. (This form also should include the exposed student’s vaccination record and a copy of the seroconversion status should be attached to the form, located in the department’s files).
- Copy of the student’s completed “Informed Consent for Post Exposure Medical Evaluation” form
- Copy of the completed “Source Informed Consent” form
- Copy of the letter to the Health Care Profession treating the student
- Copy of “Healthcare Professional’s Written Opinion for Post Exposure Evaluation and Follow-Up”

I. Discuss reported illnesses and exposure incident with the Healthcare Professional at the facility. Complete pretest counseling and blood testing.

J. When blood is tested, the written opinion of the Healthcare Professional should be received by the student 15 working days after completion of the original evaluation. Complete post-test counseling and post-exposure prophylaxis as recommended by the Healthcare Professional. The student will receive appropriate counseling concerning precautions to take of what potential illnesses to be alert for and to report any related experiences to appropriate personnel. Such illness, particularly if characterized by fever, rash, myalgia, fatigue, malaise, or lymphadenopathy, may be indicative of acute HIV infection, drug reaction, or another medical condition.

K. The student will schedule a meeting with the Nursing Director and/or Health Occupations Chairperson to discuss the Health Care Profession’s written opinion for post-exposure evaluation and follow-up.

L. Adhere to recommendations made by the Healthcare Professional such as seeking future medical evaluation and following protective measures to prevent infection or possible infection to others.
Instructor Obligations

A. Discuss suspected exposure incident with the student and the preceptor. If the determination is made that an exposure has occurred, the “Record of Exposure Incident” form must be completed. The course instructor, by completing the post-exposure form in consultation with the student and preceptor, shall document the exposure events.

B. Obtain a current exposure incident packet from the department office. The course instructor will provide the student with a copy of the “Antibody Testing Information” and the “Informed Consent for Post Exposure Medical Evaluation” forms. The instructor will advise the student to read these sheets, then review the information and answer the student’s questions. The “Informed Consent for Post Exposure Medical Evaluation” needs to be signed by the student, instructor, and preceptor (witnesses).

C. The course instructor shall discuss the exposure incident with the facility representatives who will advise the student and instructor regarding source counseling and source testing. The instructor will be available for the patient and provide a copy of the “Antibody Testing Information” for the patient to read. The instructor will answer questions that the patient might have about the incident. Though the instructor will do all that is possible to follow facility protocols relative to this important contact, she/he will, as needed, obtain permission for collection and testing of the source individual’s blood for HIV, HBV, and HCV as soon as possible (1-2 hours is recommended) after consent is obtained on the “Source Informed Consent” form. The instructor will sign the form.

- Whenever the source person is known to be actively infected with HBV or HIV, testing for that virus is not required. Refusal of consent by the source person must be documented on “Record of Exposure Incident” form and the source must sign the form.

D. Make arrangements for the collection and testing of the source person’s blood and document the arrangements on the “Record of Exposure Incident” form. Testing for both persons should be completed at a location (ISU Student Health Center is preferred) where appropriate pre-test counseling, post-test counseling, and referral for treatment is provided.

- ISU Student Health Service will test the blood even if the person is not an ISU student.
- Southeast Idaho District Health Department
- Personal Physician
- Urgent Care Medical Facilities
E. When the source person consents to post-exposure medical evaluation, the instructor will give a copy of the following information to be sent with the student to give to the Healthcare Professional.

- Copy of the OSHA Standard
- Copy of the completed “Record of Exposure Incident” form that includes information of the source person’s HIV, HBV, HCV status, if known.
- Copy of the completed source person’s “Source Informed Consent” form
- Copy of the letter to the Healthcare Professional testing the source

F. When the student consents to medical evaluation for the exposure, the instructor will help the student determine where the consultation will occur. If a student allows for collection of a sample but not testing, the sample must be preserved for at least 90 days to allow for reconsideration.

- If the student chooses not to follow the suggested testing protocol, refusal must be documented on the “Informed Consent for Post Exposure Medical Evaluation” form. The instructor or preceptor will sign the form as the witness.

G. When the student consents to post exposure medical evaluation, the instructor will provide a copy of the following information to be sent with the student to give to his/her Healthcare Professional.

- Copy of the CDC Standard
- Copy of the completed “Record of Exposure Incident” form that includes information on the source’s HIV, HBV, HCV status, if known. This form also should include the student’s vaccination record and a copy of the seroconversion status should be attached to the form.
- Copy of the student’s completed “Informed Consent for Post Exposure Medical Evaluation” form
- Copy of the completed “Source Informed Consent” form
- Copy of “Healthcare Professional’s Written Opinion for Treatment Recommendations”
- Copy of “Healthcare Professional’s Written Opinion for Post Exposure Evaluation and Follow-Up”
- Copy of the letter to the Healthcare Professional treating the student
- If the student has received the Hepatitis B vaccine and was post-tested to prove seroconversion and immunity within the past 24 months, HBV testing is not required.

H. The following forms are placed in the hands of the Nursing Director or Health Occupations Chairperson:

- Record of Exposure Incident – Original
- Source Informed Consent – Original
- Informed Consent for Post Exposure Medical Evaluation – Original
Healthcare Professional Obligations

A. The evaluating Healthcare Professional (the ISU Student Health Center is recommended) completes pretest counseling and collects and will test the student’s blood as soon as is feasible after consent has been obtained (1-2 hours is recommended). If the student consents to blood collection but does not allow testing, the sample must be preserved for at least 90 days. Testing shall later be performed upon request of the student and must occur within 90 of the granting of permission.

B. A copy of the evaluating Healthcare Professional’s written opinion for treatment recommendations must be available to the student and the ADRN program Director within 15 working days of completion of the evaluation. All findings and diagnoses unrelated to the exposure incident are to remain confidential and are not to be included in the written reports. The report must include the following documentation: whether HBV vaccination was indicated, and if so, received; that the student was informed about the results of the medical evaluation; that the HIV post-exposure prophylaxis has been initiated; any current other recommendations for treatment; and any medical conditions that may arise from the exposure that may require further evaluation or treatment.

C. The Healthcare Professional notifies the student of the results of all testing, within limits of confidentiality, and offers post-exposure prophylaxis, when medically indicated, in accordance with the current recommendations of the U.S. Public Health Service. The student will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The student will also be given information of what potential illnesses to be alert for and to report any related experiences to appropriate personnel. Such illness, particularly if characterized by fever, rash, myalgia, fatigue, malaise, or lymphadenopathy, may be indicative of acute HIV infection, drug reaction, or another medical condition.

Nursing Director/Chair Obligation

A. Provide information from the student’s file regarding vaccinations and seroconversion for the “Record of Exposure Incident” form
B. Maintain confidentiality of the exposure incident information. If consent from the source is granted, results of testing of that person will be made available to the exposed student.

C. Receive the Healthcare Professional’s written opinion for post exposure evaluation and follow-up within 15 working days of the original evaluation and discusses the results with the student.
Record of Exposure Incident

Student Name________________________________________ Bengal #____________________
Address_______________________________________________________________________
Phone__________________________
Type of Exposure________________________________________________________________
Date of Exposure___________________ Time of Exposure____________________________
Date Recorded___________________ Location of Incident____________________________

Original Form to Nursing Director/Department Chair

Describe what tasks the student was performing when the incident occurred (Be specific):

Explain the Personal Protective Equipment (PPE) the student was wearing at the time of the incident:

Did the PPE fail: ___________ Yes (if yes, explain how) ___________ No

What body fluid(s) was the student exposed to (blood or other potentially infectious material)? Be specific:

What part(s) of the body was (were) exposed? Be specific:

How long was (were) the body part(s) exposed?

Did a foreign body (needle, instrument, etc.) penetrate the student’s body? _______ Yes _______ No

What actions have already been taken as a result of the incident?

Source: ___________ Known ___________ Unknown
Source’s Name_________________________________________ SS#________________________________
Address______________________________________________ Telephone____________________________________

If known, is source infected with:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
</tr>
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<tbody>
<tr>
<td>HBV</td>
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<td>HCV</td>
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<td>HIV</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
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<td>Specify:</td>
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</tbody>
</table>

Arrangements made for testing at:__________________________________________________________

________ Source refused consent for testing; Source Signature_______________________________

Exposed Student

________ Form signed: “Informed Consent for Post Exposure Medical Evaluation”

Arrangements made for testing at:________________________________________________________

Date of Testing:__________________________________________________________

Referral to Healthcare Professional:____________________________________________________

Student information relevant for the Healthcare Professional

HBV Vaccine:  Dose #1________
Dose #2________
Dose #3________
Sero-conversion report attached:______Yes ______No

Other relevant medical information appropriate for healthcare professional:

Other persons (name, title, date/time) notified of the incident:

Name of person completing the report:_________________________________________ Title:________________________

Print

Signature:_________________________________________ Date:________________________
Follow-Up to Exposure Incident

Opinion of Healthcare Professional (HCP)

HCP’s written opinion for treatment recommendations received by student within 15 days of the original evaluation

__________ Yes __________ No

HCP’s written opinion for post-exposure evaluation and follow-up received by Nursing Director/Department Chairperson within 15 days of the original evaluation

__________ Yes __________ No

Meeting between student and Nursing Director/Department Chairperson to discuss contents of the HCP’s written opinion for post-exposure evaluation and follow-up

__________ Yes __________ No

Contact with student to establish a meeting:

Recommendations provided by Healthcare Professional:
Informed Consent for Post Exposure Medical Evaluation

I, ___________________________ am a student in the ISU ADRN program. I have received training regarding infection control and the risk of disease transmission during the provision of care and related procedures. I have read and understand the Antibody Testing Information Sheet. On ___________ ________ , 20 , at ___________ hundred hours, I was involved in an exposure incident (refer to the “Record of Exposure Incident” form for details of the incident) and consent to have my blood tested for Hepatitis B, Hepatitis C, and HIV/AIDS.

I understand that the written opinion of the healthcare professional for post-exposure evaluation and follow-up will be sent to the Nursing Director/Department Chairperson. When program modifications are made for me based on the opinion of the Healthcare Professional, the modifications will be shared with faculty on a need-to-know basis to insure proper implementation. I agree to adhere to the modifications. I have been informed and understand that I should receive repeat testing at 3, 6, and 12 months and that although I may no longer be a student/employee at ISU, I understand the importance of post-testing and will be responsible for following-up with the recommended protocol. I release the State of Idaho, Idaho State University, its Board of Trustees, Officers, Agents and Employees from any liabilities, claims, causes of action or other consequences related to this incident.

______________________________  __________________________
 Student Signature    Date

I, ___________________________ of my own free will and volition, and despite the knowledge I have, have elected not to have a medical evaluation at this time. I release the State of Idaho, Idaho State University, its Board of Trustees, Officers, Agents and Employees from any liabilities, claims, causes of action, or other consequences related to this incident.

______________________________  __________________________
 Student Signature    Date

Student Name____________________Bengal #____________________
Address______________________________

Instructor Signature______________________________

Printed Name_________________________Date__________________

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I understand that, ________________________, a nursing student in the ADRN program was exposed to my blood or body fluids. The Center for Disease Control (CDC) advises evaluation of the possibility of an infection from blood or body fluids to the student. I understand that the results of my blood tests will be helpful in determining treatment options for the student.

If I consent to testing, I understand that I am responsible for the costs of such testing. With my consent, the results of the laboratory tests will be provided to the exposed student through their Healthcare Professional. I am aware that the Healthcare Professional caring for the student is responsible to give an opinion for treatment recommendations 15 days after their evaluation.

Please indicate:

_____ I consent to confidential testing for Hepatitis B, Hepatitis C, and HIV/AIDS
_____ I do not consent to confidential testing for Hepatitis B, Hepatitis C, and HIV/AIDS
_____ I consent to share the results of my tests with the Health Care Provider caring for the student involved in this incident
_____ I do not consent to share the results of my tests with the Health Care Provider caring for the student involved in this incident.

Student Name_____________________________Bengal # ____________________

Address ________________________________________________________________

Instructor Signature ______________________________________________________

Printed Name______________________________Date__________________________
Date: ____________________________

Dear Healthcare Professional:

An occupational exposure incident occurred at (facility) ____________________________ on (unit) ____________ at _______________ hundred hours, a student was exposed to contaminated (or potentially contaminated) blood or body fluids. Enclosed is a copy of the "Record of the Exposure Incident" form describing the incident and medical information pertinent to the situation. The exposed person has consented to have his/her blood tested for HBV, HCV, and HIV/AIDS only (refer to the enclosed "Informed Consent for Post Exposure Medical Evaluation" form). The exposed person also has the right to have blood drawn and preserved for 90 days to allow for reconsideration.

The source person ____________________________ has/has not consented to have his/her blood tested for HBV, HCV, and HIV/AIDS only. Permission has been/has not been granted from the source person to release the results of the blood tests to you as the healthcare professional caring for the aforementioned student (refer to the enclosed "Source Informed Consent" form).

Also enclosed is a copy of the ADRN Protocol for Exposure Incident, the “Healthcare Professional’s Written Opinion for Treatment Recommendations” form, and the “Healthcare Professional’s Written Opinion for Post Exposure Evaluation and Follow-Up” form. As required by OSHA, please complete the “Healthcare Professional’s Written Opinion for Treatment Recommendations” which should be provided to the student only and the “Healthcare Professional’s Written Opinion for Post Exposure Evaluation and Follow-Up” for me within 15 working days of completion of the original evaluation.

Please feel free to contact me if you have questions. Thank you very much for your assistance.

Sincerely,

Jennie Brumfield, MS, PMHNP-C
Director of Nursing Programs

Enclosures

- Record of the Exposure Incident
- Informed Consent for Post Exposure Medical Evaluation
- Source Informed Consent
- ADRN Program Protocol for Exposure Incidents
- Healthcare Professional’s Written Opinion for Treatment Recommendations
- Healthcare Professional’s Written Opinion for Post Exposure Evaluation and Follow-Up
Dear Healthcare Professional:

An occupational exposure incident occurred at (facility) on (unit) at ____________ hundred hours, a student was exposed to contaminated (or potentially contaminated) blood or body fluids. The source person has consented to have his/her blood tested for HBV, HCV, and HIV/AIDS only. Permission has been/has not been granted from the source person to release the results of the blood tests to the healthcare professional caring for the aforementioned student (refer to the enclosed “Source Informed Consent” form). When the source grants permission for the test results to be shared with the healthcare professional, please forward the results to __________________________ located at __________________________

Sincerely,

Jennie Brumfield, MS, PMHNP-C
Director of Nursing Programs

Enclosures

• Source Informed Consent
Healthcare Professional’s Written Opinion for Treatment Recommendations

Directions: This form needs to be completed by the healthcare professional following an exposure incident and must be provided to the student within 15 working days of completion of the original evaluation.

Student Name: ________________________________________________________________

Bengal #_________________________ Date of Exposure______________________________

Treatment Recommendations

Hepatitis B

_____ Hepatitis B vaccination is indicated for the student. Vaccination received.

_____ Hepatitis B vaccination is indicated for the student. Vaccination not received.

_____ Hepatitis B vaccination is not indicated for the student. Vaccination not received.

HIV/AIDS

_____ Repeat HIV/AIDS testing at 3, 6, and 12 months.

_____ Post exposure prophylaxis is indicated.

Hepatitis C

_____ Repeat HCV testing at 3, 6, and 12 months.

Other Recommendations (Please specify):

Healthcare Provider’s Signature:________________________________________________

Please Print Name:_________________________________________________________________

Date:__________________________________________________________________________
Healthcare Professional’s Written Opinion for Post Exposure Evaluation and Follow-Up

Associate Degree Registered Nurse Program

Directions: This form needs to be completed by the healthcare professional following an exposure incident and must be provided to the Nursing Director/Department Chairperson of the ADRN program, ISU, Campus Box 8380, Pocatello, ID 83209, within 15 working days. The Nursing Director/Department Chairperson will maintain a copy of this form plus give a copy to the student within 15 working days of the original evaluation.

Student Name:_________________________________________________________

Bengal #___________________________ Date of Exposure____________________________

[ ] Yes, the student has been informed of the results of the evaluation and received a copy of the healthcare professional’s written opinion.

[ ] No, the student has not been informed of the results of the evaluation and received a copy of the healthcare professional’s written opinion.

[ ] Yes, the student has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

[ ] No, the student has not been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in this written report.

Healthcare Provider’s Signature:___________________________________________

Please Print Name:_______________________________________________________

Date:__________________________
Antibody Information Testing Sheet

Hepatitis B and Hepatitis C are liver diseases caused by the Hepatitis B virus (HBV) and Hepatitis C virus (HCV). The infection is spread by contact with the blood and other body fluids of an infected person resulting in the possibility of chronic infection, chronic liver disease, need for liver transplantation, or death.

AIDS (Acquired Immunodeficiency Syndrome) is a disease caused by HIV (Human Immunodeficiency Virus). It infects the body’s immune system leading to the development of AIDS, a series of life-threatening illnesses and eventually, death.

Healthcare workers who have had an actual or possible exposure to blood and/or other bodily fluids which may be infected with one or more of the viruses described above, should have a complete series of screening tests for the detection of antibodies to HIV, HCV, and HBV.

The recommended tests for HIV should consist of taking and testing of a baseline sample of blood from the source and exposure recipient as soon as possible (within two hours) after the exposure. Then taking and testing of blood samples from the exposure recipient at intervals of 3, 6, and 12 months following the exposure to determine the presence of antibodies to HIV.

The recommended tests for HCV should consist of taking and testing of a baseline sample of blood from the source and exposure recipient as soon as possible (within two hours) after the exposure. If the source person is positive to HCV, follow-up testing of the exposure recipient should occur at 3, 6, and 12 months following the exposure if the recipient is sero-negative.

HBV testing is not required if the exposure recipient has received the Hepatitis B vaccine and was post-tested to prove seroconversion and immunity within the past 24 months, baseline testing of the source and exposure recipient’s blood is recommended as soon as possible (within 2 hours) after the exposure. If the source person is positive to HBV, follow-up testing of the exposure recipient should occur at 6 months following the exposure.

Test results will be released to the Healthcare Professional providing testing and care to the source and to the exposure recipient. Any information obtained as a result of this testing will remain confidential to the extent provided by law. As with other communicable diseases, positive test results are reported to the Bureau of Communicable Disease Prevention, where their name is added to the state registry and to the appropriate care provider if they are indicated as a source individual. Any individual may withdraw from the testing at any time prior to completion of laboratory tests.
Healthcare workers going through the screening tests must understand that during at least the six month screening period during which he/she is being tested for evidence of HIV, HBV, and HCV, that person may be required to take protective measures to prevent infection or possible infection to others. The healthcare professional providing the tests should advise the person about the purpose, potential uses, limitations, and meaning of the test results; the voluntary nature of the tests; the person’s right to withdraw at any time prior to completion of laboratory tests; and of the applicable confidentiality protections. It is the person being screened who is responsible to follow up on further testing intervals. The person should also be informed of signs and symptoms to report to the evaluating healthcare professional or other designated person both at the time of the test(s), and any time thereafter when such signs and symptoms may appear.
VII. ADRN Student Success

Successful Study Strategies

Use the **SQ3R Method** for all of your studying.

- Helps you learn the information
- Helps decrease forgetting
- Improves concentration
- Improves organization
- Improves the meaningfulness of the material

**S: Survey**

Before you study, survey. This is a five-minute glance-over. Look at headings and subheadings, attend to the diagrams, charts, tables, etc. Read the introduction and summary paragraphs.

**Q: Question**

Designed to arouse your curiosity. As you look at headings and subheadings, ask who, what, where, why, how questions and then read to find these answers.

**R: Read**

Read actively and carefully for meanings. Use key words and phrases and always try to summarize the material into your own words.

**R: Recite**

Every few paragraphs, stop and say it from memory. Do you *really* understand what’s being said? Recite into your own words. If you can’t, you haven’t learned it yet.

**R: Review**

Go back again and again to refresh any forgotten points.

**Things to Do**

- Tackle studying in short, frequent pieces.
• Close the written material every two or three paragraphs and restate the material in your own words.
• Write in the margins your thoughts, questions, paraphrases, definitions, etc. The textbook is your slave; make it serve you!
• Talk out loud. Every time you do, you’re using additional brain matter.
• Repetition is a proven commodity. Repeat and review as often as you need to.
• When available, use self-study questions at the end of the chapter or unit. These questions are excellent self-study and self-assessment guides. If you cannot answer them easily, you have not learned the material.
• Study during your best time. Decide when you are most awake and alert and use these times to the very best advantage.
• Read the class materials before the class session (whether on-line or face-to-face). Everything will be more meaningful and you will have the opportunity to ask questions.
• Be an active participant. During class, take notes, think, listen, read, attend.
• Use systematic underlining and highlighting, identifying meaningful main points and supporting evidence.
• Take courses that will support your learning goals, i.e., reading and math tutoring, medical terminology, abnormal psychology, pathophysiology, and college survival skills. These classes are well worth the investment.
• Use all available student support services! Don’t wait until the end of the course to get needed help and support.
• Always study with a dictionary and a medical dictionary next to you.

DON’T

• Sit down and try to tackle a large piece of reading or course with the idea that, “I’m going to finish this in four hours…”
• Highlight the entire text. Highlighting is a passive activity.
• Ignore hard words! Look them up immediately and insert definitions above the word or phrase in the class materials.
• Read passively (like you read a novel or magazine). Passive study prevents analysis and evaluation of the material.
• Rely on old tried and true study habits. Nursing courses require more than memorization.
VIII. College of Technology Policies

Intoxicants Policy

Any instructor who observes behavior which suggest that a student may be under the influence or detects the odor of an intoxicant of a student will take the following actions:

1. The instructor will notify the student that they will not be allowed in the classroom or lab.
2. Public Safety should be contacted to escort the student to a safe place.
3. The student will meet with the Director of Student Services the following day to discuss which steps should be taken.
4. The Director will communicate with the Office of Student Affairs regarding the violation.
5. The Director will contact the instructor and Department Chair summarizing any outcomes.

This policy does not supersede other laws or university student conduct policies pertaining to alcohol or drug possession, consumption or delivery.

Dismissal Policy

A student may be dismissed from a College of Technology program if the student fails to meet the academic and/or nonacademic continuation standards of the program/department including unprofessional/unethical behaviors and unsafe practices, or if the student is not making satisfactory progress in the program. Prior to making a decision of dismissing a student, the faculty of the program will meet with the student for a disciplinary review in order to give the student due process which includes a student’s right to be adequately notified of charges and the opportunity to be heard.

DISCIPLINARY PROCEDURE

1. The faculty will notify the student privately of the incident(s) that have led to a disciplinary review and schedule a meeting time for the review. The purpose of a disciplinary review is to discuss the facts of the incident(s), to hear the student’s perspective, and if a violation has occurred, to determine an appropriate level of discipline which may lead to dismissal.
2. The meeting should be scheduled as soon as possible after the incident(s) occurred.

3. The student should refrain from attending any clinical, lab, externship, etc. that may threaten or pose a danger to the health, safety or welfare of any individual. After the disciplinary review, the faculty should determine what sanction to impose. In determining what sanction to impose, mitigating and aggravating factors may be considered, such as the individual’s prior disciplinary record, the nature of the offense, the severity of the damage, injury or harm resulting from the violation, and any restitution made.

NOTIFICATION PROCEDURES

1. The student must be notified in writing of the outcome of the disciplinary review and if sanctions will be imposed. If the student is dismissed, the letter must be sent by certified mail, return receipt requested.

2. The letter should indicate the incident(s) that occurred and the decision made regarding the incident(s). The student should be notified in the document that he or she has the right of appeal according to the Idaho State University Student Handbook. The student should be given a copy of the ISU Student Handbook or notified that it is available online.

CHANNELS OF REDRESS

An aggrieved student may:

1. Present any unresolved issues to the Department Chairperson. If the Department Chairperson is named in the complaint, the Dean of the College where the alleged infraction occurred shall appoint another member of the college to act in the Chairperson role for the appeals process.

2. Present any unresolved issues in a formal hearing before the Dean of the College involved. In the case of dismissal from a program, that is the college in which the program resides; for an appeal of a course grade, it is the college in which the course was offered. At this hearing, parties shall submit written charges, answers, and arguments to the Dean. The Dean shall preserve these documents for use in later appeals to a Scholastic Appeals Board, if such an appeal becomes necessary. Only written charges, answers and arguments presented at the Dean’s formal hearing will be subject to review by a Scholastic Appeals Board. The Deans shall be charged with preserving all tangible evidence and all written charges, answers, and arguments submitted at hearing before them. The student must have specifically demonstrated at the formal hearing before the Dean how the alleged
infraction led to his or her dismissal from the program or adversely affected his or her final grade in order to pursue an appeal to a Scholastic Appeals Board. The Dean must notify, in writing, the student and faculty member of his or her decision within one week following the formal hearing. The Dean shall have the authority to direct the Registrar to change a student’s grade.

3. And Department Chairperson or College Dean may elect to utilize an internal committee to assist in making a decision on academic appeals at the departmental and/or college levels. Department Chairs and Deans may interview the student and/or instructor, or conduct an additional investigation deemed appropriate to help in the decision-making process. Nothing contained in these procedures shall act to enlarge or restrict the existing authority, if any, of any Dean or the Provost and Vice President for Academic Affairs to take any action, including the changing of student grades or reinstating a student, outside of the appeals process described herein.

PROCEDURE FOR AN APPEAL TO SCHOLASTIC APPEALS BOARD

1. If the student wants to appeal the decision reached in the formal hearing, he/she must obtain a scholastic appeal petition form from the Office of Student Affairs, and return it there when completed. The completed petition shall include a concise description of the complaint, the signature of the student instituting the petition, and the signatures and comments of the faculty member, Department Chairperson, if any, and the Dean involved, if said persons are still available.

2. Copies of all written charges, answers, and arguments and all tangible evidence presented at the Dean’s formal hearing shall be made available to the student to attach to the original petition submitted to the Office of Student Affairs. The petition and additional materials will be secured in the office.

3. A scholastic appeal petition must be initiated before the end of the semester following the formal hearing. The petition is initiated when the student formally presents his or her complaint to the Office of Student Affairs and requests a scholastic appeals petition.

4. The Office of Student Affairs will then notify the Chairperson of the Academic Standards Council of the need to consider the petition. The Chairperson will then choose a Chair for the Scholastic Appeals Board, and the rest of the Board will be constituted.
IX. Idaho State University Policies

The following policies fall under the guidance of the Idaho State University Student Handbook.

For more information on each topic, please find the policy and descriptions using the handbook link.

1. Smoking (page 23; Smoking Policy ISUPP 2370)
2. Sexual Harassment (page 18; Sexual Harassment Policy)
3. Withdrawal (page 6; Withdrawing from Courses)
4. Academic Standing (page 10; Academic Standing)
5. Petitions (page 16; Petition Policies)
6. Academic Integrity (page 15; Academic Integrity and Dishonesty Policy ISUPP #4000 for Undergraduates)
7. Substance Abuse (page 20; Substance Abuse Policy)

isu.edu/Student_Handbook

Additional Idaho State University policies:

1. FERPA
   • isu.edu/ferpa
2. Title IX
   • isu.edu/titleIX
3. Satisfactory Academic Progress
   • isu.edu/satisfactory-academic-progress
X. Idaho State University Resources and Services

The following are Idaho State University resources and services to help our students succeed.

For more information on each topic, please use the links given.

1. Disability Services
   • isu.edu/disabilityservices
2. Student Resources
   • isu.edu/student-resources
3. Parking Services
   • isu.edu/parking
4. Counseling and Testing Services
   • isu.edu/ctc
5. Health at ISU
   • isu.edu/health
6. Commencement
   • isu.edu/graduation
7. Career Services
   • isu.edu/career/
8. Coronavirus
   • isu.edu/coronavirus
XI. College of Technology
Resources and Services

Section I: Services for Students

Student Services: This office is located in two locations, the main floor of the Roy F. Christensen (RFC) Complex, Room 184, and the William M. and Karin A. Eames Advanced Technical Education and Innovations (Eames) Complex, Room 102. Student Services assists students with specific information about the programs at the College of Technology. Academic advisors are available to give students assistance with admissions, class and schedule advisement, academic resources, and specific information pertaining to a student’s educational goals.

Hours are 7:30 am to 5:00 pm Monday through Friday. Appointments can be made by calling (208) 282-2622. Appointments are recommended but are not required. Tours of the programs are available by appointment and can be set up by calling (208) 282-2800.

isu.edu/tech/student-services

Tutoring Assistance: Students who are experiencing difficulties with their program instruction or classroom assignments may receive assistance. The student’s instructor should be contacted first, as many of the training programs have ‘peer tutors’ available who are familiar with the required curriculum and assignments.

Note: It is important to request assistance as EARLY in the semester as possible! At the point a student recognizes he/she is having difficulty, help should be sought immediately! Contact the TAP Center, (Tutoring, Academic support, Peer mentoring), located in Room 162 of the RFC Complex. Or telephone at (208) 282-3208 for an appointment to discuss specific tutoring needs.

isu.edu/tech/tutoring

The Center for New Directions: Located within the RFC Complex on the third floor. The Center’s telephone number is (208) 282-2484. Support programs are available at no cost for men and women who are interested in entering/re-entering the job market due to issues which might include: divorce; separation; death; or disability of a spouse. Services are available on job seeking skills, career information, self-esteem, self-confidence
building, and personal counseling. The Center also provides a limited number of scholarships for single parents and for women and men interested in pursuing 'not-traditional' fields of training.

isu.edu/cnd

Section II: Registration and Fee Collection Policy

- All students who are enrolled in semester-based programs must pay their tuition by the Friday before classes begin to avoid a $50 late fee. For tuition payment information, login to the ISU BengalWeb and go to the Finances tab.
- Students who are enrolled only in the eight-week classes (early and late), must pay tuition by the first day of class.

Note: It is the individual student’s responsibility, regardless of funding source, to see that their tuition is paid on time and that they are officially enrolled at ISU. Students who do not pay tuition prior to the deadline may be disenrolled.

Section III: Financing Your Education

Students attending the ISU College of Technology can apply for federal financial aid by submitting a Free Application for Federal Student Aid (FAFSA) form each year they are enrolled at the University. FAFSA applications are available on the web at:

studentaid.gov/fafsa

It is strongly recommended that students apply early. Keep the Financial Aid office notified of any changes in student status such as address change, marriage, etc.

Note: Students who leave school prior to successful completion may have to repay federal financial aid received. Call the ISU Financial Aid office immediately if you plan to withdraw from school, (208) 282-2756. The website for financial aid is:

isu.edu/financialaid

Numerous scholarships are available to College of Technology students. The ISU Scholarship Department website lists those scholarships through the Bengal Online Scholarship System (BOSS).

The most common scholarships are the Associated Students of ISU (ASISU) Need and Scholastic awards. Funds for these scholarships come from a portion of the registration
fees each student pays. Many scholarships are donated by business/industry, organizations, or individuals and have specific criteria, which must be met.

isu.edu/scholarships

Section IV: Short-Term Loans

The Short-Term loan program is funded by Friends of Idaho State University. It is limited to loans for books and educational expenses. The maximum amount of each loan is $500. The loans are issued for up to 90 days. They must be repaid upon receipt of financial aid, 90 days after issue, or the last day of the semester, whichever arrives first. Your ISU internal credit rating will be reviewed prior to loan approval. Failure to pay this loan as agreed will adversely affect the credit rating used internally by ISU.

isu.edu/short-term-loans

Section V: Traffic and Parking

Note: Please refer to the ISU Parking web address at:

isu.edu/parking

Every motor vehicle on the ISU campus must be registered and display an appropriate ISU decal. Parking permits are available at the ISU Traffic Office located at the corner of South 5th and Humboldt Street, telephone (208) 282-2625.

Cost:

- General Lot: $100
- Reserved Lot: $300
- Reduced Fee: $50 (at Holt Arena only)

Students may park only in the area their parking decal designates. Students at the College of Technology may not park in the Cosmetology Patron parking spaces. The parking meters at the RFC Complex are reserved for visitors and new applicants inquiring about school. Students are NOT PERMITTED to park in metered spaces. Students should be aware of the ISU towing policy. Any vehicle will be towed at the owner’s expense when it accumulates $50 in citations.

Any traffic tickets resulting in fines owed to the University must be paid or student’s transcripts, certificates, and/or degrees will not be released upon completion of their
training program. In addition, registration for the next term will not be permitted until the fines and other financial obligations are paid or proper arrangements are made by the student.

Section VI: Transportation

**ISU Commuter Express:** Idaho State University Commuter Express is a system designed to assist commuting students enrolled at ISU with a source of transportation to and from the campus. Buses run on a daily basis (Monday through Friday) and pick up students at various locations in outlying areas of the region including Idaho Falls and Blackfoot. The bus schedule operates from the first day of each semester and continues until the last day of final examination week. For information on costs and schedule, telephone (208) 282-4460, or go to:

isu.edu/transportation/commuter-express

**Bengal Shuttle:** Pocatello Regional Transit (PRT) provides a shuttle bus service on campus from Holt Arena to various drop off points on a 10-minute basis during the school day and is free of charge. PRT provides transportation services within the metropolitan Pocatello vicinity. Student discounts are available. For information on schedule and drop off points, go to:

isu.edu/parking/bengal-shuttle
XII. Handbook Signature Form & Photography Consent Release

HANDBOOK SIGNATURE FORM

I acknowledge that I have received, read and understand the Associate Degree Registered Nursing Handbook. I have also reviewed the Idaho State University Student Handbook and understand the privileges and responsibilities of attending Idaho State University.

PRINTED NAME        DATE

__________________________________________
SIGNATURE

__________________________________________
BENGAL ID #

INSTRUCTOR SIGNATURE

CONSENT FOR PHOTOGRAPH RELEASE

I understand that my photograph may be used for educational purposes. I also understand that these photographs may be used in classroom discussions, reproduced to facilitate written and digital formats (including online), and/or be used in promotional materials (brochures, pamphlets, flyers, etc.).

If there are limitations, please check one of the following boxes:

☐ Photographs must be altered to ensure facial identity is hidden.
☐ Do NOT use my photo for promotional or educational use.

PRINTED NAME        DATE

__________________________________________
SIGNATURE
XIII. Computer Usage Policy

COMPUTER USAGE POLICY

Person(s) using any of the ISU computing resources for personal gain, violation of security/privacy or who otherwise compromise the integrity of the hardware and/or software shall be prosecuted to the full extent of the law.

Legitimate use of a computer or computer network does not extend to whatever you are capable of doing with it. Although some rules are built into the system itself, these restrictions cannot limit completely what you can do and can see. In any event, you are responsible for your actions whether or not rules are built in, and whether or not you can circumvent them.

Inappropriate use of the computer is considered computer misuse. The supervisor of each lab will determine what deemed “inappropriate use” for their particular lab. For specific computer lab policies, see individual lab instructors. Inappropriate use may result in denial of computer lab access at the College of Technology.

The misuse of this computing account, or use of an account belonging to another, may result in the loss of your computer privileges. Where computing is required to complete course work this may effectively require transfer to a non-computer related program and/or hinder your pursuit of a degree. Examples of misuse are: sharing your personal account with another individual, using unauthorized passwords, use for financial gain or business purposes, sending offensive electronic mail or internet correspondence, chain letter, or other such correspondence, unauthorized transfer of computer programs or data, attempts to circumvent established procedures, computer security breach or attempts to break security.

I have read the entire student computing contract. I acknowledge and agree to use the ISU computing resources solely for University instructional, administrative, or research activities in accordance with above policy. I further acknowledge that any abuse of the above privilege may result in loss of computing privileges whether or not such privileges are necessary for continued enrollment in my present course of study.

PRINTED NAME ___________________________ DATE ____________

SIGNATURE ___________________________ BENGAL ID # ____________
XIV. Educational Warning & Documentation Record

Associate Degree Registered Nurse Program

Student Name _______________________________ Date ____________________

Course Name and Number ____________________________________________

Professor/Instructor ________________________________________________

Subject of Educational Warning: ______________________________________

Persons Attending Meeting ____________________________________________

____ Educational Warning Signed
____ Refer to Educational Warning for methods to improve, resources, remediation, etc.

____ Options Discussed:
____ Chooses to continue in course
____ Withdraw from Class [Deadline to withdraw from a class is one week after the official midterm grade reporting deadline as shown in the current ISU Academic Calendar.]
____ Withdraw from Program/ISU (circle one)
____ See Academic Advisor and/or Program Director
____ Read Student Handbook
____ Referred to College Dean or Department Chair
____ Referred to Student Services Advisor/Counselor

NOTE: Reentry into nursing courses includes space availability and Program/Instructor approval. Facility approval may also be needed for clinical courses.

Comments:

____________________________________________________________________

Student’s Signature ______________________ Date __________________

____________________________________________________________________

Instructor’s Signature ______________________ Date __________________

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Educational Warning & Documentation Record

Student Name_________________________ Date____________________

Course Number and Title________________________

Semester/Year_______

Reason(s) for concern regarding course requirements, objectives and/or ADRN program policies/requirements/expectations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Plan of action, on behalf of the student, to address concern(s) (i.e., the student will...):__________________

________________________________________________________________________

________________________________________________________________________

Plan of action, on behalf of the faculty member, to address concern(s) (i.e., the faculty member will...):_____

________________________________________________________________________

________________________________________________________________________

Benchmarks (when actions will be completed and/or evaluated):________________________

________________________________________________________________________

________________________________________________________________________

Consequences of inaction or lack of improvement:________________________

________________________________________________________________________

________________________________________________________________________

Faculty member’s signature and date:________________________

________________________________________________________________________

Date this Educational Warning was presented to the student:________________________

________________________________________________________________________

Student’s signature and date:________________________

CC: Student, Student’s Advisor, Program Director, Student File

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XV. Signature Forms

The following forms are to be signed and dated by each student on or before the first day of the term the student begins nursing specific courses.
Sharing of Personal Information & Confidentiality Statement

As an ADRN nursing student, I will be providing faculty, staff, preceptors, and peers with personal information such as my telephone numbers, mailing and email addresses, photographs, and other contact and informational data. For the purposes of interactive distance learning, connections, and communication, I agree to share this information. I further agree to keep all personal information given to me in strict confidence and to use this information only within a professional, ethical, and legal framework.

________________________________________  ____________________________
Student’s Signature                                      Date

________________________________________
Student’s Name (Print)
ADRN Nursing Competency Policy

As a condition of progression and completion of the ADRN program, nursing competency will be assessed each term. Students will be required to take nationally normed examinations throughout the curriculum and make a satisfactory score on such examinations. In the last term of the curriculum, students will be required to take a nationally normed comprehensive exam and make a satisfactory score on such exam prior to graduation.

I have read the ADRN Nursing Competency policy and agree to adhere to these requirements.

__________________________________________________________________________    ______________
Student’s Signature                                            Date

__________________________________________________________________________
Student’s Name (Print)
Sharing Coursework with Program Reviewers

We are asking for your kind permission in allowing us the privilege of showing your coursework, and other program activities such as evaluations, assignments, and test evaluations and other coursework to accreditation site visitors and Board of Nursing reviewers.

Please sign and date the statement below:

I hereby provide permission to my instructors and ISU representatives to show my work in this program, only on a need to know basis and only for the purpose of course and program evaluation. In signing this form, I recognize that my rights to confidentiality will be preserved.

_________________________________________  _________________
Student’s Signature                      Date

_________________________________________
Student’s Name (Print)
Confidentiality Statement

As an ADRN nursing student, I will be working with patient information that must remain strictly confidential. Charts and records of patients are to be seen only on a “need to know” basis. Federal and state statutes and regulations regarding the private and confidential nature of patient medical records protect patient information. Due to the ethical and legal standards of a patient’s right to privacy, I understand that information I may be exposed to during the course of my clinical affiliations may not be discussed or shared in any way outside the health care facility and should only be discussed within the facility if necessary to assure the health and safety of patients.

Violation of the confidentiality rights of a patient may result in liability (civil and criminal charges), including monetary damages.

I understand that any violation of confidentiality will result in immediate dismissal from the ADRN program.

_________________________________________  _________________
Student’s Signature                      Date

_________________________________________
Student’s Name (Print)

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Video/Audio/Photo Recording Release

As a student in the ADRN program at ISU, I understand that video/audio/photograph recordings of classroom (includes virtual), laboratory, and clinical site areas are required. I give my consent for the program faculty/classmates/preceptors to record electronically and visually clinical performance and other activities that I participate in, and to show those recordings to other students or view/listen to those photos/recordings to augment the teaching/learning process and program review/evaluation process.

___________________________________________  _______________________
Student’s Signature                              Date

___________________________________________
Student’s Name (Print)
Health Occupations Department Consent for Release of Information

I hereby consent and give my permission to the faculty and staff of Idaho State University College of Technology Health Occupations Department to provide information, both oral and written, to prospective and future employers, both public and private; such information shall include but shall not be limited to records, grades, performance evaluations, observations, and any other information which might be pertinent to a prospective employer seeking to verify and evaluate my qualifications for a position. Once employed, my employer is allowed to complete evaluation information provided by the college and ADRN program that may reflect my current or past performance. I understand that I have the right to revoke this Consent for Release of Information at any time, but that I must do it in writing and that any such revocation will become effective only upon actual delivery to the Health Occupations Chair.

__________________________________________________________________________   ___________
Student’s Signature                                      Date

__________________________________________________________________________
Student’s Name (Print)

__________________________________________________________________________
Bengal Card Number
Liability Insurance Form

I hereby show by my signature that passengers, automobile, and myself as driver are covered by liability insurance in an amount at least equal to that required by the laws of the State of Idaho. My signature also indicates that I have a valid driver’s license from the state in which I am a legal resident.

______________________________       ______________
Driver’s Signature                         Date

______________________________
Driver’s Name (Print)
Limitations on Invasive Procedures

I understand that any invasive procedures are limited to being attempted or accomplished only while under the direct supervision of a qualified registered professional nurse. I also understand that I must be prepared and competent to perform such procedures.

_________________________________________  _______________________
Student’s Signature                                      Date

_________________________________________
Student’s Name (Print)
Bloodborne Pathogen Exposure Protocol

As an ADRN nursing student, I have been informed of the bloodborne pathogen exposure protocol to be followed should I have an exposure incident and I agree to follow this protocol to the best of my ability. I have also been trained in universal precautions.

_________________________________________    ________________
Student’s Signature                     Date

_________________________________________
Student’s Name (Print)
Student Policy and Procedure Contract

I recognize that I am personally accountable for my own practice in the clinical area within the boundaries of the Idaho State Nurse Practice Act as defined for the Registered Nurse and must also follow the policies and procedures of the health care agency(s) to which I am assigned during my time as a student of the ADRN program at ISU.

I understand that I may be held legally and ethically liable for any injury or damage done to patients/families/communities for whom I care in the clinical setting if I deviate or if I fail to follow the guidelines provided by the health care facility, clinical manuals, regional/national standards of practice, and/or the policies and guidelines contained in the ADRN Program Student and Preceptor Handbooks.

I understand that the ADRN program (and its faculty/staff/administrators) reserves the right to revise policy guidelines and requirements of the ADRN program at any time for improvement of the ADRN program (including the learning experiences of student in the ADRN program). I will be notified of the changes along with the date of implementation and will be expected to adhere to the new policies and requirements.

I further acknowledge that I have received and read the current ADRN Program Student Handbook and the current ISU Student Handbook. I understand and agree that these are the policies I will comply with during my ADRN program education at ISU.

________________________________________________________________________
Student’s Signature                                                                 Date

________________________________________________________________________
Student’s Name (Print)
Informed Consent and Release to Allow ISU to Use Student’s Criminal Background Investigation, Drug Screen, and Any Other Applicable Reports

Instructions: This form is to be used when a student is: 1) applying for admission to a program, 2) applying for field-based experience, or 3) requesting to complete a health care program’s clinical requirement. Questions may be directed to the Office of General Counsel at (208) 282-2683.

I am submitting this form in conjunction with my: (check one applicable item)

_____1. Application for admission to the ISU College of Technology ADRN program.

_____2. Application for field-based experience with the ISU College of Technology ADRN program.

_____3. Request to participate in health care clinical education for the ISU College of Technology ADRN program.

I hereby authorize the University, any qualified agent, and/or clinical affiliate/agency to receive and use in connection with the program checked above any of the following information including, but not limited to: criminal background information, including copies of my past and present nationwide law enforcement records; drug screen reports; insurance; Social Security number trace for previous residencies, employment checks, Office of Inspector General (OIG) Sanctions List, General Services Administration’s Excluded Parties Listing System (GSA/EPLS), violent sex offender and predator registry search, applicable state exclusion list, US Treasury Office of Foreign Assets Control (OFAC), and the list of specifically designated nationals. I will purchase an ISU approved criminal background investigation from the designated third party vendor for the purpose of assisting the Program and/or the clinical affiliate/agency in evaluating my suitability for admission to a program, field-based experience, or participation in a clinical internship experience. The release of information pertaining to a background investigation is expressly authorized.

I understand that information contained in the criminal background report or any additional reports may result in: 1) my being denied full admission to the Program and, consequently, dismissal from the Program; or 2) my being denied or dismissed from the field-based experience and, consequently, denied admission to or dismissal from the Program; or 3) my being denied a clinical assignment and, consequently, dismissal from the program. I also understand that I will be afforded the opportunity to be heard before any such withdrawal from the Program.

I understand that I have online access to the vendor’s results to review the same information that the Program receives in a criminal background investigation. I understand that reasonable efforts will be made by ISU to protect the confidentiality of the information it receives. I further understand that the results of the criminal background check and other reports may be reviewed by the following individuals and entities when evaluating my suitability, including but not limited to: the applicable dean, chair, program, department, the Office of General Counsel, and clinical affiliates or agencies.

If adverse information is contained in my report(s), I understand that I can view my own results and may be

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asked to provide more information in writing to the Program. I understand that admission decisions made by the Program are not subject to appeal.

I hereby give the Program permission to release my criminal background report and any other reports to affiliates and/or agencies to which I am assigned for clinical or educational experience prior to beginning the assignment and regardless of whether such affiliates and/or agencies have required the background check or other reports. I understand the affiliates or agencies may refuse me access to their clients/patients based on information contained in the criminal background check or other reports and that the affiliates’/agencies’ criteria may differ from that of the Program.

I hereby release and hold harmless the State of Idaho, the University, its agents, officers, governing board, employees and/or the affiliates and agencies from any liability or damage in providing and disclosing such background information or any other reports. I understand that a photocopy of this authorization may be accepted with the same authority as the original.

I understand the University is not responsible for the accuracy and content of the background information provided by the third party vendor or any other reports and I hereby further release and hold harmless the State of Idaho, the University, its agents, officers, governing board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of background information.

Additionally, I understand that the background check, drug screen, additional reports, program admission, field experience, and placement are subject to the requirements of the ISUPP Student Affairs.

I understand that I am responsible for all costs associated with this process.

My signature below show that I have carefully read this document and understand and agree to its contents:

__________________________________________  __________________________
Student’s Signature (Student or Parent/Legal Guardian if under 18)  Date

__________________________________________  __________________________
Student’s Name (Print)  Student Date of Birth

Please print or type all names you have used in the past (use other side of page if necessary):

__________________________________________
__________________________________________
__________________________________________

__________________________________________  __________________________
ISU Witness  Date

__________________________________________  __________________________
Printed Name  Department
Clinical Sites Background Checks and Drug Screenings

The nursing program in which you are enrolled complies with the requirements of the clinical sites in which students receive clinical experience. Many/most of these clinical sites require background checks and drug screening (screening can be pre-planned, random, or situation dictated such as an incorrect narcotics count). Therefore, all nursing students are required to complete these assessments and any costs incurred will be the responsibility of the student. Thus, costs for background checks and drug screening are the student’s responsibility. Idaho Board of Nursing may deny, suspend, or revoke a license if a licensure applicant/holder has any questionable or actual criminal history or behavior. Under these or any other questionable circumstances, all nursing students/applicants are urged to immediately consult with the Idaho State Board of Nursing for more information.

Successful completion of the nursing program does not guarantee nursing license.

Importantly, though a facility has allowed a nursing student to perform clinically at their site, this permission may be revoked at any time and does not, in any way, imply Idaho Board of Nursing approval.

I have carefully read and understand the above paragraph. I understand that nursing licensure is a privilege, not a right and solely under the regulatory powers of the Board of Nursing. I further understand that clinical practice as a nursing student is based on facility and program permission, which may be revoked at any time.

I agree to allow random drug screens to be performed, without warning or notice, and that these drug screens will be performed at my expense. I agree that the Health Occupations Chair will have the right to review the results of any drug screen results. If results of these random screens are positive, I understand that I will be unable to complete any and all remaining clinical course objectives and will therefore be dismissed from the program.

Name (Print)         Bengal Number

Name (Signature)        Date

Witness for the above
Consent, Acknowledgement of Risk and Waiver of Liability

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety.

I, ________________________________, am aware that as a student in the Associate Degree Registered Nurse program at Idaho State University, there are procedures I may be asked to perform as part of my education. These procedures utilize universally recognized precautions and follow the Clinical Laboratory Improvement Amendments of 1988 (CLIA). I will be supervised and observed during the procedures by a member of the teaching staff of ISU.

However, I am fully aware that there may be risks involved. These risks include, but are not limited to, hematoma (bruising), vasovagal syncope (fainting), muscle soreness, needle sticks, and other unknown and unanticipated hazards. Furthermore, if I am involved in an accidental needle stick, I acknowledge and understand that I will be asked to take a blood test immediately for my safety and the safety of others.

To the extent permitted by law, and in consideration for being allowed to participate, I hereby assume all risks of such injury and hereby release the State of Idaho, the State Board of Education, Idaho State University and the College of Technology, and their respective agents, employees, officers, and volunteers (collectively the Released Parties) from any and all liability, claims, causes of actions, damages or demands, including costs and expenses, of any kind and nature whatsoever that may arise now or in the future from or in connection with my participation in the program whether caused by the negligence or carelessness of the Released Parties or otherwise.

I understand I am responsible for my own medical insurance and certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this Agreement. (If under the age of 18, Parent/Guardian must sign this release in front of a notary).

___________________________________________  _________________________
Student Signature                                      Date

___________________________________________  _________________________
Student Name Print                                    Bengal Number

___________________________________________  _________________________
Parent/Guardian Signature (if under 18)               Parent/Guardian Name

___________________________________________
Emergency Contact & Phone Number

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MUST BE NOTARIZED IF PARTICIPANT IS A MINOR

NOTARY STATEMENT FOR MINOR PARTICIPATION:

STATE OF ________Idaho__________

COUNTY OF ________Bannock__________

On this _____ day of ____________________, in the year ______________, before me personally appeared ________________________________________________________________, known or identified to me and whose name is subscribed to the within instrument, and acknowledge to me that he/she executed the same.

SEAL

Notary Public of ______Idaho_______

Residing in: ______________________

______________________________

My Commission expires: __________

______________________________
XVI. Background Check with CastleBranch

Order Instructions for:

Idaho State University College of Technology Health Occupations

1. Go to mycb.castlebranch.com
2. In the upper right hand corner, enter the Package Code that is below.
   • Package Code ID41

ABOUT

About CastleBranch:
Idaho State University College of Technology Health Occupations and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more tailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

Order Summary

Payment Information:
Your payment options include Visa, Mastercard, Discover, debit, electronic check, and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account:
To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us:
For additional assistance, please contact the Service Desk at 888-666-7788 or visit mycb.castlebranch.com/help for further information.
XVII. Medical History and Physical Examination

Associate Degree Registered Nurse Program

College: ___________________________ Department: ___________________________
921 South 8th Avenue, MS _________
Pocatello, Idaho 83209-__________
Program of Study____________________ Fax Number: ____________________________
ATT: ______________________________

STUDENTS PLEASE COMPLETE
BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION

REPORT OF MEDICAL HISTORY

<table>
<thead>
<tr>
<th>M/F</th>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home Address: Number & Street ___________________________ City ___________________________ State ___________________________ Zip ________________ Date of Birth ________________

PERSONAL HISTORY
Please check those which you have had or now have

<table>
<thead>
<tr>
<th>Have You Had</th>
<th>Yes</th>
<th>Date</th>
<th>Comments</th>
<th>Have You Had</th>
<th>Yes</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Injury with Unconsciousness</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High or Low Blood Pressure</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Problems</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
<td>Jaundice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach, Intestinal, Gallbladder Trouble</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
<td>Disease or Injury of Joints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List All Operations:</td>
<td></td>
<td></td>
<td></td>
<td>Kidney Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List All Current Medications:</td>
<td></td>
<td></td>
<td></td>
<td>Allergy: Asthma</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hay Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby declare that I have no illnesses or emotional problems not discussed with my physician that will interfere with my enrollment in the program. I hereby grant permission for the information requested on this form to be released to the

_________________________ ___________________________
Applicant’s Signature Date

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PHYSICIAN PLEASE COMPLETE

REPORT OF HEALTH EVALUATION

<table>
<thead>
<tr>
<th>BP</th>
<th>Height</th>
<th>Vision – Right 20/</th>
<th>Left 20/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse</td>
<td>Weight</td>
<td>Corrected – Right 20/</td>
<td>Left 20/</td>
</tr>
</tbody>
</table>

ARE THERE ANY ABNORMALITIES?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DESCRIBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, Ears, Nose, or Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cardiovascular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Gastrointestinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Hernia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Genitourinary</td>
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<td></td>
</tr>
<tr>
<td>8. Musculoskeletal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Metabolic/Endocrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Neuropsychiatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Skin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEPATITIS B | INFLUENZA | MMR | Tdap | VARICELLA | TB

+ Positive Titer
- Negative Titer

Attach lab result

Yearly Vaccine
August – March

2 documented doses OR proven serologic immunity to all three
Booster as an adult within the last 10 years
2 documented doses OR proven serologic immunity
Skin Test (PPD) Mm induration (>10mm is+)
OR IGRA + or –

Attach copy of document PPD
mm reading or IGRA lab result
If positive* CXR attach report from radiology

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Attach copy of lab result

Please refer to ISU screening recommendations for details about serologic immunity, vaccines, and *TB screening

Is the patient now under treatment for any medical or emotional condition? Yes  No

Does this person have any limitations regarding lifting and moving of people and or equipment? Yes  No

In your opinion, does this applicant have the mental and physical health to meet the requirements of being an active and successful student in the ________________Department as well as for being employed professionally following graduation? Yes  No

Comments:

Physician’s Signature    Date    Address

Print Name       Phone

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XVII. Drug Screening Letter of Introduction

Please see the attached Idaho WorkCare Drug Screening Letter of Introduction.
Letter of Introduction

DO NOT PAY at Idaho WorkCare Collection Sites

Failure to report to a collection site listed below, and provide results as instructed, before ______________ may be considered a refusal to test. Students are responsible to make appointments for testing as necessary. Please retain a copy of your results.

Program: _COT AD Registered Nursing__ Date Scheduled: ______________ Time:_________________

Student Name:_______________________________________________ ID#:________________________

Reason for test: Type:

___X__ Pre-Practicum _X__ Instant 10-panel

___ Random

___ Post Accident

___ Return to Duty

___ Other: _______________

Collection Facility Idaho Workcare:

Idaho Falls
Legacy Health Partners
203 N. Holmes
Idaho Falls, ID 83401
(208) 522-2591

Blackfoot
Ellis Chiropractic
512 W. Judicial
Blackfoot, ID 83221
(208) 782-9793

Twin Falls
Canyon Springs Chiropractic
2167 Village Park Ave, #100
Twin Falls, ID 83301
(208) 737-1430

Rexburg
Orchard Chiropractic
160 E. Valley River Drive #3
Rexburg, ID 83440
(208) 656-8883

Other Collection Facilities:

Meridian
Unity Health Center
745 South Progress Ave
Meridian, ID 83401
(208) 895-6729
Cost $35

Pocatello
ISU Student Health Center
Pocatello, ID 83209
(208) 282-2330
Cost $20

Pocatello
Portneuf Medical Center Work-Med
500 So. 11th Ave. #500
Pocatello, ID 83201
(208) 239-1940
Cost $38

STUDENT: By signing below you are requesting that the testing facility and/or Idaho Work Care release your results to Idaho State University College of Technology Health Occupations Department. This information will be used to determine your practicum eligibility. These results will be protected, and will only be shared with parties with an educational need to know as allowed by FERPA. By signing below, you agree to allow testing facility and/or Idaho Workcare to release this personal health information.

Student Signature: ___________________________________________ Date: ____________________

All Testing Sites: If further testing is required, please contact ISU. A clear, readable, copy of this release and the screening results must be sent to ATT: Tashina Hunsaker at fax: 208-282-3743 or email: browtash@isu.edu.

Idaho Workcare Testing Sites: ISU will pay $25.00 per student to have one Pre-Practicum, instant, 10-panel drug screen completed per student. A clear, readable, copy of this release and the screening results must be sent to ATT: Tashina Hunsaker at fax: 208-282-3743 or email: browtash@isu.edu.

Collector Printed Name: ________________________ Signature: __________________________________

Date result sent to ISU: _______ Time Sent to ISU:_____ Method Used (circle one) FAX/EMAIL/STUDENT