



2023 | 2024

NURSING PROGRAM HANDBOOK

ASSOCIATE IN NURSING

Direct Transfer Agreement | Major Ready Pathway

(AN-DTA/MRP)

Lower Columbia College *NURSING*

lowercolumbia.edu/nursing

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Welcome to the Lower Columbia College Nursing Program!

Greetings, Future Registered Nurse!

The faculty, staff, and I are so pleased to welcome you to the LCC Nursing Program. This is an important milestone on your educational journey toward a rewarding and dynamic career in healthcare. The LCC Nursing Program has a long history of excellence in preparing graduates to be compassionate and competent nurses. The program has been continuously approved by the Washington State Board of Nursing (WABON, formerly known as the Nursing Commission or NCQAC) since 1954, when it began as a practical nurse certificate program. Our RN program, which had its first graduates in 1971, obtained national accreditation through what is now the Accreditation Commission for Education in Nursing (ACEN) in 1976.

The faculty, staff, and I are committed to helping you reach your educational and career goals. We want your time with us to be instructive, growth-producing, rewarding, and inspiring. We hold our learners to the highest professional and ethical standards, and you can expect the same from us. Our curriculum is rigorous and fast-paced to prepare you for the fast pace and changes of 21st century nursing practice. Consistent and extensive study will be necessary to meet the learning outcomes for the program, which are essential for safe and effective entry-level nursing practice. Know that while we are all here to support you on your journey, we also encourage you to work hard and be accountable for your learning. This will set the stage for your lifelong learning in nursing.

Familiarize yourself with this handbook. It is your guidebook to program policies and procedures, and it will be an important tool for your successful completion of the nursing program. I look forward to getting to know you and sharing our mutual passion for nursing. On this journey, may you touch lives in positive and unexpected ways – both as a student and as a nurse!

Warm regards,



Merry E. Bond, MSN Ed, RN, CNE

Dean of Instructional Programs | Nursing Program Director
Nursing, Allied Health, and Wellness Programs



Nursing Program | 2023-2024

Lower Columbia College is institutionally accredited by the [Northwest Commission on Colleges and Universities](#)
8060 165th Ave. NE Suite 100, Redmond, WA 98052

The Nursing Program is approved by the [Washington State Board of Nursing \(WABON\)](#)
(formerly identified as the Nursing Care Quality Assurance Commission)
111 Israel Road SE, Tumwater, WA 98501
Phone: 360.263.4700
Program Code: **US29408300 ADN**



The **Associate in Nursing DTA/MRP Program** at Lower Columbia College, located in Longview, WA, is accredited by the [Accreditation Commission for Education in Nursing \(ACEN\)](#)
3343 Peachtree Road, Suite 850, Atlanta, GA 30326 |
Phone: 404.975.5000

*The most recent accreditation decision made by the ACEN Board of Commissioners for the associate degree nursing program (April 2023): **Continuing Accreditation with next site visit in fall 2030.***

View the [public information](#) disclosed by the ACEN regarding this program

Important Campus Contacts

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Purpose of Handbook

The purpose of the *Nursing Program Handbook* is to provide essential information for students enrolled in the nursing program and to supplement the [Lower Columbia College Student Handbook](#). **Students are responsible for being familiar with and adhering to the information and policies presented in this Nursing Program Handbook.**

About the Nursing Program

General Information

The Lower Columbia College Nursing Program began as a practical nurse program, with its first graduates in 1954. The first associate degree Registered Nurse (RN) class graduated in 1971. The nursing program is approved by the Washington State Board of Nursing (WABON) and accredited by the Accreditation Commission for Education in Nursing (ACEN). Approximately 180 students are enrolled in the program and over 100 students complete the program each year.

Graduates of the program earn the Associate in Nursing Direct Transfer Agreement/Major Related Program degree (AN DTA/MRP), which prepares students to take the National Council Licensure Examination for Registered Nursing (NCLEX-RN) to become licensed as a Registered Nurse. Graduates are encouraged to continue their nursing education and may be eligible to enter participating four-year institutions in Washington State as a senior in RN to bachelor of science in nursing (BSN) pathways.

The nursing program includes two entry options for Licensed Practical Nurses (LPNs): the LPN2RN eLearning option or entry into the fourth quarter of the traditional campus-based program (LPN opt-in).

Mission and Philosophy

Lower Columbia College Mission:

The mission of Lower Columbia College is to ensure each learner's personal and professional success, and influence lives in ways that are local, global, traditional, and innovative.

The mission and philosophy of the Lower Columbia College Nursing Program is authored by the nursing faculty and is congruent with the mission of the institution.

Nursing Program Mission:

The Nursing Program is committed to providing excellence in nursing education that encompasses critical thinking, competencies in the role of provider of care, manager of care and member of the profession of nursing, with an emphasis on life-long learning.

Nursing Program Philosophy:

- Each **individual** is viewed as a unique, complex, holistic and dynamic entity with biological, psychological, social, cultural, and spiritual dimensions. Individuals have intrinsic value, unconditional worth and self-determination. The dignity of each human being is to be protected and respected. A patient/client can be an individual, family, or group.
- **Health** is a dynamic state of adaptation to stressors in the internal and/or external environment in an attempt to achieve balance. Health is influenced by heredity, environment, lifestyle, and choices.
- **Nursing** is a discipline centered on the caring application of knowledge and skills to advocate for patients, prevent illness or disability, optimize or restore health, alleviate suffering, and facilitate wellness. Nursing integrates the concepts of person, health, environment and nursing therapeutics. Nursing relies on knowledge that is practical, theoretical and evidence-based.
- **Learning** is a life-long process, which involves the assimilation of information to expand one's knowledge and influences attitudes, beliefs, and/or behaviors. Learning builds on previous experience.
- **Teaching** facilitates the learning process to promote student success. It is a cooperative endeavor between the instructor and student.
- **Nursing education** builds upon information and concepts from several disciplines (language and literature, biological science, physical science, social science, math), and incorporates the affective, cognitive, and psychomotor learning domains.
- The **nursing curriculum** progresses from simple to complex information, concepts, and skills. It is designed to provide the student with the knowledge and skills necessary for nursing practice, promote competence, and foster the growth of independent thought, purposeful judgment and critical thinking.
- The **associate degree nurse** is a generalist whose nursing practice encompasses the roles of provider of care, manager of care, and member of the profession of nursing.

LCC Global Skills

Nursing students are also expected to develop the following [Global Skills](#) by the time they graduate:

- Communication
- Critical thinking
- Quantitative reasoning
- Teamwork.

The assignments you submit and any recorded discussions or other relevant work may be assessed outside of this course for one or more [Global Skills](#). This assessment will not affect your course grades and is not shared with anyone outside the assessment team at LCC.

QSEN Competencies

Quality and Safety in Nursing Education (QSEN) competencies are the knowledge, skills, and attitudes developed in pre-licensure nursing education programs which prepare graduates for needed continuous quality and safety improvement in their practice settings. Read more about these competencies that form the framework of the nursing curriculum at the [QSEN Institute](#) website:

- Evidence-based practice
- Informatics
- Patient-centered care
- Quality improvement
- Safety
- Teamwork and collaboration

End-of-Program Student Learning Outcomes

The end-of-program student learning outcomes (EPSLOs) are benchmarks developed by the nursing faculty to establish a baseline of competent nursing practice for the entry-level registered nurse graduating from our program. The EPSLOs guide the faculty in delivering a curriculum that prepares graduates of our program for competent and safe nursing practice. EPSLO data is reported annually on the nursing program's [Student Achievement Data](#) webpage.

Upon completion of the associate degree nursing program at Lower Columbia College, graduates will:

1. Demonstrate **critical thinking** by applying objective, valid methods of inquiry and problem-solving to draw rational, ethical and coherent conclusions in nursing practice. *Critical thinking is an **LCC Global Skill**.*

QSEN Competencies addressed: Safety, evidence-based practice, and quality improvement.

2. Demonstrate **competence** in basic nursing knowledge and skills in the performance of the nursing roles as provider of care, manager of care, and member of the profession. *This outcome encompasses elements of all four **LCC Global Skills**.*

QSEN competencies addressed: Safety, patient-centered care, and teamwork and collaboration.

3. **Communicate** effectively in professional nursing practice. *Communication is an **LCC global skill**.*

QSEN competencies addressed: Patient-centered care, teamwork and collaboration, safety, and informatics.

4. Integrate **quantitative data** competently into professional nursing practice. *Quantitative reasoning is an **LCC Global Skill**.*

QSEN competencies addressed: Safety, informatics, evidence-based practice, and quality improvement.

5. Incorporate professional **interpersonal skills** and **caring behaviors** in nursing practice. *Teamwork is an **LCC global skill**.*

QSEN competencies addressed: Patient-centered care, and teamwork and collaboration.

6. Initiate **equitable and inclusive nursing practices** to promote and maintain health and reduce risk in diverse healthcare settings across the lifespan. *This outcome encompasses elements of the critical thinking, communication, and teamwork LCC Global Skills.*

QSEN competencies addressed: Safety and patient-centered care.

Program Outcomes (Goals)

Program outcomes (or goals) are benchmarks for program achievement. Some are established by external regulatory bodies. For instance, part of our program's accreditation requirements includes publishing and maintaining our NCLEX-RN pass rates, program completion rates, and employment rates. Others have been established by the nursing faculty. Program goals apply to all program options and cohorts unless specified otherwise and are reported annually on the nursing program's [Student Achievement Data](#) webpage.

1. The nursing program will promote timely **program completion**.

At least 75% of students who begin the nursing program will complete the program on time. On time is defined as 100% of program length. The time frame defining program length begins with the first nursing course.

- *Traditional campus-based program option - 6 quarters over 2 academic years, excluding summers.*
- *LPN campus-based opt-in - 3 quarters over one academic year, excluding summer.*
- *LPN2RN eLearning option - 4 quarters over one year, including summer.*

2. The nursing program will prepare graduates to **pass the NCLEX-RN**.

The NCLEX-RN pass rate of first-time test-takers for each graduating cohort will be at least 80%, and the program's most recent annual NCLEX-RN pass rate of first-time testers will be at least 80% for all graduates during the same 12-month period.

3. Nursing program graduates will be **employed as RNs** following program completion.

At least 80% of graduates who have passed the NCLEX-RN will be employed in nursing and/or pursuing higher education in nursing within 6-12 months after graduation.

4. Graduates will be satisfied with the program and their preparation to perform at an **entry-to-practice RN level** in the roles of provider of care, manager of care, and member of the profession.

At least 80% of responding graduates agree or strongly agree, at both point-of-leaving and 6-12 months after graduation, that they were prepared by the nursing program to perform at entry-to-practice RN level in the roles of provider of care, manager of care, and member of the profession.

5. Employers will be satisfied with the program and graduates' preparation to perform at an **entry-to-practice RN level** in the roles of provider of care, manager of care, and member of the profession.

At least 80% of responding employers agree or strongly agree that employed graduate RNs were prepared by the nursing program to perform at entry-to-practice RN level in the roles of provider of care, manager of care, and member of the profession.

6. The program will prepare graduates to provide **patient-centered nursing care** (respectful, culturally sensitive, empathetic, and compassionate).

At least 80% of responding graduates (at both point-of-leaving and 6-12 months after graduation) and employers agree or strongly agree that graduates were prepared by the program to provide patient-centered nursing care (respectful, culturally sensitive, empathetic, and compassionate).

7. The program will prepare graduates for **evidence-based nursing practice**.

At least 80% of responding graduates (at both point-of-leaving and 6-12 months after graduation) and employers agree or strongly agree that graduates were prepared by the program for evidence-based nursing practice.

8. The program will prepare graduates to **practice within established professional, legal, and ethical frameworks**.

At least 80% of responding graduates (at both point-of-leaving and 6-12 months after graduation) and employers agree or strongly agree that graduates were prepared by the program to practice within established professional, legal, and ethical frameworks.

Nursing Curriculum/Course Descriptions

Campus-based Program Option:

1st Quarter: 16 credits

NUTR& 101: Nutrition, 5 credits (*may be completed prior to admission, but must be completed by the end of the first quarter in the nursing program*)

NURS 150: Pharmacology in Nursing, 2 credits. Introduces basic principles of pharmacology and therapeutic modalities. Provides an overview of drug classifications and prototypes.

NURS 151: Nursing Concepts in Health and Illness I, 3 credits. Presents concepts that form the foundation of nursing practice and the roles of provider of care, manager of care, and member of the profession. Topics include: the nursing process, concepts of health and wellness, oxygenation, fluid and electrolyte balance, elimination, the integumentary system, comfort measures, and palliative care.

NURS 160: Skills in Nursing I, 2 credits. Introduces skills and the associated concepts for the provision of safe, effective nursing care. Topics include vital signs, physical assessment, sterile technique, wound care, blood glucose monitoring, medication administration, dosage calculation, injections, nasogastric tubes, urinary catheters, and care of tracheostomies.

NURS 161: Nursing Practicum I, 3 credits. Provides opportunities to perform beginning nursing care in the roles of provider of care, manager of care and member of the profession. Focuses on care of the client in skilled care and community settings.

HUM 150: Ethics and Policy in Healthcare I, 1 credit. Introduces ethical and legal principles governing healthcare with a focus on nursing practice. Discusses historic milestones in nursing. First in a series of three courses on ethics and policy in healthcare. Restricted to students admitted to the nursing program.

2ND Quarter: 15 credits

ENGL& 102 or CMST& 220: 5 credits (*may be completed prior to admission*)

NURS 152: Nursing Concepts in Health and Illness II, 5 credits. Builds upon foundational nursing knowledge and concepts. Focuses on health promotion and comprehensive care of clients with chronic illness. Promotes decision making and critical thinking in the nursing roles of provider of care, manager of care and member of the profession. Topics include cancer, the endocrine, respiratory, cardiovascular, musculoskeletal and gastrointestinal systems.

NURS 162: Nursing Practicum II, 5 credits. Provides additional opportunities to perform nursing care in the roles of provider of care, manager of care and member of the profession. Focuses on care of the client in skilled care facilities and additional community settings.

HUM 250: Ethics and Policy in Healthcare II, 2 credits. Presents organizational structures, legal considerations, policies, procedures and ethical principles/theories related to healthcare. Second course in a series of three courses. Restricted to students admitted to the nursing program.

3RD Quarter: 17 credits

Humanities course: 5 credits (*see [distribution list](#); be sure no more than 10 total credits of humanities fall within a single discipline area; may be completed prior to this quarter*)

NURS 153: Nursing Concepts in Health and Illness III, 5 credits. Presents additional nursing knowledge and concepts focusing on comprehensive care of adults with chronic illness. Expands upon decision making and critical thinking. Further develops the nursing roles of provider of care, manager of care and member of the profession. Topics include perioperative care, and the genitourinary, reproductive, hematologic, neurologic, and sensory systems.

NURS 163: Nursing Practicum III, 5 credits. Continues to build upon previous experiences. Provides opportunities to perform nursing care in the roles of provider of care, manager of care and member of the profession, in the acute care and community settings, with increasing skill and independence.

PSYC 150: Psychosocial Issues in Health Care I, 2 credits. Presents concepts necessary for the provision of psychosocial healthcare. Examines determinants of health and illness across the lifespan, including social, psychological, environmental, spiritual and cultural dimensions, within the context of health care. Topics include coping mechanisms, therapeutic communication, culturally sensitive nursing care and social determinates of health.

4TH Quarter: 15-17 credits

(LPN opt-in entry point. Successful completion of NURS 209 - Nursing Success [2 credits] is required prior to NURS 261. Entering LPNs will need to complete 5 credits of PSYC 255 [winter only] in lieu of PSYC 150 and PSYC 250, as well as 5 credits of HUM 255 [fall only] in lieu of HUM 150, HUM 250, and HUM 251).

Humanities (diversity) course, 5 credits (*see [diversity course list](#); be sure no more than 10 total credits of humanities fall within a single discipline area; may be completed prior to this quarter*).

NURS 250: Pharmacology in Nursing II, 1 credit. Builds upon principles of pharmacology, therapeutic modalities, and dosage calculation with a focus on selected client populations.

NURS 251: Nursing Concepts in Health and Illness IV, 4 credits. Explores nursing knowledge and concepts focusing on comprehensive nursing care of clients in the roles of provider of care, manager of care and member of the profession. Further expands upon decision making and critical thinking. Topics include maternal-child nursing, growth and development, and health promotion. The cardiac system and the associated nursing care of selected clients is also discussed.

NURS 261: Nursing Practicum IV, 5 credits. Expands the opportunities to perform nursing in the roles of provider of care, manager of care and member of the profession. Introducing care of maternal-child clients. Builds on previous knowledge and skills to provide further experience in acute care of the adult with increasingly complex health concerns.

Upon completion of NURS 150-261, all required non-nursing courses, and a Washington State Nursing Commission-approved Professional Vocational Relationships (PVR) course, students may apply for licensure as a practical nurse in Washington. Licensure requires passing the National Council Licensing Exam for Practical Nurses ([NCLEX-PN](#)).

5TH Quarter: 13 credits

NURS 252 Nursing Concepts in Health and Illness V, 5 credits. Further develops nursing knowledge and concepts focusing on comprehensive care of clients with acute and complex health issues in preparation for the nursing roles of provider of care, manager of care and member of the profession. Topics include care of the client with respiratory, genitourinary, hematological and gastrointestinal health disorders.

NURS 262: Nursing Practicum V, 5 credits. Builds upon previous knowledge, skills, and experiences and provides additional opportunities to perform nursing in the roles of provider of care, manager of care and member of the profession. Provides experience with clients experiencing increasingly complex alterations in health. Includes acute care and community settings.

PSYC 250: Psychosocial Issues in Healthcare II, 3 credits. Presents additional concepts necessary for the provision of psychosocial healthcare. Analyzes determinants of health and illness across the lifespan, including social, psychological, environmental, spiritual and cultural dimensions, within the context of health care. Topics include care of the client experiencing mental health challenges, anxiety disorders, thought disorders, mood disorders and chemical dependency.

6TH Quarter: 12 credits

NURS 253: Nursing Concepts in Health and Illness VI, 5 credits. Expands on knowledge gained in previous courses. Focuses on providing comprehensive nursing care for clients with complex health care needs. Topics include endocrine disorders, burns, trauma, shock, neurological disorders and disaster preparedness.

NURS 263: Nursing Practicum VI, 5 credits. Provides opportunities to perform nursing care under the guidance of a registered nurse preceptor, integrating previous knowledge, skills, and experience.

Reinforces critical thinking, decision making, and skills in the beginning registered nurse roles of provider of care, manager of care and member of the profession.

HUM 251: Ethics and Policy in Healthcare III, 2 credits. Presents research, leadership, workplace issues and ethical dilemmas in healthcare with an emphasis on nursing. Final course in a series of three courses. Restricted to students admitted to the nursing program.

Upon completion of NURS 150-263 and all [required non-nursing courses](#), students are eligible to apply for licensure as an RN. Licensure requires passing the National Council Licensing Exam for Registered Nurses ([NCLEX-RN](#)).

LPN2RN eLearning Option

Fall Quarter

HUM 255: Ethics and Policy in Healthcare, 5 credits (online). Introduces ethical and legal principles governing healthcare with a focus on nursing practice. Discusses historic milestones in nursing. Presents organizational structures, legal considerations, policies, procedures and ethical principles/theories related to healthcare. Builds upon previous concepts in research, leadership, workplace issues and ethical dilemmas in healthcare with an emphasis on nursing.

NURS 241: Essential Concepts of Nursing Practice, 2 credits (online). Provides content essential to effective and safe registered nursing practice. Concepts of leadership and management are included. Nursing delivery systems, standards of care, quality management, and evidence-based practice are described. The course includes an in-depth review and application of the nursing process. Topics include community-based nursing, culture and ethnicity, nutrition, pharmacology, pain, safety, and infection control.

NURS 242: Nursing Throughout the Lifespan, 3 credits (online). Builds on previous nursing knowledge to present concepts essential to the provision and management of nursing care of patients throughout the lifespan. Topics include cultural influences on health, assessment, patient teaching, growth and development, care of the family. Reviews the nursing care of the pregnant and postpartum patient. Discusses strategies to achieve optimal health for patients of all ages.

Winter Quarter

PSYC 255: Psychosocial Issues in Health Care, 5 credits (online). Presents additional concepts necessary for the provision of psychosocial healthcare. Analyzes determinants of health and illness across the lifespan, including social, psychological, environmental, spiritual and cultural dimensions, within the context of health care. Topics include care of the client experiencing mental health challenges, anxiety disorders, thought disorders, mood disorders and chemical dependency.

NURS 244: Comprehensive Medical-Surgical Nursing I, 4 credits (online). Using a body systems approach, explores the etiology, pathophysiology, diagnostic and laboratory studies, health promotion, health assessment, pharmacologic interventions, and nursing management essential to safe and effective nursing care of patients with various health challenges. Topics include nursing management of patients with disorders of the respiratory, cardiovascular, vascular/lymphatic, neurological, urinary/renal, hepatobiliary/pancreatic, and gastrointestinal systems, as well as acid-base/fluid-electrolyte balance.

Spring Quarter

NURS 245: Comprehensive Medical-Surgical Nursing II, 4 credits (online). Using a body systems approach, continues to explore the etiology, pathophysiology, diagnostic and laboratory studies, health promotion, health assessment, pharmacologic interventions, and nursing management essential to safe and effective nursing care of patients with various health challenges. Topics include nursing management of patients with disorders of the musculoskeletal, dermatologic, immune, metabolic/endocrine, hematologic, reproductive, visual/auditory systems, and cancer.

NURS 246: Skills lab, 2 credits (hybrid – online and in-person). Provides opportunities to develop and enhance proficiency in nursing skills essential to safe and effective nursing practice as provider of care, manager of care, and member of the discipline of nursing, at the beginning registered nurse level.

Summer Quarter

NURS 247: Clinical Practicum, 10 credits (in-person). Provides advanced opportunities to apply knowledge and concepts learned in previous courses. Expands critical thinking and increases skill in the performance of nursing care as provider of care, manager of care, and member of the discipline of nursing at the beginning registered nurse level. Expands knowledge of nurse delegation. Community and acute care settings are utilized.

NURS 248: Advanced Clinical Practicum, 5 credits (in-person). Prepares students for autonomous nursing practice by providing opportunities to integrate and apply knowledge learned in previous courses, under the supervision of an assigned registered nurse preceptor. Reinforces critical thinking and increases skill at the beginning registered nurse level as provider of care, manager of care, and member of the discipline of nursing, preparing students for autonomous nursing practice. Expands skills in nurse delegation.

Upon completion of NURS 241-248 and all [required non-nursing courses](#) students are eligible to apply for licensure as an RN. Licensure requires passing the [NCLEX-RN](#).

Nursing Program Policies

Classroom conduct and policies, as well as [Student Academic Rights and Responsibilities](#), are consistent with the [LCC Code of Student Conduct](#) which is found in the [LCC Student Handbook](#). Additionally, course policies are listed within individual course syllabi. Clinical/practicum courses have policies that reflect the additional requirements of clinical agencies. The following policies, procedures and expectations apply to all students enrolled in the Nursing Program at Lower Columbia College.

Academic Integrity

Academic honesty is expected in all courses. Any act of academic dishonesty is prohibited and subject to discipline. Please see [Academic Dishonesty](#) in the [LCC Student Handbook](#) for details about how academic dishonesty is addressed at LCC.

Acts of academic dishonesty include (but are not limited to) cheating, falsification, plagiarism, and fabrication. Cheating includes any attempt to use, give, or obtain unauthorized assistance relating to the completion of an academic assignment. Plagiarism includes using as one's own, without proper attribution, the ideas, writings, or work of another person in completing an academic assignment. Fabrication includes falsifying data, information, or citations in completing an academic assignment and includes providing false or deceptive information to an instructor concerning the completion of an assignment. Per LCC policy, all instances of academic dishonesty will be reported to the Vice President of Student Success. No student shall be allowed to withdraw from a course or from the college to avoid the consequences of academic dishonesty. The instructor will notify the student of any suspected academic dishonesty and will then notify the dean and Vice President of Student Success of the incident, per the LCC [Academic Dishonesty](#) policy. Depending on the severity of the incident, the instructor-imposed consequences may include a significantly lowered or failing grade on the assignment or a failing grade in course. A failing grade in a nursing course will affect progression in the program, per the program policies.

Accountability

Students are expected to conduct themselves as mature, honest, ethical, and responsible persons. Students are expected to maintain client safety at all times. It is the student's responsibility to come to clinical prepared for safe patient care. Please see [Student Rights and Responsibilities](#).

Advising by Cohort

A cohort model of academic advising is used once admitted to the nursing program. Students are assigned a nursing faculty advisor based on the cohort to which they are enrolled (i.e., all students in a cohort have the same faculty advisor). This information is kept up to date each quarter in [EAB Navigate](#) (see your Care Team). Faculty advisors will check in with the cohort quarterly. Advisors are also available to meet with students in person to assist with academic questions and planning. Faculty advisors do not provide course registration information. When priority registration opens each quarter, the lead faculty for the subsequent quarter will provide registration and schedule information.

Attendance

Attendance and punctuality are required. Arriving late to class or leaving class early is disruptive to the learning environment and is not acceptable. Adjust work or other schedules to not interfere with class/clinical schedules. Make-up assignments and clinical may not be available if class or a clinical experience is missed; alternative assignments such as simulation may be required. If a class, laboratory, simulation, or clinical assignment must be missed due to an unusual or extreme circumstance, the student must contact the instructor by phone **prior** to the start of class, clinical, activity, or lab, if at all possible. If the instructor cannot be reached, contact the clinical facility (if a clinical day) or LCC Nursing Program Office at 360-442-2860.

For eLearning courses, attendance expectations are found in the course syllabus. The general expectation is that the student will log in to the course at least three times weekly.

APA Style

APA Style was developed by the American Psychological Association to create a standardized format for scientific writing. It is used across the discipline of nursing (as well as many other scientific disciplines) for both academic and professional writing. The LCC Nursing Program requires written assignments to be formatted utilizing APA Style, unless otherwise stated. The latest edition of the [Publication Manual of the American Psychological Association](#) ([links to the LCC Library e-copy](#)) will be used as the benchmark for acceptable formatting.

Several open resources may be used for assistance with formatting papers in APA Style:

- Lower Columbia College Library. (2023). [Library tutorials. Cite your sources: APA.](#)
- American Psychological Association. (2023). [APA Style®](#)
- Purdue University Online Writing Lab (OWL) maintains an extensive (free) [APA formatting and style guide](#)

Blood Borne Pathogens and Acknowledgement of Risks

The US Department of Labor, Occupational Safety and Health Administration ([OSHA](#)) estimates that “5.6 million workers in the health care industry and related occupations are at risk of occupational exposure to blood borne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and others. All occupational exposure to blood or other potentially infectious materials (OPIM) place workers at risk for infection with blood borne pathogens.” OSHA defines blood to mean human blood, human blood components and products made from human blood.

Other potentially infectious materials (OPIM) identified by the [US Department of Labor](#):

- *The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;*
- *Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and*
- *HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.*

Students are not employees of affiliating agencies and, as such, are not covered under Workers' Compensation laws. Students are encouraged to have health insurance to cover expenses for follow-up of untoward events such as needle sticks and blood splash. Students are responsible for expenses incurred with HIV and Hepatitis testing and follow-up and any other medical expenses the student may incur while enrolled in a nursing course.

Students in the clinical or campus laboratory must use protective equipment such as gloves, masks, eye protection, and/or gowns. The type of equipment used will depend upon the task and degree of exposure anticipated. All contaminated needles and sharps shall not be recapped.

If an exposure to blood or body fluid occurs through a puncture with a contaminated needle or sharp, or via contact with eyes, nose, mouth, or broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. **Report this immediately to your instructor. Appropriate protocols need to be started immediately and may include baseline labs.** Please refer to the [Blood-Borne Pathogens](#) page in the [LCC Emergency Handbook](#) for additional information.

Cell Phones and Other Personal Technology

Cell phones and other personal devices must be silenced during class unless being used for a class activity. In extenuating circumstances, cell phones may be set on vibrate after obtaining the instructor's permission. Laptops and tablets may be used for note-taking but should not be used during class for email or other personal messaging. No photographing or recording of class content unless given the express permission of the instructor.

Most clinical facilities do not permit personal devices to be out on the patient care unit. In extenuating circumstances, cell phones may be set on vibrate after obtaining the instructor's permission. When a personal call is necessary, it should be taken off of the unit. Laptops and tablets may be used to take notes, but should not be out in patient care areas. No photographing or recording of class content unless given the express permission of the instructor. **Under no circumstances are patient documents or documentation screens to be captured, scanned, printed or copied for student use.** Use of cameras or **any** recording device is not allowed in clinical/practicum. Recording in the classroom must be pre-approved by the instructor. Students must follow clinical agency policies regarding cell phone and electronic devices.

See the *LCC Nursing Program Policies & Procedures for Course Exams* in [Appendix A](#) of this handbook for information about personal device use associated with exams.

Civility

Civility is personal conduct that includes polite, reasonable and respectful behavior towards others. This includes honoring one's personal values while simultaneously listening to and respecting divergent points of view. Civility facilitates mutual respect, effective communication, and positive productive relationships. In the educational setting and the workplace, civility is demonstrated by actively listening to others, accountability for one's actions, showing respectful behavior toward others, and making other individuals feel valued. Incivility is rude, disruptive, or threatening behaviors that may result in distress for others. Discourteous behaviors that display disregard for others are considered uncivilized as well as unsafe. Any form of harassment, disrespect or threatening behavior will not be tolerated. Students are responsible for their conduct.

Clinical Access and Authorization

Both an LCC student photo ID and Nursing Program student name badge is required when at the clinical agency as a student. After you have received authorization from LCC to attend clinical, the clinical agency will generate a **clinical access badge** if required by the agency. **A replacement fee of \$15 will be assessed if the clinical site access badge is not returned to the clinical instructor by the end of the quarter.**

In order to attend clinical, the student must register with ACEMAPP, our clinical placement management system. Students will also be required to complete their background check through VerifyStudents (specific information will be given to students in their admission packet to complete this). Students must meet all clinical agency requirements in order to be eligible for enrollment in a clinical/practicum course. **Costs of ACEMAPP, verifystudents.com and all clinical requirements are the student's responsibility. ACEMAPP must be renewed yearly.** Students must respond to emails from ACEMAPP and VerifyStudents as these are related to clinical placement requirements. **LCC email addresses (with domain @my.lowercolumbia.edu) will be utilized for all communications regarding clinical placement.**

Clinical requirements include:

- Completion of the LCC Nursing Program's *Criminal History Disclosure* form (found in Appendix D of this handbook)
- Background clearance (Washington State Patrol [WSP] background check through VerifyStudents **and** Department of Social and Health Services [DSHS] background check)
- Negative drug screen
- American Heart Association Basic Life Support (BLS) for healthcare providers (**other cards are not accepted!**).
- First Aid card
- Immunizations as follows, completed and uploaded into ACEMAPP:
 - **Hepatitis B** vaccination **and** titer. This is a series of 3 injections; a titer is drawn after the series to assess immunity. If not immune, the series is repeated.
 - Influenza vaccination (annually due in October following LCC "flu shot" clinic).
 - **MMR**: proof of two doses, or titers showing immunity to Rubeola, mumps, and Rubella.
 - **Varicella**: proof of two doses, or a titer showing immunity
 - **Tdap**: proof of vaccination within last ten years (vaccination must be repeated if ten years or more have elapsed).
 - Negative screen for **TB**, proven by either a **two-step** Mantoux tuberculin skin test or QuantiFERON-TB Gold blood test. A **two-step TB** skin test involves the following procedure, which must be followed to obtain a valid two-step TB test result: The PPD injection is given, and the site is assessed ("read") 48-72 hours later. The test is repeated 1 to 3 weeks after the first injection and assessed 48-72 hours later. Both skin tests and the assessment must be done at the same facility. TB skin test documentation must include the
 1. Date Given.
 2. Date Read.
 3. Lot # and expiration date of the PPD solution.
 4. Signature of the licensed professional that conducted the test.
 5. Record of the mm of induration at the PPD injection site.
 6. Result indicating Negative or Positive.

- Proof of full vaccination against **COVID-19**: At this time, fully vaccinated means being at least 14 days post-receipt of two doses of either the Pfizer-BioNTech vaccine (3 weeks between doses), the Moderna NIAID vaccine (4 weeks between doses), or the Novavax vaccine (3-8 weeks between doses); or a single dose of the Johnson & Johnson Janssen vaccine. Staying up to date with booster vaccinations per [current CDC recommendations](#) is strongly encouraged.
- Any additional vaccinations the clinical agency determines to be necessary.

Enrollment in nursing courses, as well as program progression, is contingent on compliance with clinical requirements. Students must attest to intent of compliance with clinical requirements for full program admission. Students who are not in compliance with clinical agency requirements will not be permitted in clinical and may be required to withdraw from a clinical course if documentation is not current or received by required deadlines. It is the student's responsibility to keep documentation up to date and to submit as requested.

Random drug screens may be required by clinical agencies. If a student fails to pass a drug screen, the student may be dismissed from clinical by the agency and program progression may be denied. A substance abuse assessment will be required for readmission consideration.

Washington State law ([RCW 43.43.832](#)) requires clinical agencies to request criminal history background checks for all persons who will have access to children or vulnerable adults. Background clearance includes the state of Washington and all other states and counties in which the student has lived in for the past seven years. The criminal background check is shared with the affiliating clinical agencies as required. The following disqualifiers for clinical are set by clinical agencies and law and will cause a clinical agency to deny a student authorization to attend clinical. If you have concerns, please see the LCC Nursing Program Director. Students must self-disclose to the Nursing Program Director prior to the background check results if they have been convicted of a crime or had a finding made against them of domestic violence, abuse, neglect, or abandonment, as well as any violations of professional licensing standards.

Disqualifiers from Clinical Authorization: please refer to the [DSHS Secretary's List of Crimes and Negative Actions](#)

Clinical/Practicum Course Policies and Requirements

The purposes of these policies are to assure student compliance with requirements of clinical agencies while enrolled in clinical/practicum courses, and to protect the patients/clients of these clinical agencies. Registering for a practicum course does not guarantee access to the clinical agency. Under no circumstances will a student be permitted in the clinical setting without authorization from the LCC Nursing Program.

If a student is unable to meet the requirements for ANY practicum site used by the program, the student will not be eligible to enroll in the practicum course or progress in the program. An “alternate assignment” for failure to meet or comply with clinical agency requirements is not available. Students must meet the essential abilities for clinical with or without reasonable accommodation. All questions regarding clinical placements and clinical requirements are to be directed to the LCC nursing program.

Under no circumstances are students to contact clinical agencies (or clinical agency personnel) directly regarding clinical or preceptor placements. Doing so may result in disciplinary action up to and including dismissal from the program.

Clinical/Practicum Expectations and Evaluation

The clinical/practicum evaluation tool, found in each clinical course syllabus, lists the student's role, behaviors and expected level of competence in the clinical setting for each course in the program. The clinical/practicum tool serves as the method of evaluation of the required student behaviors and is used in determining the course grade.

Communication in Health Care Agencies

The student is required to obtain information from the instructor or staff regarding the client/patient before giving care. Prior to leaving the agency, the student must report to the nurse responsible for the patient/client and to the clinical instructor the current condition of the patient/client and explain the care given.

Confidentiality

Student nurses will have access to sensitive and private information within patient/client health records (including potentially their own records). Students are required to adhere to the individual agency's confidentiality policies. Agencies are required by law to meet accreditation and federal standards which govern patient/client information (Health Insurance Portability & Accountability Act – HIPAA). Violation of confidentiality standards by a student nurse or staff member may result in the agency being fined or sanctioned in other ways by state and federal regulatory agencies. Violation of confidentiality and/or privacy policies may result in disciplinary action up to and including dismissal from LCC's nursing program.

Confidentiality policy violations include, but are not limited to:

- Unauthorized access to patient/client records (electronic format or other forms). This includes accessing one own health records! If you use your student status to look at your own health record, this is “unauthorized access.”
- Verbal or written disclosure of patient/client information outside of classroom or specific nursing program assignments.
- Failure to maintain patient/client anonymity in teaching/learning situations.
- Photocopying patient/client records or one's own health record.

Nursing program faculty will review confidentiality policies and requirements for assignments. If the student has any questions or is confused at any time about confidentiality issues, the student is required to clarify the issue prior to taking any action regarding patient/client information.

Dismissal from Class or Clinical

Immediate dismissal from class or clinical may result depending on the severity of the behavior, such as jeopardizing safety or causing harm. If a student is dismissed from class or clinical, it will be considered a “fail” for that day. Dismissal from the program may occur in instances of severe violations of safety, professionalism, or program policies.

Dress Code Policy (Includes Uniforms)

Please see the *LCC Nursing Program Policies & Procedures for Professional Dress & Uniforms* in [Appendix A](#) of this handbook. This policy is inclusive of attire and hygiene guidance for clinical/practicum and lab settings.

Drug Screen Policy

The purpose of this policy is to comply with clinical agency requirements and protect the welfare of patients/clients, students and instructors. ***A negative drug screen is required as part of the authorization to attend clinical.*** In the event that a routine drug screen is positive, whether actual or by default (failure to complete a drug screen as required is positive by default), the student will not be allowed to attend clinical. The student will not be able to progress in or return to the program for one calendar year and must submit a re-entry request for consideration. In the case of a student who has not yet begun the program but has a positive drug screen, the student must meet with the program director, but no re-entry request is required. The student, after meeting with the program director, may request entry to the program in one calendar year. Re-applying to the program will not be required. See the Nursing Program’s [Substance Abuse or Misuse](#) policy, in this handbook.

Employment (Paid or Unpaid)

For patient/client and student safety, students are not permitted to work (paid or unpaid) the shift immediately prior to clinical/practicum or assigned course/clinical activities, such as simulation. For instance, a student may not work the night shift immediately prior to their day shift clinical rotation. While the nursing faculty recognize that many students work while progressing through the program, work is not considered an excused absence from class or clinical. Students should contact their instructor as soon as possible if unforeseen conditions such as mandatory overtime impact their ability to attend classes.

Essential Functional Abilities

Functional abilities relate to the behavioral components of student competence. They are abilities identified by the LCC Nursing Program as **essential for safe patient/client care** and are used as a guide in determining reasonable accommodations. To complete the program or to continue in the program, the student must be able to perform all essential functional abilities either with or without reasonable accommodation.

The nursing program endorses the Americans with Disabilities Act (ADA). In accordance with College policy, reasonable accommodations may be provided for a student with a disability. In order to be admitted to and progress in the nursing program, the student must be able to meet essential functions

with or without reasonable accommodation. A candidate or student continuing in the program who identifies as having a disability and is requesting accommodation must consult [Disability and Access Services](#) (DAS) at LCC.

- When the candidate or student discloses a disability and requests accommodation, they will be asked to provide documentation of the disability for the purpose of determining reasonable accommodations. Students are not required to disclose their disability to faculty.
- Documentation requirements will be explained to the student at the appointment and can be found on the [DAS LCC webpage](#).
- The DAS director determines the acceptance or denial of academic accommodations.
- LCC will provide reasonable accommodations. However, LCC is not required to make modifications that would substantially alter the nature or requirements of the program or to provide auxiliary aids that present an undue burden to LCC.
- If a student is denied their request for accommodations, the student can appeal to the 504/ADA Coordinator, which will be explained in a letter to the student.

For an appointment to discuss potential accommodations, email mmorgan@lowercolumbia.edu or call 360.442.2341. Students are responsible for renewing accommodations quarterly through the DAS Office.

Essential Functional Abilities for Student Nurses

Category	Essential Function
Visual	1. Observe and discern subtle changes in physical conditions and the environment
	2. Visualize different color spectrums and color changes
	3. Read fine print
	4. Read data displayed on monitors/equipment
	5. Detect non-verbal communication
Auditory	1. Distinguish muffled sounds heard through a stethoscope.
	2. Hear and discriminate high and low frequency sounds produced by the body and the environment.
	3. Effectively hear to communicate with others.
Tactile	Discern tremors, vibrations, pulses, textures, temperature, shape, sizes, location and other physical characteristics.
Olfactory	Detect body odors and odors in the environment.
Communication	1. Verbally and in writing engage in two-way communication in English.
	2. Use qualified interpreters when appropriate to communicate with non-English speaking clients.
	3. Interact effectively with others from a variety of social, emotional, cultural and intellectual backgrounds.
	4. Communicate in a timely manner.
Interpersonal Relationships	1. Work effectively in groups
	2. Work effectively independently.
	3. Interpret nonverbal communication.
	4. Express one's ideas and feelings in a clear manner.
	5. Demonstrate behaviors that are age appropriate in relationship to the client.

Category	Essential Function
	6. Convey caring, respect, tact, compassion and empathy to client and others.
	7. Function effectively in situations of uncertainty and stress
Cognitive Thinking	1. Operate a computer to obtain, enter and transmit data.
	2. Effectively read, write, and comprehend the English language.
	3. Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical nursing decisions in a variety of healthcare settings.
	4. Demonstrate satisfactory performance on written examinations, including mathematical calculations.
Motor Function	1. Handle small delicate equipment/objects without extraneous movement, contamination or destruction.
	2. Move, position, transfer and assist with lifting and ambulation without injury to clients, self or others.
	3. Maintain balance.
	4. Respond rapidly to emergency situations.
	5. Coordinate hand/eye movements
	6. Lift and/or carry objects weighing up to 25 pounds without injury to client, self, or others.
	7. Stand, bend and walk, for prolonged periods of time while performing physical activities requiring energy without jeopardizing the safety of the client, self or others.
	8. Function with hands free for nursing care and transporting devices.
	9. Coordinate fine and gross motor hand movements to provide safe, effective nursing care.
	10. Handle multiple tasks concurrently

Exams

Exams are utilized to assess student learning and mastery of concepts essential to safe nursing practice. The faculty and student both have an ethical duty to the integrity of the exam process. Please be sure to read the *LCC Nursing Program Course Exams Policy & Procedure* in [Appendix A](#) of this handbook.

Grading Policy

The following grading scale is used throughout the Nursing Program:

- A (94.0 - 100%)
- A- (91.0 - 93.9%)
- B+ (88.0 - 90.9%)
- B (85.0 - 87.9%)
- B- (82.0 - 84.9%)
- C+ (79.0 - 81.9%)
- C (75.0 - 78.9%)
- C- (71.0 - 74.9%)
- D+ (68.0 - 70.9%)
- D (62.0 - 67.9%)
- F (<62.0%)

Didactic Courses

In all didactic (classroom, online, or hybrid) nursing courses, points are earned by completing course assignments, unit examinations, and a final examination as described in the course syllabus. The course grade as well as individual assignment and exam grades will be determined by dividing the total points earned by the total points possible. All points are weighted equally.

However, it is required that students achieve a minimum of 75% average score on exams/quizzes before non-exam points will be included in calculating the final course grade (including bonus or extra credit points). Additionally, a minimum average score of 75% must be earned on each component of the class (exams/quizzes and assignments) to earn a passing grade and progress within or complete the program. Should a student earn less than 75% in any course component, that component will determine the course grade. For instance, if 73% is a learner's cumulative exam score, the posted grade will be a C-. Be sure to see each course syllabus for grading requirements and specific course information.

Be sure to also see the nursing programs *Course Exams Policy & Procedure* in [Appendix A](#) of this handbook.

Skills/Practicum Courses

Skills and Clinical/practicum courses are graded pass/fail. Each required component of the course must be completed satisfactorily to earn a "pass." See each course syllabus for grading requirements and specific course information.

Incomplete

An incomplete grade may be assigned at the instructor's discretion according to LCC policy. A student may not progress to a subsequent nursing course while holding a grade of incomplete in any nursing course or required support course.

Health Conditions Affecting [Essential Functional Abilities](#)

Pregnancy

If a student is pregnant, it is not required, but strongly recommended they disclose this to the clinical instructor so that necessary adjustments can be made to protect the health and wellbeing of the student and baby. For example, clinical assignments may be altered to prevent unnecessary exposure to pathogens that may be harmful to a developing fetus. Please contact Mary Kate Morgan, Director of Disability and Access Services (DAS), for pregnancy and/or childbirth related accommodations. 360-442-2341 or mmorgan@lcc.ctc.edu.

Student Hospitalization or Injury

The Nursing Program must follow clinical site policies and may restrict clinical participation if the health and safety of other students and/or the public is adversely impacted. If a student is injured, hospitalized, seriously ill, or has undergone surgery during the program, or within six weeks of the program, the student may be required to submit a Medical Release Form (completed and signed by their healthcare provider) to the dean/nursing program director before they can return to clinical. Students should contact their instructor or the dean/nursing program director to obtain this form.

Health Insurance

All nursing students are required to carry personal health care coverage. It is the student's responsibility to maintain health insurance while in the nursing program. Proof of health insurance must be provided before attending clinical. The required health insurance should cover basic health costs for illness, injury and hospitalization as well as the costs for testing and/or treatment needed related to risks from working within the health care environment. The field of healthcare has inherent risks in working with patients with potentially communicable diseases. Should a student have a serious exposure, prevention protocols may cost thousands of dollars. Students are responsible for expenses incurred with any follow-up for a blood or body fluid exposure, such as HIV and hepatitis testing, as well as for any personal injury that occurs in the health care setting or while enrolled in a nursing course. **Students are not employees of affiliating agencies (clinical/practicum sites) and are not covered under workers' compensation laws or the clinical agencies' employee health services.** LCC does not provide health insurance for students.

Incident Reporting

All medication errors, omissions, or untoward events; incidents resulting in patient/client, staff, or student harm; incidents causing unreasonable risk for patient harm ("near miss"); and suspected or confirmed incidents of drug diversion are to be reported **immediately** upon occurrence or discovery. Please see the **LCC Nursing Program Policy & Procedure for Incident Reporting & Tracking** in [Appendix A](#) of this handbook.

Infection Control and Uniform Policy

To reduce the spread of infection, uniforms that have been worn in a client care area are not to be worn in public areas outside of the health care facility until laundered. Shoes, as part of the uniform, should be considered contaminated and only worn in the clinical setting. Please see the **LCC Nursing Program Policy & Procedure for Professional Dress & Uniforms** in [Appendix A](#) of this handbook.

Liability Insurance

The required liability insurance for all students in a healthcare program is included in course fees upon initial enrollment into the program and again in the second year of the program. Additionally, this fee will be collected upon re-entry into the Nursing Program when applicable.

Locker Policy

Lockers on the second floor of HSB are available for nursing and medical assistant student use. Students are to provide their own lock. Lockers are to be emptied and cleaned by the end of finals week in spring quarter. Any locks and contents that remain after that date will be removed and disposed of by LCC security. As lockers are property of the college, they may be opened and entered by college officials if deemed necessary.

Medication Administration

Students will be expected to administer medication in the clinical setting, safely and accurately under the direction of the clinical faculty. Faculty are responsible for supervision of medication administration. Medication administration is to be directly observed by the faculty unless specific instructions are given by the faculty to proceed otherwise. If a medication error occurs, it must be immediately reported to the nursing faculty and the facility protocol initiated. Additionally, the nursing program director is to be informed by the nursing faculty of all medication errors on the same day as the occurrence. See [Medication Administration Policy](#) at the end of this manual.

Needles, Angiocatheters and Other “Sharps”

For safety reasons, needles, angiocaths, and other “sharps” are available for skills practice use in the skills labs and classroom only. These will not be available in the general Skills Practice kits, and are not to be removed from the labs/classrooms. Violation of this policy will result in disciplinary action.

Nursing Advisory Committee

The Nursing Advisory Committee meets a minimum of twice per year and is made up of local clinical partners, employers, community members, and nurses. The purpose of this committee is to provide input to help maintain, update and/or improve the program. A student representative is encouraged to serve on this committee. If interested, please contact the SNO president or nursing program director.

Professionalism

Professional behaviors are expected. This includes punctuality, appropriate communication, honesty, accountability and respectful treatment of others. Professionalism is about self-conduct: be accountable, be ethical, be honest, be on time, be polite, and be respectful. Professional behavior requires respectful and courteous treatment of others, an awareness of how one’s own behaviors are perceived by others, a commitment to honesty and accuracy in communication, openness, flexibility, and awareness of the thoughts, feelings and needs of others. If you have a question or concern about professional behaviors, please clarify with your instructor or the nursing program director. According to law, [WAC 246-840-519](#), nursing programs shall hold students accountable for professional behavior. Professional behavior is required for progression in the program. Depending on the nature and severity of any unprofessional conduct, ramifications may range from implementing a Student Success Plan to immediate removal from the program. Professional attire is expected in the clinical setting and related course activities: see [dress code](#).

Program Progression

A minimum grade of “C” (2.0) must be earned in all nursing theory courses and required non-nursing courses (example: HUM, PSYC) for program progression. A student may not progress to a subsequent nursing course while holding a grade of incomplete in a nursing course or in a required support course.

Nursing skills and clinical/practicum courses must be completed with a grade of “pass” for program progression. Additionally, professional behavior is required and must be demonstrated for progression in the program. Depending on the nature and severity of any below standard or unprofessional conduct,

ramifications may range from implementation of a [Student Success Plan](#) to immediate removal from the program.

If the minimum required grade is not earned in a nursing course or a required concurrent non-nursing course (example: HUM 150), the student withdraws from a nursing or required non-nursing concurrent course, or a student voluntarily delays progression in the program (student is in good academic standing), the student must apply for re-entry to the program. Re-entry requests must be submitted within one calendar year of the last enrollment in a nursing course.

Medical withdrawals must follow the LCC college policy and procedures. A student who is unable to complete a course due to medical reasons (medical withdrawal), may apply for re-entry to the program for up to one calendar year from last enrollment in a nursing course. The student must submit documentation of resolution of the medical issue or have an approved reasonable accommodation before re-entry will be considered. Re-entry is on a **space available basis**. However, medical withdrawals will be given priority over re-entries due to voluntary delays in progression and academic program re-entries. Re-entering after a medical withdrawal while in good standing academically in the program will not count toward the “one re-entry per program” policy.

Military service members and reservists that are temporarily unable to attend class or have to suspend their studies due to service requirements will be accommodated to the fullest extent possible. If course completion and program progression is affected by service requirements, a re-entry request must be submitted with documentation of the service requirement. This will not be counted as the student’s single program re-entry and the highest priority for re-entry will be given.

Re-Entry Policies for Nursing Program

Requests for re-entry must be submitted to the Program Coordinator or Nursing Program Director on the approved form and include the required information. Re-entry requests are reviewed by the nursing faculty at scheduled nursing program meetings. The student will be informed of the results by the nursing program director. Faculty approve or deny the request based on discussion and documentation of the student’s performance and the student’s written statement. Re-entry requests will not be considered before final exam week if the student is currently enrolled in a nursing course and must be submitted within one year from last enrollment in a nursing course.

Per the [Re-entry Request Form](#) and [Re-Entry Decision Rubric](#), the written statement is to include the following:

- Reason for withdrawal, delay of progression, or substandard academic performance, including the student’s accountability for this outcome.
- Student’s academic success in previous nursing and support courses.
- Student’s written statement to demonstrate that he/she has the potential ability to benefit from re-entrance and has identified specific strategies for success.

A student may be accepted for re-entry into the program only once for academic or sub-standard performance reasons. Only one re-entry is allowed for voluntary delay of progression. Re-entry to the Nursing Program is not guaranteed and, when granted, is on a space-available basis. Students progressing after a medical withdrawal have priority for space availability. Voluntary delays of progression and academic re-entries are prioritized based on the date of submission of the re-entry application.

Re-entry requests must be submitted within one-calendar year of last enrollment in a nursing course to be considered. If more than one year has elapsed, the student is not eligible for re-entry and is encouraged to meet with the Nursing Program Director to discuss options, including re-applying to the nursing program.

Depending on the length of time a student has been out of the program and the circumstances of the case, the student may be required to repeat prior courses or re-start the program to ensure current knowledge and skills. If a student desires to re-start the program at the beginning or enter as an LPN after previously being unable to progress, the student must first seek re-entry approval to re-apply to the program. If approved, the student must meet current eligibility requirements, and be selected for admission per the current application process and policies.

Nursing theory and practicum courses must be taken concurrently, except in the LPN2RN eLearning option. A student who is readmitted to the nursing program is required to audit or retake for a grade the required concurrent nursing course(s) even if this course has been previously completed successfully. If a student chooses to retake a required nursing course for a grade rather than for an audit, to progress in the program the student must achieve a minimum of “C” in a theory course or a “P” in a practicum course, despite having previously earned a passing grade in the course. For example: if a student is readmitted to NURS 163 (clinical), this student will also enroll for NURS 153 (theory) as an “audit” or a grade, as concurrent enrollment is required. If retaking the course for a grade, a “C” minimum must be earned in the retake to progress in the program. When retaking as an “audit”, all designated requirements, as determined in writing by the instructor at the beginning of the course, must be met satisfactorily.

LPN2RN eLearning option: All courses in this option are only offered once per academic year in specified quarters. If a student is approved for re-entry to clinical courses in the LPN2RN eLearning option, the student may be required to successfully retake the previous theory course, clinical course, and/or Skills Lab course (NURS 246) prior to repeating the clinical course.

Safety in Clinical Agencies

Students are assigned to clinical agencies in order to meet course objectives. If at any time a student feels unsafe in the setting, the student must remove herself/himself from the setting and report to the clinical instructor or nurse assigned to the patient. The clinical instructor will follow-up on the incident and will take appropriate action.

Simulation Policies

As per the clinical/practicum course syllabi, simulation is required and must be successfully completed. The simulation lab is located in HSB 241. The simulation lab may have audio and video recording in operation during simulation activities for educational purposes. All equipment and manikins are to be treated with care as these represent a significant financial resource. No children are to be in the skills or sim lab. Simulation experiences are conducted to simulate a realistic clinical situation. It is an opportunity to learn, critically think, and develop clinical judgement where patient safety is not placed in jeopardy. Please see separate [Simulation Handbook](#).

Skills Lab Policies

The Skills lab (HSB 246) is available for skills review and practice, as well as assistance with course content. Lab hours are posted in Canvas and outside of HSB 246. No food is allowed in the lab; beverages must be in secured containers. No children are to be in the lab. Use of the lab is restricted to LCC nursing and allied health students and staff unless prior approval is given by the dean/nursing program director. Faculty may use audio and video recording for educational purposes. Students are expected to sign-in and sign-out. Safety is a priority – sharps must be used and disposed of according to safe handling procedures per OSHA standards. All equipment and manikins are to be treated with respect and care. Professional behavior is required in the lab. Students are expected to clean up after themselves and assist with keeping the lab area orderly. If photos are taken in the lab, they must be non-offensive to all potential audiences. Cell phones are not to be used for personal calls or social media in the lab. Please step out of the lab if it is necessary to use your phone to make or receive a call.

Social Media Policy

To comply with HIPAA and protect confidentiality, students may not use personal electronic devices (cell phones, I-pad, or other devices), to transmit, copy, photograph or download any patient/client information at or from any location. No photographs are to be taken in the clinical setting. Posting **any** patient/client information on Facebook, Twitter, email, or other social media is prohibited. Violation of this policy may result in a fail in the clinical course and dismissal from the nursing program. Students must comply with clinical agency and federal policies on the use of social media as it relates to patients/clients as well. Nurses face risks when social media is used inappropriately. Results of this may include disciplinary action by the state board of nursing, loss of employment, as well as legal action.

From the American Nurses Association:

6 tips for Nurses Using Social Media

Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior have the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession.

ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient – nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.

2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

References:

American Nurses Association. (2022). *Social Media*. <https://www.nursingworld.org/social/>

National Council of State Boards of Nursing. (2011, August). *White Paper: A nurse's guide to the use of social media*. Chicago, IL: Author.

Student Success Plan

The purpose of a Student Success Plan is to address and document actual or potential substandard practices and/or behaviors that may negatively affect student success. A Success Plan may be initiated when, in the faculty's judgment, a student has demonstrated a behavior or occurrence of concern. The plan will be reviewed with the student with the intent of providing clear expectations, documenting the area of concern, and identifying strategies for success. Depending on the severity of the behavior, immediate dismissal from class or clinical may result whether or not a success plan has been initiated. For example, behaviors that jeopardize safety or cause harm to self or others may require immediate dismissal from the setting.

Substance Abuse or Misuse

The purpose of this policy is to protect the welfare of clients, students, instructors, Lower Columbia College and affiliating agencies. All students are expected to perform clinical/practicum activities efficiently and safely, without the influence of drugs (including marijuana) or alcohol. Students must notify the course instructor if they are taking any medication which may impact the student's ability to provide safe, competent care (essential functional abilities). This includes any medications that may cause sedation, slowed reflexes, or other alterations in physical and mental abilities.

The following actions/conditions are prohibited:

- Unsafe or potentially unsafe clinical performance due to use of drugs and/or alcohol, including marijuana.
- Reporting for a clinical session with the odor of alcohol, marijuana, or illegal chemicals.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
- Using any intoxicating or illegal substances while on clinical time, on the premises or away from the premises when required to return to the clinical facility.
- Removing any drug from the institution or patient supply for any reason.
- Falsifying specimen collection for required drug screen in clinical.

If, in the judgment of the clinical instructor, the student's behavior in clinical is creating or potentially creating unsafe patient care, and the student appears to be under the influence of drugs or alcohol (based on a reasonable suspicion):

- The student will be sent home and the instructor will notify the LCC Nursing Program Director.

- A Substance Abuse Assessment will be required of the student at a facility approved by the College. The expense of such assessment will be borne by the student. The student will agree that results of the assessment will be made known to the Nursing Program Director. If the student refuses Substance Abuse Assessment, he/she will be dismissed from the program on the grounds of implied admission to being under the influence of drugs or alcohol while in clinical.
- If a student agrees to drug treatment, the student may not progress in the program until treatment has concluded. At that time, the student may apply for re-entry to the program as per the re-entry policies and procedures.
- Any student dismissed from the program for substance use/misuse may apply for re-entry with evidence of having successfully completed an approved treatment program. The standard re-entry policies and procedures apply.

Additionally, please refer to [LCC administrative Policy 240: Alcohol & Drug Free Workplace](#) and information about the [Federal Drug-Free Schools and Communities Act](#) in the [LCC Student Handbook](#).

Violation of Behavioral Standards

The following are *examples* of unsafe and unacceptable behavioral standards by the student nurse:

- Violates or threatens the physical safety of the client: student nurse neglects use of side rails, restraints; comes unprepared to clinical; leaves bed in high position.
- Violates or threatens the psychological safety of the client: student nurse does not communicate using appropriate terms; does not encourage verbalization, is not aware of difference in ability to communicate, failure to document or act on changes in behavior.
- Violates or threatens the microbiological safety of the client, self, or others: student nurse does not realize when he/she violates technique and precautions; fails to follow hand hygiene policies; comes sick to clinical experience; unrecognized violation of isolation procedure.
- Violates or threatens the chemical safety of the client: student nurse fails to follow the "Rights of Administering Medications"; fails to monitor IV infusions safely; fails to identify and follow through on significant nursing implications related to medications.
- Violates or threatens the thermal safety of the client: student nurse fails to observe safety precautions during O₂ therapy, heat/cold treatments.
- Inadequately and/or inaccurately utilizes the nursing process: student nurse fails to observe and/or report in a timely manner critical assessment or change in patient's condition.
- Violates previously mastered principles/learning objectives in carrying out nursing care skills.
- Assumes inappropriate independence in actions or decisions: student nurse fails to seek supervision and therefore creates a potentially unsafe situation.
- Violates patient confidentiality policies.
- Repeatedly disregards appearance and uniform policies.
- Has repeated tardiness.
- Uses profane or offensive language.
- Demonstrates inconsiderate treatment of clients, classmates, and faculty or agency staff.
- Has unexcused absences.
- Comes to clinical without required assignments, information, or knowledge
- Falsifies records (print or electronic)

Depending on the facts and circumstances surrounding each situation, potential outcomes for violation of behavioral standards may include, but are not limited to, immediate dismissal from the clinical area

and/or a failing grade in the course. Nursing program faculty have a responsibility to protect the public. By contractual agreement, clinical agencies reserve the right to terminate use of its facilities by a particular student where necessary to maintain operations free from disruption and to ensure quality of client care. If a student is denied access to a clinical agency, progression in the nursing program may be denied.

Student Information and Rights and Responsibilities

Cohort Model and Combined Courses

In nursing, students are admitted to a “cohort,” which is a group of students who begin the nursing program at the same time. Courses in the program may be combined with another section of the same course. Example: a nursing program course may have multiple sections but be combined on campus or Canvas.

Concerns, Complaints, or Grievances

Students are encouraged to discuss academic concerns with the faculty involved. If not resolved, or depending on the nature of the complaint, the next step is to discuss the issue with the Assistant Nursing Program Director or the Nursing Program Director/Dean of Instruction. If the issue has not been satisfactorily resolved, the student may follow the chain of command and discuss the concern with the Vice President of Instruction. If the complaint is academic in nature, the student may initiate [Academic Grievance resolution procedures](#), as defined in the [LCC Student Handbook](#).

Course Effectiveness Evaluations

Course effectiveness data is collected every quarter a nursing course is taught. This information regarding student perspective on the course content, delivery, or structure is used for program improvement. Students will be given the evaluation forms each quarter. Faculty are evaluated via a different form and process. Faculty/staff references will be redacted from the Course Effectiveness compiled data.

Disabilities and/or Temporary Medical Conditions

Reasonable accommodations are available for students who have a documented disability or temporary medical condition and must be approved through [Disability Support Services](#). Students who believe that they may need accommodations are encouraged to contact the Disability Support Services Office, located in the Admissions Building, Room 143, 360.442.2340 or email mmorgan@lowercolumbia.edu. If a student has a disability or temporary medical condition that interferes with course attendance or completion, the student may be eligible for a medical withdrawal, per college policy.

Per the [re-entry policies](#) of the nursing program: A student who is unable to complete a course due to medical reasons (**medical withdrawal**), may apply for re-entry for up to one calendar year from last nursing course completion. The student must submit documentation of resolution of the medical issue or have an approved reasonable accommodation before re-entry will be considered. Re-entry is on a **space available basis**; medical withdrawals will be given priority over re-entries due to voluntary delays in progression and academic program re-entries. If the student is not able to re-enter within one calendar year, the student may be required to re-start the program to ensure current nursing knowledge and skills. Re-entering after a medical withdrawal while in good standing academically in the program will not count toward the “one re-entry per program” policy.

Eligibility for Registered Nurse Licensure by State:

In accordance with U.S. Department of Education Regulation 34 CFR 668.43 (a) (5) (v), the nursing program at Lower Columbia College is known to meet the state education requirements for a registered nurse license in the states of Washington and Oregon. Lower Columbia College has not determined if the nursing program meets the state education requirements of any other state or any U.S. Territory. Those seeking registered nurse licensure in any state or U.S. Territory outside of Washington or Oregon are advised to contact the state regulatory agency for the state for which this information is needed. The National Council of State Boards of Nursing (NCSBN) has resources that may be helpful, including links to every [Nursing Practice Act](#). [Contact information for each state licensing body](#) is also provided by the National Council for State Authorization Reciprocity Agreements ([NC-SARA](#)).

Email

To protect privacy and meet the security requirements of our clinical agencies, nursing program related electronic communications will be through students' designated LCC email address or Canvas (not a personal email address). It is also requested that email to nursing faculty/staff be sent from a designated LCC email address or Canvas. Please see [Administrative Policy 490](#), which designates student email as official communication.

Ethical Frameworks

Nursing students are expected to adhere to the values, moral standards, and ideals of the profession. Indeed, these tenets are a large part of what it means to be a nurse. The nursing program recognizes the [Code of Ethics for Nursing Students](#) published by the National Student Nurses' Association (NSNA, 2022), as well as the [Code of Ethics for Nurses with Interpretive Statements](#) published by the American Nurses' Association (ANA, 2015).

Evaluating Course Effectiveness

At the conclusion of the academic quarter, students will be asked to complete a Course Effectiveness Evaluation. This is an opportunity to give feedback regarding the design of the course, course activities or assignments, and teaching methods or tools. This information is used for program assessment and improvement, and is specific to the course, not the instructor.

Evaluating Faculty

Students have the opportunity to evaluate faculty and instruction per the college evaluation schedule through the approved process. Not every faculty is evaluated every quarter, but course effectiveness evaluation is completed quarterly.

Faith and Conscience Leave

Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not impacted. Such requests must be made in writing to the [Office of Instruction](#) within the first two weeks of the course. For more information on [Faith & Conscience](#) and additional student policies and procedures, please refer to LCC's Student Handbook.

Gift Giving to Faculty/Staff

To prevent potential ethical violations, gift giving to instructors is strongly discouraged. By law, gifts of value of \$50 or more cannot be accepted. Your success is the best gift!

Graduation and Commencement

To receive a degree from LCC and to be eligible for licensure as a registered nurse, students must apply for graduation through the Registration Office. Graduation applications are available on the [LCC graduation webpage](#) and at the Registration Office. It is recommended that students apply for graduation two quarters before intended completion so that any deficiencies may be identified and corrected. The deadline to apply for graduation is posted each quarter on the website and is generally about six weeks before the end of the quarter. Requirements for the AN DTA/MRP degree can be found on the [Health Sciences & Wellness Pathway](#) webpage.

LCC Commencement is held in June each year. Students who have completed degree requirements during the past year may participate in the June commencement ceremony. Students eligible to graduate at the end of summer quarter may apply for spring graduation and participate in Commencement, completing requirements through the Summer Completion Option. Nursing Pinning ceremonies are held quarterly, sponsored jointly by LCC and the Student Nurse Organization, and are separate from LCC commencement activities.

Injury and Body Fluid Exposure Protocol

Report all injuries and body fluid exposures to your instructor immediately and complete the required associated documentation. Blood and body fluid exposures include needle stick (non-sterile), puncture wound from an instrument used in patient care, body fluid splash into the eye, mouth, mucous membranes, non-intact skin or wounds. If the event occurs at a clinical agency, follow the clinical agency policy and procedures. Generally, this includes notifying the agency's Employee Health office or the house supervisor if after hours. The agency will contact the patient (if known) to request testing for HIV/HBP. Students are advised to follow-up with a health care provider for baseline labs and initiation of a post-exposure prophylaxis if indicated. If the event occurs on campus, an LCC injury/accident report is to be completed and given to the nursing program director within 24 hours.

Library Learning Resources

The LCC Library is located in the Alan Thompson Library building. The [LCC Library & Learning Commons website](#) includes online databases, open educational resources, eBooks, research assistance. The physical library space includes group study areas, white boards, SMARTBoards, computers, printers, books, movies, magazines, journals, newspapers and physical reserve items for classes. The Learning Commons, located in the Library, additionally offers free individual and group tutoring for most subject areas, both in person as well as online through [eTutoring](#).

National Council Licensure Examinations NCLEX-RN

Upon successful completion of the nursing program, students may apply to take the NCLEX-RN to become licensed as an RN. Information regarding applying for licensure will be provided to the students during the last quarter of the program. The nursing program director is available to answer questions

regarding licensure or taking the NCLEX. Additional information is available in the Canvas Nursing Community Group, as well as the [National Council of State Boards of Nursing \(NCSBN\)](#) website.

Nursing Community Group/LPN2RN Toolkit (Canvas)

A Nursing Community Group/LPN2RN Toolkit is maintained in Canvas for nursing students and faculty (in respective program options). These Canvas courses are used to disseminate information of interest to nursing students, provide a repository for various program information and resources, and provide a means of communication between members. Each nursing student will be sent an invitation by email to join the Canvas Nursing Community Group or LPN2RN Toolkit depending on program option. This invitation may be accepted or declined without consequence. If the invitation is accepted, the student will be added to the roster of the respective Canvas course. The roster is accessible by all members. Membership in this group is discontinued upon leaving the program. Graduates of the program will keep access for up to 12 weeks after graduation. A student may opt-out of this group at any time by notifying the eLearning director.

Pinning

Lower Columbia College provides a Nurse Pinning ceremony at the end of each quarter to recognize program completion. The event is coordinated by a nursing faculty member, who will be in contact with the graduating class during the final quarter of the nursing program to arrange the details within given parameters. The funding for refreshments and decorations is provided by the Student Nurse Organization.

Skills Lab

A learning and skills lab for Nursing and Allied Health students is available in HSB 246. Staff is available per the scheduled hours in the Health Programs Skills Lab course in Canvas. Students may sign up for available times using Canvas scheduling in order to receive assistance with skills and course content. Students are encouraged to utilize this resource. Skills Lab may be required as part of a course or as part of an individualized learning plan. Please refer to [Skills Lab Policies](#) as well.

Student Conduct

Please refer to the [Student Code of Conduct](#) in the [LCC Student Handbook](#). Additionally, please see the [Clinical/Practicum Course Requirements](#) in this handbook regarding expectations for student conduct in clinical/practicum. Immediate dismissal from class or clinical may occur depending on the severity of the behavior, such as jeopardizing safety or causing harm. If a student is dismissed from class or clinical, it will be considered a “fail” for that day. Dismissal from the program may occur in instances of severe violations of safety, professionalism, or program policies.

Student-Faculty Committee

The student-faculty committee meets quarterly to share information, address program-level concerns, and to seek student input regarding program decisions that impact students. Each nursing cohort elects a representative to attend the quarterly meetings to provide input on nursing program policies and

procedures, planning, implementation, evaluation and quality improvement. Students may participate in the meetings via video conferencing if unable to attend in person.

Student Nurse Organization (SNO)

All students in the nursing program, as well as pre-nursing students, may participate in the Student Nurse Organization. SNO is recognized and funded by the Associated Students of LCC (ASLCC). The organization aids in the preparation of student nurses for the assumption of professional responsibilities and promotes interaction among student nurses. A variety of meetings and activities are scheduled by SNO each quarter. Each nursing cohort selects a SNO representative. Students may participate in meetings via video conferencing if unable to attend in person.

Surveys

Survey data is used for program monitoring and improvement and is integral to the Systematic Evaluation Plan for nursing that is required by law and accreditation standards. Several surveys will be administered during and after the nursing program, including: Point of Leaving Survey at the conclusion of the program; Achievement Scale for Student Perception of Program Information and Student Services administered in the spring; Graduate survey sent approximately six months after program completion; Employer survey sent within one year of graduation. Completion of these surveys is vital to program improvement.



Lower Columbia College Nursing Program

Student Rights & Responsibilities

Per the [Lower Columbia College Student Handbook](#), all LCC students have the following rights and responsibilities:

Academic Rights:

1. A student has the right to fair and equal treatment in all areas of academic concern.
2. A student has the right to fair and unbiased evaluation of his/her academic work.
3. A student has the right to clearly stated criteria for evaluation by the faculty.
4. A student has the right to appeal any of the following sanctions and can provide evidence that he/she has been falsely accused of violating the academic code or that he/she has been evaluated in an arbitrary and capricious manner by a member of the College faculty

Student Responsibilities:

Students are expected to maintain high standards of academic honesty and integrity in accordance with the Code of Student Conduct.

1. A student shall not give unauthorized information to another person or receive unauthorized information from another person during any type of examination.
2. A student shall not obtain or provide without authorization questions or answers from the examination prior to the time of the examination.
3. A student shall not use unauthorized sources for answers during any examination.
4. A student shall not engage in any form of plagiarism. Plagiarism is defined as submitting to a faculty member any work product which the student fraudulently represents to the faculty member as the student's own work product, for the purpose of fulfilling or partially fulfilling any assignment or task required by the faculty member as a part of the student's program of instruction.

Students are expected to know and comply with accepted classroom procedures and academic standards as set forth by the College faculty.

Student Sanctions:

A student may be subject to disciplinary action as well as academic sanctions for acts of academic dishonesty in violation of the Code of Student Conduct or for failure to meet the accepted academic standards of the College.

Disciplinary action can result in disciplinary sanctions up to and including dismissal from the college.

The following academic sanctions may be imposed:

1. A College instructor may assign to the student a failing grade for an individual project/test/paper, etc.
2. A College instructor may assign to the student a failing grade for a course.
3. A College department may recommend that a student be dismissed from a College program.

Nursing Student Rights: Students have the right to:

- Receive a copy of the Nursing Program Handbook.
- Receive a course syllabus which lists course policies, expectations, and grading criteria.
- Participate in a classroom environment that is conducive to learning, respectful, and promotes professionalism.

- Receive evaluation of performance on course activities
- Ask questions respectfully and voice concerns without fear of retribution.
- Fair and impartial administration of program and course policies.

Nursing Student Responsibilities: Students have the responsibility to:

- Abide by the stated course and program policies.
- Communicate with the instructor regarding course content and academic issues.
- Attend on time and be prepared for class, lab, and practicum.
- Be an active participant in the learning process.
- Avoid distracting others in class.
- Demonstrate satisfactory achievement of course outcomes.
- Communicate in a professional, respectful, and honest manner.
- Exhibit professional behaviors in the classroom, lab, and practicum and promote professionalism in others.
- Address concerns respectfully with involved parties.
- Refrain from derogatory comments towards or about LCC students or employees on social media that adversely affect the college community or the pursuit of its objectives.
- Perform skills as taught and to the level of education.
- Build on prior learning.
- Demonstrate responsibility and accountability for all actions.
- Act in a safe and prudent manner to promote safety of self and others, including the provision of safe patient care.
- Uphold standards of academic integrity.
- Protect privacy and confidential information.
- Exhibit self-awareness, self-regulation, self-direction, and motivation necessary for successful course completion
- Conduct oneself in a manner consistent with the ANA Standards of Practice, ANA Code of Ethics and the Laws and Regulations governing nursing care (RCW 18.79; WAC 246-840).
- Stay informed regarding nursing program announcements and changes by checking LCC email and Canvas Nursing Community group several times weekly while enrolled.

Professional behavior is expected of all nursing students. Per [WAC 246-840-519](#): The nursing education program shall hold students accountable for professional behavior as identified in chapters 18.79, 18.130 RCW and 246-840 WAC, including academic honesty and integrity.

Failure to abide by the Nursing Student Responsibilities and professional behavior may result in disciplinary action up to and including dismissal from the nursing program.

Appendix A: Program Policies & Procedures



Lower Columbia College Nursing Program

Policies & Procedures: Course Exams

Pathway(s) Covered: Trad RN, LPN2RN campus, and LPN2RN eLearning

Background Information: The LCC Nursing Program recognizes its ethical obligation to students “to ensure that exams and decisions based on exams are supported by solid validity and reliability evidence, are consistent across courses, and fair to all test takers regardless of age, gender, disability, race, ethnicity, national origin, religion, sexual orientation, linguistic background, testing style and ability, and other personal characteristics” (National League for Nursing [NLN], 2020, p. 6). The faculty is responsible to assess students’ ability and assure they are competent to practice nursing, while recognizing that current approaches to learning assessment are limited and flawed. The program also has a duty to protect student privacy and confidentiality (NLN, 2020). Students have an obligation to uphold the highest standards of honesty, integrity, and personal responsibility. Both Birks et al. (2018) and McClung & Schneider (2018) reported an association between dishonesty and professional misconduct.

Purpose of Policy: To ensure uniform, evidence-based testing standards which result in the program and faculty members upholding a consistent, fair, and defensible testing environment (NurseTim, 2021).

Person/Persons Responsible for Adherence: Students, faculty, nursing program administrator, LCC Testing Center personnel.

Supporting LCC Policies: The LCC Nursing Program exam policy is consistent with the LCC policy addressing academic dishonesty found in the [LCC Student Handbook](#).

Policy/Procedure for Course Exams

Exam grading scale and grading policies:

- The LCC Nursing Program grading scale is used in all nursing courses (except clinical courses, which are graded pass/fail). The minimum course grade for progression within (or completion of) the program is a “C” grade or 75.0%.
 - A (94.0 - 100%)
 - A- (91.0 - 93.9%)
 - B+ (88.0 - 90.9%)
 - B (85.0 - 87.9%)
 - B- (82.0 - 84.9%)
 - C+ (79.0 - 81.9%)
 - C (75.0 - 78.9%) - minimum grade required for program progression
 - C- (71.0 - 74.9%)
 - D+ (68.0 - 70.9%)
 - D (62.0 - 67.9%)
 - F (<62.0%)
- A minimum cumulative grade of 75% must be earned on quizzes and exams (points earned divided by total points) before non-exam points will be used (including bonus or extra credit points) for the final course grade.

Policy/Procedure for Course Exams

- If the required minimum 75% exam cumulative score is met, the final grade will be determined by dividing the total course points earned by the total points possible. This percentage will be assigned the corresponding letter grade, using the Nursing Program Grading Scale. A minimum grade of “C” is required to pass all graded nursing courses and progress in the program.
- Course exams will be given per the course schedule provided in each course syllabus/supplement. This may include unit level exams as well as a comprehensive course final exam.
- If extra credit is offered on an individual course exam, it will not be given/added to individual exam scores until the base exam score is 75% or higher. This aligns with the program’s grading policy that extra credit will only be applied once a passing grade is achieved.

Kaplan standardized exams:

Kaplan standardized focused reviews, integrated exams, diagnostic exams, and predictor exams are utilized throughout the program to support concept mastery and NCLEX preparedness.

- Congruent with [WAC 246-840-537](#), and National League for Nursing (2020) fair testing practice standards, Kaplan standardized exams are required components of each course, but are not utilized to determine course grades or program progression. All types of Kaplan activities are considered course assignments and are not part of the student’s cumulative exam score for any course.
- Kaplan focused reviews are utilized throughout the program as homework assignments associated with relevant course content. Points are given for assignment completion which are included in the student’s course assignment grade.
- Kaplan remediation may be assigned as a learning tool to facilitate preparation for course exams or Kaplan exams. Points may be given for completion of remediation activities which are included in the student’s course assignment grade.

Exam criteria and security for campus-based program options:

- All exams, including course exams and Kaplan Integrated and Predictor Exams, will be proctored on the LCC campus
 - By program faculty or staff in a classroom or computer lab setting or
 - In the [LCC Testing Center](#), located in the Main Building.
- The length of time for course exams will be as needed to allow 2 minutes per question. Standardized Kaplan integrated, diagnostic, and predictor exams will be administered according to provided predetermined time limits.
- Course exams will be open no longer than one business day (6-8 hours) if offered in the Testing Center. Kaplan integrated, diagnostic, and predictor exams may be open only for provided predetermined time limits.
- Student personal devices may not be used to access exams, including during post-exam review.
- Personal devices must be turned off and put away during exams and post-exam reviews. Smart watches must be removed and stowed as well.
- Ear plugs may be used during exams.
- No headphones, including earpods or AirPods, may be utilized during exams..
- Students must check with the proctor if there is a need to leave the room during an exam.
- Exams administered in Canvas will be arranged by faculty so that

Policy/Procedure for Course Exams

- Students will see only one question at a time on the screen, but may flag and return to questions.
- Potential answers for multiple choice and select-all-that-apply questions will be shuffled.
- Exam grades will not be shared with students (released) until all students have been tested. This means that students will not be able to see exam questions or scores immediately after testing.
- Partial credit is given per the Canvas default for select-all-that-apply questions that are answered partially correctly.

Post-Exam Review

- Post-exam reviews may occur in the group/class setting or individually with the instructor at the instructor's discretion.
- Students will never be given access to exams for review without direct instructor supervision.
- Student personal devices may not be used to access exams, including during post-exam review.

References:

- National League for Nursing. (2012, Rev. 2020). [The fair testing imperative in nursing education: A living document from the National League for Nursing](#) (Rev. ed.)
- NurseTim. (2021). [Exam and testing policy](#).
- Ferris State University School of Nursing. (2022). [Standardized testing policy and procedure](#).
- [WAC 246-840-537](#): Curriculum for approved nursing education programs.

Revision History:

Author(s): LCC Nursing Faculty		
Editor(s): Merry Bond		
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Lower Columbia College Nursing Program

Policies & Procedures: Incident Reports & Tracking

Pathway(s) Covered: CNA, Trad RN, LPN2RN campus, and LPN2RN eLearning.

Background Information: Per [WAC 246-840-513](#), nursing programs are required to report to the Washington State Board of Nursing (WABON) within 48 hours any event involving a faculty or staff member that the program has reason to believe resulted in patient harm, unreasonable risk of patient harm, or diversion of controlled substances or legend drugs. The program is additionally required to keep a log of events reported by a patient, family member, student, faculty, or healthcare provider that result in patient harm, unreasonable risk of patient harm, allegations of diversion, and medication errors.

Lower Columbia College policy additionally requires timely reporting of all accidents and injuries involving students, faculty, or staff.

Purpose of Policy: Timely reporting, tracking, and review of incidents and events involving patient, student, or faculty safety is crucial to ensuring safety in clinical and lab settings, as well as promoting program and college continuous quality improvement.

Person/Persons Responsible for Adherence: Students, faculty, nursing program administrator, LCC Environmental Health & Safety Director

Supporting LCC Policies:

- Administrative Policy, [Section 245: Workplace Safety](#).
- [Emergency Handbook](#): Make a Report, Blood-Borne Pathogens, Chemical Spills, Medical Emergency.

Policy/Procedure for Incident Reports and Tracking

Students:

- Students are expected to report incidents, injuries, or events occurring in the clinical or lab setting to their instructor or lab personnel as soon as reasonably possible, first attending to their own and the patient's safety as necessary.
- If the instructor is not immediately reachable (for students in preceptorship without direct faculty oversight), students should report the incident, injury, or event to the nursing program director as soon as reasonably possible.
- Students may be asked to assist their supervising faculty with completion of a [Nursing Program Incident or Near Miss Report](#), which includes
 - Incident date and time
 - Incident type
 - Name and contact information for student(s) involved
 - Location of incident
 - Associated course, hours of attendance for the day, clinical faculty, and preceptor (if applicable)
 - Description of incident
 - Patient status (if applicable)

Policy/Procedure for Incident Reports and Tracking

- Facility reporting and response
- Analysis of contributing factors
- Additional information
- Faculty comments
- Signature of student(s) and supervising faculty (may be digital)
- The supervising nursing faculty or the nursing program director will facilitate completion of this report in collaboration with the involved student(s).
- Patient-identifying information should not be included in the report.
- A copy of this report will be placed in the student's file.
- For incidents and near-misses involving potential or actual injury of a student or faculty member, reports will also be reviewed by the Director of Environmental Health & Safety and the LCC Safety Committee.
- Agency reporting and documentation guidelines must also be followed.
- All incidents, injuries, and events will be reviewed by the nursing program with the intent of determining cause and contributing factors, preventing future occurrences, facilitating student learning, and promoting program improvement.
- The LCC Nursing Program supports and promotes a just culture in its pursuit of patient, student, and faculty safety, and continuous program improvement.

Faculty:

- For incidents, injuries, or events of concern occurring in the clinical or lab setting, clinical faculty are expected to notify the following personnel as soon as reasonably possible:
 - Course coordinator
 - Nursing program director
- As soon as reasonably possible, a [Nursing Program Incident or Near Miss Report](#) must be completed by the supervising faculty member in collaboration with the student who witnessed or experienced the incident, injury, or event.
 - The supervising faculty should ensure all sections of the report are completed, including contributing factors and faculty comments sections.
- If the incident or event involves actual or potential patient harm, a [Student Practice Evaluation Tool \(SPEET\)](#) worksheet should also be completed prior to any individual actions related to the event.
 - Faculty are expected to utilize this tool to guide decisions around response to the event in consultation with the nursing program administrator.
 - See the nursing policy and procedure for guidance regarding coaching, remediation, and disciplinary actions in the Nursing Program Handbook.
 - Submit the completed SPEET worksheet with the incident report or to the nursing program director (as applicable).
- Refer to the [LCC Emergency Handbook](#) for procedures to address exposure to blood-borne pathogens or chemical spills occurring on campus. Follow agency policies and procedures at clinical sites.
- Refer the injured or exposed student as needed to emergency or occupational health services.

Policy/Procedure for Incident Reports and Tracking

- For incidents and near-misses involving potential or actual injury of a student or faculty member, reports will also be reviewed by the Director of Environmental Health & Safety and the LCC Safety Committee.

Program Administrator:

- For any incident or event the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances, the nursing program administrator will complete a [WABON Incident Report](#) within 48 hours.
- The nursing program administrator will securely store student and faculty incident reports and related documents per the [LCC Nursing & Allied Health Programs Records Management Policy](#).

Program:

- All incidents, injuries, and events of concern will be reviewed by the nursing faculty during the next available program business meeting using the [Nursing Program Incident Review](#) form:
 - Suspected causes and contributing factors
 - Corrective action taken
 - Remediation plan to facilitate student learning
 - Program improvement measures, if indicated
 - Additional comments may be added as needed

References:

- Accreditation Commission for Education in Nursing (ACEN) [2023 Standards & Criteria](#). Criterion 3.2: Nursing program and governing organization policies.
- American Nursing Association. (2010). [Position statement: Just culture](#).
- Commission on Collegiate Nursing Education (CCNE). [2018 Standards for accreditation of baccalaureate and graduate nursing programs](#). Key Element I-F: Academic policies of the parent institution and the nursing program.
- North Carolina Board of Nursing (2020). [Just culture student practice event evaluation tool \(SPEET\)](#).
- [WAC 246-840-513](#): Reporting and recordkeeping requirements for nursing education programs.

Revision History:

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Editor(s), Contributor(s): Janel Skreen		
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Lower Columbia College Nursing Program

Policies & Procedures: Medication Administration by Student Nurses

Background: Safety and accuracy are of utmost importance in medication administration by student nurses. The following policy and procedure is in place to provide for safe and accurate medication administration.

Policy: All medication administration and related activities by student nurses shall be performed safely, accurately and shall be supervised by the clinical faculty or licensed nurse designee.

Procedure: Student nurses will be given instruction on correct procedures for medication administration by various routes, medication delivery devices, medication safety, calculating dosages, and expectations regarding medication knowledge. Students will have opportunities to practice medication administration skills and related activities and must demonstrate competency before being allowed to administer medications in the clinical setting. Medication administration will be supervised by LCC nursing faculty, an assigned preceptor, or a designated proctor. A preceptor or proctor must be a licensed nurse. The supervision required for medication administration may vary from intensive guidance to oversight based on the faculty appraisal of student's individual abilities and experience.

Medication Administration: In specific nursing skills and practicum courses, students will be provided instruction on medication administration (oral, topical, rectal, intradermal, subcutaneous, intramuscular, intravenous), given opportunities for practice, and must successfully complete a simulated experience/skills test before being allowed to administer medications in the clinical setting. Students will be provided instruction on calculating dosage, given opportunities for practice, and must prove competency to progress in the program and administer medications in practicum courses. Student instruction on medication administration will include, but is not limited to:

1. Correct reading and interpretation of medication orders.
2. Safe medication administration protocols include ensuring the right patient, the right medication, at the right dose, at the right time, by the ordered route, and documenting correctly.
3. Routes of medication administration, including the nursing judgment required to safely implement the routes of medication administration.
4. Crushing oral medications and the contraindications.
5. Safe use of Automated Drug Delivery Devices (ADDDs) and other medication dispensing systems.
6. Accurate dosage calculation.
7. Requirements for administering controlled substances.
8. Destroying/wasting medications.
9. Monitoring for and reporting drug diversion.
10. Reporting drug errors and/or near misses.

ADDDs: Students will complete training on Automated Drug Delivery Devices (ADDDs) prior to the use of such in the practicum setting. This training may be completed in the skills lab or in the clinical/practicum facility. Students will receive **on-site orientation** to agency-specific ADDDs by a licensed nurse (instructor, preceptor, or designee). The student will be supervised by the clinical faculty when using the ADDD. Once the student's competence has been established by the faculty, the student may be allowed to access the

ADDD while supervised by a designated preceptor or proctor. “Competence” is to include, but is not limited to:

- Log in to ADDD
- Identify correct patient
- Accurately select medications to be given
- Secure ADDD when complete
- Follow rights of medication administration
- Demonstrate agency-specific inventory control measures (wasting medications)

Reporting and Documentation of Student Medication Errors, Near Misses, and Alleged Diversion: All student medication errors, “near misses” that present an unreasonable risk of patient harm, and alleged drug diversion will be documented on the appropriate LCC Incident Report form by the student and/or supervising clinical instructor and submitted to the Nursing Program Director (NPD) within 24 hours of the incident. The NPD will maintain a log of all incidents, and is responsible for reporting drug diversion, patient harm, and unreasonable risk of patient harm incidents to the Washington State Nursing Care Quality Assurance Commission (NCQAC) within 2 business days, as required per WAC 246-840-513. Additionally, facility-required incident reports will be completed by the student/faculty per the facility policy.

Nursing Program Review of Medication Errors, Near Misses, Drug Diversion: Accountability, open reporting, error prevention and process improvement are facilitated by use of the principles of “Just Culture.” Careful review of mistakes, errors and “near misses” facilitates learning from such occurrences and identifies opportunities for process and system improvement.

Human error and reckless behavior exist on a continuum. With this in mind, incidents will be reviewed by the Nursing Program with the intent of:

1. Determining the cause and contributing factors of the incident (root cause analysis)
2. Preventing future occurrences
3. Facilitating student learning
4. Program improvement

An Incident Evaluation Tool will be used to assist in determining the Nursing Program response to the incident. Nursing Program responses to medication administration errors or alleged drug diversion will vary based on the circumstances surrounding the incident and may range from remediation to disciplinary actions. Disciplinary actions may include dismissal from the program for a student who recklessly disregards patient safety or has an incident of confirmed drug diversion.



Lower Columbia College Nursing Program

Policies & Procedures: Professional Dress & Uniforms

Pathway(s) Covered: CNA, Trad RN, LPN2RN campus, and LPN2RN eLearning.

Background Information: The student or professional nurse's appearance, personal hygiene and behavior contribute to the comfort, security, and well-being of the client. Any personal appearance, grooming, or clothing that creates a distraction is considered inappropriate. Hair color outside of the range of naturally occurring, offensive or extreme tattoos, inadequate hygiene, or body odor may upset or frighten the client and family and convey a lack of respect for others.

Purpose of Policy: The purpose of the professional dress and uniform policy is to provide standards for attire, grooming, and personal hygiene that are appropriate for the healthcare workplace and associated activities for LCC nursing students.

Person/Persons Responsible for Adherence: Students, faculty, nursing program administrator

Supporting LCC Policies: LCC does not maintain a policy regarding attire. Nursing students are required to conform to appearance and hygiene guidelines that promote a professional, appropriate, and clean presentation in the clinical setting.

Policy/Procedure for Professional Dress & Uniforms

CNA and all AN-DTA/MRP options:

In the **clinical/practicum setting**, including the campus simulation lab, the student must be in the specified uniform, with name badge, proper agency identifiers, and LCC student identification. Certain clinical sites may have specific dress codes, such as facility-provided scrubs in specialty areas. ***Agency-specific dress/uniform policies may supersede this LCC Nursing Program policy. In such cases, students are expected to adhere to agency dress/uniform policies.***

A student reporting for lab, clinical or fieldwork with inappropriate attire or hygiene may be dismissed from the site by instructors or health agency personnel until the condition(s) is/are corrected. There may not be an opportunity for the student to make up the experience.

Hair:

- Hair color must be in the range of natural hair colors. Pink, blue, green, purple or other hues that are not considered within the natural hair color spectrum are not allowed.
- If hair is beyond collar length, it must be pulled back and fastened neatly. Hair should be secured such that it is not able to fall into the face, workspaces, or equipment.
- Facial hair, if present, is to be neat and clean. Please note that special equipment (such as beard masks or respirators) may be required to comply with precautions in the clinical setting.

Jewelry and visible piercings must not pose a safety risk:

- No dangling, hoop, or large earrings
- No open earlobe expanders, gauges (plugs must be worn in expanded earlobes)
- No bracelets or necklaces

Policy/Procedure for Professional Dress & Uniforms

- One finger ring is allowed that does not pose a safety or infection control risk
- Facial piercings are limited to small, discreet and close to the face. No hoops may be worn that pose a safety risk.

Tattoos which include obscene or profane imagery or language must be covered.

Grooming and hygiene:

- Proper hygiene (bathing, deodorant, oral care) is required. Body odor is offensive.
- Personal fragrances (cologne, perfume) are not allowed.
- The student and uniform/clothing is to be free from odors such as smoke or perfume.
- Fingernails are to be clean and neatly trimmed. No artificial nails or long fingernails are permitted for direct patient care. Polish may be worn *if permitted by agency policy*, but must not be chipped or peeling.
- Cosmetics may be worn in moderation and appropriately for the healthcare setting (work environment).

Uniforms:

The LCC student nurse uniform is required in the clinical/practicum setting (including simulation lab). The uniform is to be worn in its entirety unless otherwise specified. The uniform is to be clean, pressed, and well-maintained. Students may wear uniforms on campus only for clinical lab days, skills testing, or simulation. Uniforms are not to be worn in public settings. This is an infection control issue. The uniform consists of

- Navy-blue scrub top and pants of any style or brand (white tops may continue to be worn during the program's transition to navy-blue tops).
- A short white lab coat or warm-up jacket made of scrub material (no longer than hip length) is optional.
- The LCC Nursing logo patch is to be secured to the right shoulder (deltoid area) of the uniform and lab coat (tape or staples are not acceptable means of securing shoulder patches).
- Closed toe, closed heel shoes with a solid upper of any color may be worn for clinical/practicum and related activities. Shoes made of any woven material (mesh, cotton, cloth, etc.) are generally not acceptable. Shoes must have slip-resistant soles and must be clean and in good repair. Shoes which are medical grade and have internal structure to protect the feet may be acceptable. Students should check with their faculty prior to wearing such shoes to the clinical site or simulation lab.
- The LCC name badge, student photo ID, and agency identification (if applicable) is to be pinned to the upper left side of the shirt or may be worn on a quick-release lanyard.
- A washable, medical-grade fanny pack type organizer in navy blue or black may be worn around the waist if desired.

When in the clinical/practicum agency to obtain necessary client data:

- LCC Nursing student name badge, LCC student photo ID, and agency identification (if applicable) must be worn as it would be for a clinical rotation.
- A clean and pressed short, white lab coat may be worn with appropriate professional (business/business casual) attire *OR* the LCC student nurse uniform may be worn (see uniform policy information above for guidance regarding use of the LCC student nurse uniform).

Policy/Procedure for Professional Dress & Uniforms

- Students changing into facility-issued scrubs for the assigned rotation (such as surgical service or obstetrics rotations) may dress in appropriate professional (business/business casual) attire to enter and exit the facility. Appropriate shoes and identification must be worn at all times in any clinical/practicum site.

Not acceptable in any clinical/practicum site at any time (including the simulation lab):

- Denim jeans, skirts, dresses or overalls.
- Sweatpants or sweatshirts, workout clothing, running attire or other shorts.
- Spandex/Lycra clothing; tights or leggings worn as pants.
- Tank tops or camisoles that expose the midriff or excessive cleavage.
- Visible undergarments.

Not acceptable in the skills lab at any time:

- Open-toed shoes
- Tops or pants/shorts/skirts that expose excessive breast cleavage or the buttocks.

References:

- Lower Columbia College Nursing Program. (2023, April). [Nursing Program Handbook](#).
- Olympic College Nursing Program. (2021). *Phase II VL-BSN Application*.
- Pacific Lutheran University. (2023). [School of Nursing Student Handbook](#).

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Lower Columbia College Nursing Program

Policies & Procedures: Restrictions for Scope of Practice for Student Nurses

Background: Safety of students, faculty, staff and patients is of utmost importance in all clinical agencies. This includes providing clear practice guidelines for all LCC nursing students, faculty, and agencies. The following clarification of approved activities for LCC nursing students is in place to provide for safe patient care and compliance with agency requirements.

Policy: All Lower Columbia College nursing students will adhere to the Washington Registered Nurse Scope of Practice, with the following LCC specific restrictions as designated below.

Procedure: Student nurses will be given clear guidance from the nursing faculty on the nursing care, skills, and activities they are allowed to perform each quarter upon successful completion of any associated skills tests. The [Nursing Program Handbook](#), to which all students have access, includes the Washington LPN and RN Scope of Practice. Nursing students must be supervised – directly or indirectly - by an LCC nursing faculty or specifically designated nurse or preceptor at all times when performing nursing care in the role of a student nurse.

The following is a cumulative list of skills by quarter of the nursing program.

First Quarter (NURS 161)
Assessment of client basic needs
Personal care: bathing, dressing, grooming, feeding
Assisting with mobility and transferring clients
Measuring and recording vital signs (TPR, BP)
Head-to-toe physical assessment
Safety precautions for clients and staff
Applying soft restraints
Infection control/Isolation procedures, including PPE
Administration and monitoring tube feedings
Administration of enemas
Basic oral suctioning
Specimen collection (urine, stool, sputum)
Monitoring and administration of oxygen
Monitoring blood glucose
Medication administration (oral, topical, rectal, parenteral - excluding intravenous)
Foley Cath insertion and removal
Injections: IM/Sub Q/Intradermal

First Quarter (NURS 161)
Insulin Administration
Tracheostomy Suctioning
Nasogastric tube insertion and care
Wound care and sterile dressing change
Sterile field principles
Ostomy care
Second Quarter (NURS 162)
Focused assessment
Wound assessment, measurement (detailed)
Suture & staple removal
Changing regulator on oxygen tank
Collecting a nasopharyngeal culture
Collecting an oropharyngeal culture
Titration oxygen (tank with regulator, concentrator)
Tracheostomy care (dressing, changing neck ties, cleaning)
Teaching respiratory physiotherapy (e.g. incentive spirometer, flutter valve, cough & deep breathing)
Placing ECG leads, telemetry leads
Assessing apical-radial pulse deficit
Measuring orthostatic blood pressure/pulse
Measuring gastric residual volume
Emptying/changing an ostomy appliance
Observing hip precautions
Caring for the client in traction
Pin care - external fixation
Third Quarter (NURS 163)
IV Dosage calculation
IV insertion
Infusion therapy (lines/bags)
IV pumps
Fourth Quarter (NURS261)
Central IV-line care
IV medication push
Pediatric dosage calculations

<i>Fourth Quarter (NURS261, cont.)</i>
Newborn head to toe assessment
Breast feeding techniques
Assessing for jaundice
Post-partum assessment
Newborn injection (vastus lateralis)
<i>Fifth Quarter (NURS 262)</i>
Total parenteral nutrition
Blood administration
Chest tube drainage system
<i>Sixth Quarter (NURS 263 or NURS 247/248)</i>
No new skills introduced

The following activities are **not** to be performed by LCC student nurses as they are outside the scope of approved activities and skills:

- Documenting verbal orders
- Signing for blood or blood products
- Administering experimental drugs or procedures
- Administering chemotherapy
- Administering conscious/moderate sedation or anesthesia
- Signing consent forms
- Performing mother-baby identity checks at discharge

Appendix B: Nursing Practice Information

Cultural Competence in Health Care

The Washington State legislature requires all health care providers licensed by the Department of Health to receive multicultural health awareness education and training. Please review the [National CLAS Standards](#) (National Standards for Culturally and Linguistically Appropriate Services). These standards are intended to promote health equity, improve quality, and help eliminate health care disparities. This handout is in your Nursing Orientation packet and can also be found on the [US Health & Human Services](#) website.

Licensure

Upon completion of the first four quarters of the Nursing Program and an additional Personal Vocational Relationships course (offered online Lower Columbia College Continuing Education), students may apply for state licensure as a Practical Nurse by examination (NCLEX–PN) in Washington. Practical Nurse Licensure is not required for progression in the program. Completion of the full Nursing Program fulfills the requirements of the Associate Degree and qualifies students to apply for state licensure as a Registered Nurse by examination (NCLEX–RN).

LPN Scope of Practice in the Student Role

The nursing program recognizes the work experience of LPNs entering the program. However, students entering the associate degree program are pre-RN licensure. The associate degree program at LCC includes clinical/practicum experiences at the RN scope of practice level (beyond the scope of LPN licensure in many cases). It is imperative that students entering the program as LPNs maintain a learning perspective and recognition of the student scope. ***Always consult with the clinical instructor if there is any question about whether an action is beyond the student scope*** (without direct supervision).

Standards of Nursing Conduct

[STANDARDS OF NURSING CONDUCT OR PRACTICE](#)

[WAC 246-840-700](#): *Standards of nursing conduct or practice.*

- (1) The purpose of defining standards of nursing conduct or practice through WAC [246-840-700](#) and [246-840-710](#) is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter [18.79](#) RCW. Violation of these standards may be grounds for disciplinary action under chapter [18.130](#) RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;
- (2) The nursing process is defined as a systematic problem-solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

Comparison of Standards of Nursing Conduct or Practice

(a) Registered Nurse:

Minimum standards for registered nurses include the following:

- (i) Standard I - Initiating the Nursing Process:
 - (A) Assessment and Analysis: The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;
 - (B) Nursing Diagnosis/Problem Identification: The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;
 - (C) Planning: The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;
 - (D) Implementation: The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and
 - (E) Evaluation: The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;
- (ii) Standard II Delegation and Supervision: The registered nurse is accountable for the safety of clients receiving nursing service by:

(b) Licensed Practical Nurse:

Minimum standards for licensed practical nurses include the following:

- (i) Standard I – Implementing the Nursing Process: The practical nurse assists in implementing the nursing process;
 - (A) Assessment: The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;
 - (B) Nursing Diagnosis/Problem Identification: The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;
 - (C) Planning: The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;
 - (D) Implementation: The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and
 - (E) Evaluation: The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;
- (ii) Standard II Delegation and Supervision: Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:

Comparison of Standards of Nursing Conduct or Practice

- | | |
|---|---|
| <p>(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);</p> <p>(B) Supervising others to whom he/she has delegated nursing functions as defined in WAC 240-840-010(10);</p> <p>(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff; and</p> <p>(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care settings as provided by WAC 246-840-910 through 246-840-980 and WAC 246-841-405;</p> | <p>(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations in accordance with their education, credentials and competence as defined in WAC 246-840-010(10).</p> <p>(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;</p> <p>(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and</p> <p>(D) In community based long-term care settings as provided by WAC 246-840-910 through 246-840-980 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers:</p> |
| <p>(iii) Standard III Health Teaching. The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.</p> | <p>(iii) Standard III Health Teaching. The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.</p> |
- (3) The following standards apply to registered nurses and licensed practical nurses:
- (a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behavior, actions, attitudes, and feelings of others; and
 - (b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and
 - (c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.
- (6) Other responsibilities:
- (a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;
 - (b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of his/her education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

- (c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in his/her scope of practice.
- (d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in his/her field of practice; and
- (e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter [70.02](#) RCW

[Statutory Authority: RCW [18.79.010](#), [18.79.110](#), and [18.79.250](#). WSR 22-23-130, § 246-840-700, filed 11/21/22, effective 12/22/22. Statutory Authority: RCW [18.79.110](#), [18.79.260](#) (3)(f), [18.88A.210](#). 2003 c 140. WSR 04-14-065, § 246-840-700, filed 7/2/04, effective 7/2/04. Statutory Authority: RCW [18.79.110](#). WSR 02-06-117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

WAC [246-840-705](#) - Functions of a registered nurse and a licensed practical nurse.

Comparison of the Functions of the RN and the LPN

(1) Registered Nurses:

The registered nurse performs acts that require substantial knowledge, judgment and skill based on the principles of biological, behavioral, health and nursing sciences. Such acts are grounded in the elements of the nursing process which includes, but is not limited to, the assessment, analysis, diagnosis, planning, implementation and evaluation of nursing care and health teaching in the maintenance and the promotion of health or prevention of illness of others and the support of a dignified death. The registered nurse using specialized knowledge can perform the activities of administration, super-vision, delegation and evaluation of nursing practice; and

(2) Licensed Practical Nurses:

The licensed practical nurse performs services requiring knowledge, skill and judgment necessary for carrying out selected aspects of the designated nursing regimen. The licensed practical nurse recognizes and is able to meet the basis needs for the client, and gives nursing care under the direction and supervision, to clients in routine nursing situations. A routine nursing situation is one that is relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requires care based upon a comparatively fixed and limited body of knowledge. In complex nursing care situations, the licensed practical nurse functions as an assistant to the registered nurse and facilitates client care by carrying out selected aspects of the designated nursing regimen to assist the registered nurse in the performance of nursing care; and

(3) Registered Nurses:

The registered nurse functions in an **independent role** when utilizing the nursing process as defined in WAC 246-840-

(4) Licensed Practical Nurses:

The licensed practical nurse functions in an **inter-dependent role** to deliver care as directed and assists in the revision of care

Comparison of the Functions of the RN and the LPN

700(2) to meet the complex needs of the client.

In an **interdependent role** as a member of a health care team, the registered nurse functions to coordinate and evaluate the care of the client and independently revises the plan and delivery of nursing care.

The registered nurse functions in an **interdependent role** when executing a medical regimen under the direction of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician.

A registered nurse may not accept delegation of acts not within his or her scope of practice.

plans in collaboration with the registered nurse.

The licensed practical nurse functions in a **dependent role** when executing a medical regimen under the direction and supervision of an advanced registered nurse practitioner, licensed physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician.

A licensed practical nurse may not accept delegation of acts not within his or her scope of practice.

This shall not be construed as authorizing an independent role for the LPN.

[Statutory Authority: RCW [18.79.110](#). WSR 02-06-117, § 246-840-705, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-705, filed 6/18/97, effective 7/19/97.]

WAC [246-840-710](#) - Violations of standards of nursing conduct or practice.

The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter [18.130](#) RCW:

- (1) Engaging in conduct described in RCW [18.130.180](#);
- (2) Failure to adhere to the standards enumerated in WAC [246-840-700](#) which may include but are not limited to:
 - (a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;
 - (b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or legibly;
 - (c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;
 - (d) Willfully or repeatedly failing to administer medications and/or treatments in accordance with nursing standards;
 - (e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed of working;

- (f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;
 - (g) Willfully causing or contributing to physical or emotional abuse to the client;
 - (h) Engaging in sexual misconduct with a client as defined in WAC [246-840-740](#); or
 - (i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;
- (3) Failure to adhere to the standards enumerated in WAC [246-840-700](#)(2) which may include:
- (a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other caregivers exempted by RCW [18.79.040](#)(3), [18.79.050](#), [18.79.060](#) or [18.79.240](#); or
 - (b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;
- (4) (a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety;
- (b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or
- (a) Writing prescriptions for drugs unless authorized to do so by the commission;
- (5) Other violations:
- (a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;
 - (b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons, or
 - (c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;
 - (d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in chapter [43.830](#) RCW [RCW [43.43.830](#)] and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or
 - (e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC [246-840-730](#)
- (6) The nurse shall only practice nursing in the state of Washington with a current Washington license;
- (7) The licensed nurse shall not permit his or her license to be used by another person;
- (8) The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;

- (9) The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or
- (10) The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

[Statutory Authority: RCW [18.79.010](#), [18.79.110](#), and [18.79.250](#). WSR 22-23-130, § 246-840-710, filed 11/21/22, effective 12/22/22. Statutory Authority: RCW [18.79.110](#). WSR 02-06-117, § 246-840-710, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-710, filed 6/18/97, effective 7/19/97.]

Nursing Technician

[WAC 246-840-840](#) - *Nursing Technician*

The purpose of the nursing technician credential is to provide additional work-related opportunities for students enrolled in an LPN, ADN, or BSN program, within the limits of their education, to gain valuable judgment and knowledge through expanded work opportunities.

- (1) The nursing technician is as defined in [WAC 246-840-010](#)(18).
- (2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of their authorization under chapter [18.79](#) RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program.
- (3) The nursing technician shall work directly for the hospital, clinic or nursing home and may not be employed in these facilities through a temporary agency.

[Statutory Authority: RCW [18.79.010](#), [18.79.110](#), and [18.79.340](#). WSR 22-04-082, § 246-840-840, filed 1/31/22, effective 5/13/22. Statutory Authority: RCW [18.79.110](#) and 2012 c 153. WSR 13-15-064, § 246-840-840, filed 7/15/13, effective 8/15/13. Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-840, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-840, filed 6/18/97, effective 7/19/97.]

[WAC 246-840-850](#) - *Use of nomenclature.*

- (1) Any person who meets the definition of nursing technician under WAC [246-840-010](#)(21) shall use the title nursing technician.
- (2) No person may practice or represent oneself as a nursing technician by use of any title or description of services without being registered under chapter [18.79](#) RCW, unless otherwise exempted by chapter [18.79](#) RCW.

[Statutory Authority: RCW [18.79.010](#), [18.79.110](#), and [18.79.340](#). WSR 22-04-082, § 246-840-850, filed 1/31/22, effective 5/13/22. Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-850, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-850, filed 6/18/97, effective 7/19/97.]

[WAC 246-840-860](#) - *Nursing technician criteria.*

To be eligible for employment as a nursing technician a student must meet the following criteria:

- (1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by the commission. The term must have included a clinical component.
- (2) Currently enrolled in a nursing commission approved program will be considered to include:
 - (a) All periods of regularly planned educational programs and all school scheduled vacations and holidays;
 - (b) Thirty days after graduation from an approved program; or
 - (c) Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period.
 - (d) Current enrollment does not include:
 - (i) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.
 - (ii) Students who are awaiting the opportunity to reenroll in nursing courses.

[Statutory Authority: RCW [18.79.110](#), [18.88A.060](#) and 2020 c 76. WSR 21-04-016, § 246-840-860, filed 1/22/21, effective 2/22/21. Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-860, filed 6/11/04, effective 6/11/04. Statutory Authority: RCW [18.79.160](#). WSR 97-17-049, § 246-840-860, filed 8/15/97, effective 9/15/97.]

WAC 246-840-870 - Functions of the nursing technician.

- (1) The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:
- (2) May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.
- (3) May gather information about patients and administer care to patients.
- (4) May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.
- (5) May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.
- (6) May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.
- (7) May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-870, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-870, filed 6/18/97, effective 7/19/97.]

WAC 246-840-880 - Functions of the registered nurse supervising the nursing technician.

The registered nurse who is responsible for supervising the nursing technician:

- (1) Is accountable at all times for the client's safety and well-being.
- (2) Is responsible at all times for the nursing process as delineated in WAC [246-840-700](#) and this responsibility cannot be delegated.
- (3) Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient/resident.
- (4) Shall be immediately available at all times to the nursing technician.
- (5) Shall have knowledge of the specific nursing functions the nursing technician is authorized to perform. The authorized functions appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled.

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-880, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-880, filed 6/18/97, effective 7/19/97.]

WAC 246-840-890 - Functions of the employing facility.

In addition to the responsibilities required by RCW [18.79.360](#) (4)(e), the employer of the nursing technician shall:

- (1) Verify the nursing technician's enrollment in a nursing program approved by the commission.
- (2) Verify that the nursing technician continues to qualify as a nursing technician and continues to be in good standing within three weeks of completion of each academic term (semester or quarter).
- (3) Obtain and maintain written documentation of the specific nursing functions that the nursing technician may perform from the approved nursing program.
- (4) Follow their own guidelines, policies, principles and procedures relating to nursing technicians.
- (5) Identify the student nurse as a "nursing technician."
- (6) Advise the department and nursing program of any practice-related action taken against the nursing technician. The employing facility shall notify the department at P.O. Box 47864, Olympia, Washington, 98504-7864.
- (7) Provide training regarding the provisions of RCW [18.79.330](#) through [18.79.370](#) as specified in RCW [18.79.360](#) (4)(e).

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-890, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-890, filed 6/18/97, effective 7/19/97.]

WAC 246-840-900 - Functions of the nursing program.

The nursing program in which the nursing technician is enrolled should:

- (1) Provide to the employer written documentation of specific nursing functions the nursing technician may perform. This documentation should be based upon, and limited to, the nursing technician's education and demonstrated ability to safely perform the functions listed.
- (2) Provide to the employer and the commission written documentation when a nursing technician is no longer considered to be in good standing as defined in WAC [246-840-010\(16\)](#). The nursing program should notify the employer and the commission immediately if the nursing technician is no longer in good standing. Notification to the commission should be sent to P.O. Box 47864, Olympia, Washington, 98504-7864.

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-900, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-900, filed 6/18/97, effective 7/19/97.]

WAC 246-840-905 - How to register as a nursing technician.

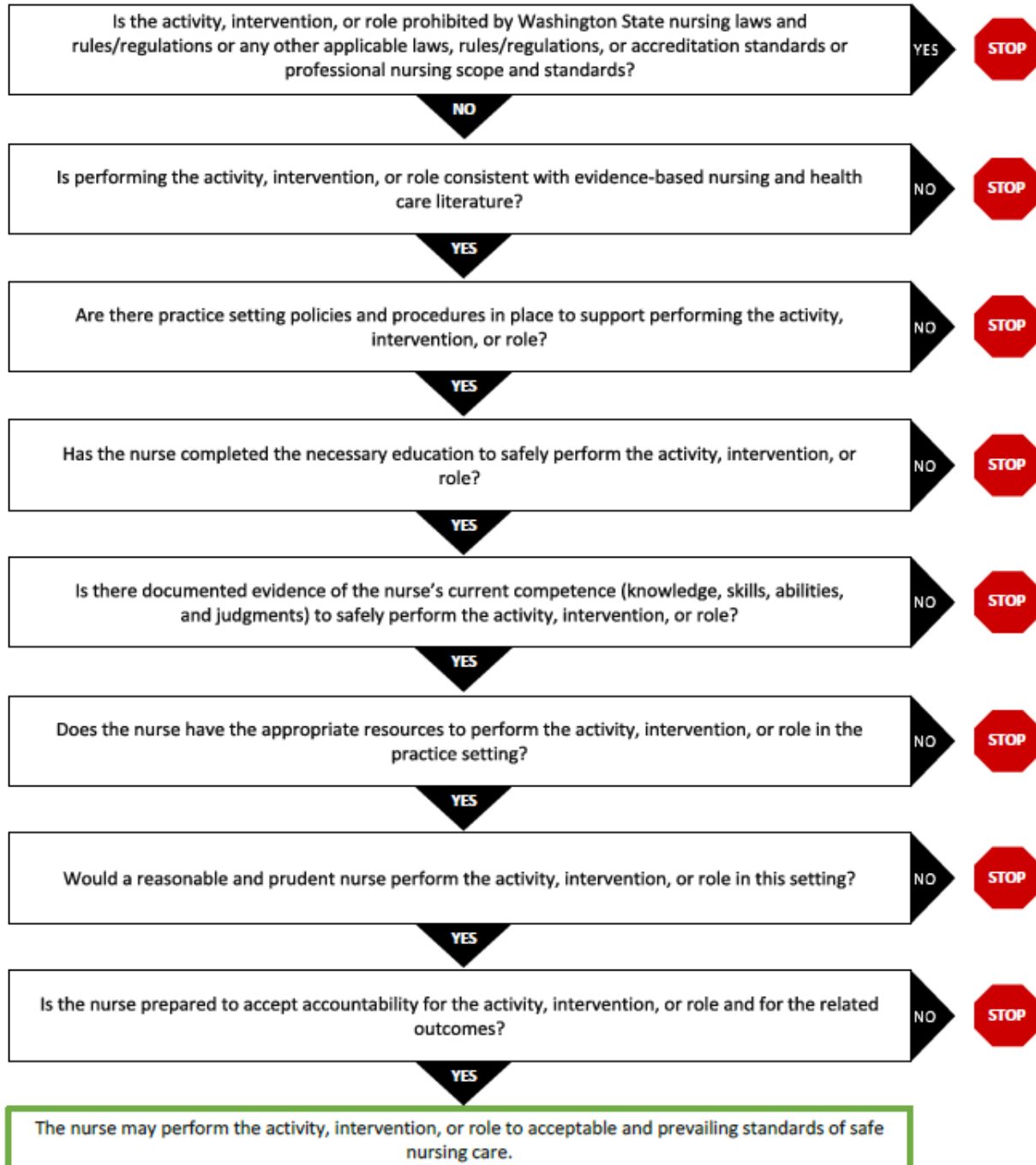
- (1) An individual shall complete an application for registration on an application form prepared and provided by the secretary of the department of health. This application shall be submitted to P.O. Box 47864, Olympia, Washington, 98504-7864.
- (2) Every applicant shall provide:
- (3) The application fee under WAC [246-840-990](#).
 - (a) Verification of seven clock hours of AIDS education as required by RCW [70.24.270](#) and chapter [246-12](#) WAC, Part 8.
 - (b) A signed statement from the applicant's nursing program verifying enrollment in, or graduation from, the nursing program. If the applicant has not yet graduated, this statement will include the anticipated graduation date.
 - (c) A signed statement from the applicant's employer or prospective employer certifying that the employer understands the role of the nursing technician and agrees to meet the requirements of RCW [18.79.360\(4\)](#).

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-905, filed 6/11/04, effective 6/11/04.]

Scope of Practice Decision Tree

Scope of Practice Decision Tree

Identify, describe, or clarify the activity, intervention, or role under consideration.



Used with Permission from National Council State Boards of Nursing: Scope of Nursing Practice Decision-Making Framework, Journal of Nursing Regulation, Volume 7, Issue 3, October 2016.

[Chapter 18.79 RCW Nursing Care](#) • [Standards of Nursing Conduct or Practice WAC 246-840-700](#)

Contact Us: NursingPracticeConsultation.ncqac@doh.wa.gov or 360-236-4725

DOH 609-305 March, 3 2017

Appendix C: Nursing Program Forms



Lower Columbia College Nursing Program

Informed Consent for Learning Activities: Capillary Blood Sampling, Injections, Venipuncture

To participate in these supervised laboratory learning activities, you must read, sign and return this informed consent form. You have the right to withhold your consent for participation or withdraw consent after it is given at any time without penalty to your learning. If consent is withheld or withdrawn, you must participate in an alternative learning experience as determined by the faculty. If you have questions, please see your faculty and/or the nursing program director.

Benefits of participation:

- Opportunity to perform the skills on a human being after satisfactorily completing the associated learning objectives and skills tests.
- Increased confidence and abilities in performance of the skills.
- Acquisition of empathy for clients undergoing these procedures.

Possible risks of participation:

- Discomfort and/or pain from the procedure.
- Infection from the introduction of micro-organisms into body tissue or vessels.
- Bleeding that may result in ecchymosis or hematoma.
- Damage to a nerve, muscle or other soft tissues.
- Anxiety.

Capillary blood sampling (finger-sticks):

Capillary blood sampling may involve receiving one or more pierces of the skin of the finger with sterile lancet for the purpose of obtaining capillary blood specimens.

Injections:

Injections may involve being the recipient of injections administered by a nursing student (intramuscular, subcutaneous, and/or intradermal), containing sterile saline, given under the direct supervision of the nursing faculty.

Venipunctures:

Venipunctures may involve being the recipient of a venipuncture (IV starts/blood draws) performed by a nursing student under the direct supervision of the nursing faculty.

Before performing the skill on a consenting nursing student, you must:

- Read the risks and discomforts associated with each procedure.
- Sign the Informed Consent form.
- Return signed consent form to the nursing program office.
- Complete all quizzes, learning activities, and associated skill tests for the procedure.
- Obtain direct supervision from faculty before and during the performance of the skill

A copy of the following form will be provided for your signature. Please sign and return the copy to your instructor. This required consent or opt-out will be placed in your student file.



Lower Columbia College Nursing Program

Informed Consent for Learning Activities: Capillary Blood Sampling, Injections, Venipuncture

I, _____, voluntarily consent to participate in the following
(Name - Please Print)

faculty supervised laboratory learning experiences: *(check all that apply)*

- Capillary blood sampling
- Injections
- Venipuncture

My signature below indicates the following:

- I understand that participation in these activities includes both allowing a nursing student to perform the above procedures on me, per the LCC skills protocol and procedures, and performing the same procedures on another nursing student.
- This will consist of: locating the proper site, cleansing the skin, piercing the skin with a lancet or needle, and possibly injecting sterile saline.
- I understand that this will be a faculty supervised learning activity.
- The risks and benefits of participating in these skill-building procedures has been explained to me.
- I understand that my decision whether or not to participate in these exercises will not influence my grade in any way and that I have the right to withdraw from these activities at any time.
- I also understand that there is no exact replication for performing these skills on a human being.
- I have had an opportunity to ask questions and I have been offered a copy of this consent form for my records.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

I, _____, **do not** consent to participate in the following
(Name - Please Print)

faculty-supervised laboratory experiences: *(check all that apply)*

- Capillary blood sampling
- Injections
- Venipuncture

I understand that I must consult with my instructor to find alternate activities to achieve the course objectives for these skills. I also understand that I must consent to these procedures in order to perform these procedures on a nursing student.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____



Lower Columbia College Nursing Program

Re-Entry Rubric

Student Name: _____ Prior Re-Entry Request: _____

Decisions regarding nursing program re-entry are made by the nursing faculty using the following criteria which are outlined in the Nursing Program Re-Entry Policies (Nursing Program Handbook p. 23).

- 0 - No evidence criterion was addressed
- 1 - Not meeting minimum expectation
- 2 - Partially meeting expectation
- 3 - Meeting expectation

A score of less than 2 for any individual criterion or a total score of less than 9 will result in denial of the re-entry request. **Significant patient safety concerns may override other decision criteria and related scoring.**

Decision Criteria	Score	Notes/Comments
All required elements of the re-entry request are present per the instructions on the Re-Entry Request Form. The letter is coherently written, typed without significant spelling or grammatical errors, and demonstrates effort and thought.		
The reason(s) for withdrawal, delay of progression, or substandard performance is/are addressed. The student articulates an accurate understanding of the issue(s) that prevented program progression. The student's analysis includes self-reflection as well as identification of any patterns of behavior contributing to non-progression.		
The student takes accountability for their part in the circumstances leading to the withdrawal or delay of progression.		
Success strategies are realistic, directly related to the behaviors which prevented program progression, and are both specific and measurable.		
TOTAL SCORE: All of the above demonstrate the student's potential to benefit from program re-entry at this time.		



Lower Columbia College Nursing Program

Student Acknowledgement of Nursing Program Handbook and Nursing Student Rights & Responsibilities

I have received and reviewed a copy of the *Lower Columbia College Nursing Program Handbook*, including a statement of *Nursing Student Rights and Responsibilities*. I understand the importance of these documents and have had an opportunity to have my questions answered. I agree to abide by the requirements, responsibilities, and policies as specified.

My initials for each of the following and my signature below indicate that:

I am aware that practicum or lab experiences in which I will be participating as a student may impose health risks, such as injury, blood and body fluid exposure, and/or other infectious disease exposure. I assume all risks involved in participating in practicum and lab experiences and agree to hold Lower Columbia College and its partnering clinical agencies harmless. I have been informed of my responsibility to maintain personal health insurance that covers incidents that may occur related to the practicum or lab experiences.

I have received and reviewed a copy of the *Nursing Program Handbook* and have had an opportunity to have my questions addressed.

I agree to comply with the policies and procedures outlined in the *Nursing Program Handbook* and course syllabi throughout my participation in the Nursing Program.

I have access to the [Lower Columbia Student Handbook](http://lowercolumbia.edu/publications/student-handbook/index.php), available online (<http://lowercolumbia.edu/publications/student-handbook/index.php>), and am aware of the Student Academic Rights and Responsibilities listed in this handbook.

I understand that as a nursing student, I am a member of a profession in which confidential information must be protected, patient rights upheld, and professional standards of behavior are expected. I agree to conduct myself accordingly.

I will demonstrate integrity and assume responsibility and accountability for my actions throughout my participation in the LCC Nursing Program.

Signature: _____ Date: _____

Printed name: _____

A copy of this form will be provided for your signature. Please sign and return the copy to your instructor. This required document will be placed in your student file.



Lower Columbia College Nursing Program

Student Consent for Release of Information

I authorize the Lower Columbia College Nursing Program to enter personal information on my behalf into data management services (such as ACEMAPP) required by the clinical consortia to which LCC belongs.

Furthermore, I authorize the Lower Columbia College Nursing Program and the Clinical Consortia to which LCC belongs to release my information to any clinical institutions/entities where I will participate in a clinical rotation. This information is only to be used for purposes of documenting compliance with clinical site requirements for participating in such clinical placements.

I understand that all information contained in the Clinical Consortium's data management service (such as ACEMAPP) is in a secured database that is user ID/password protected and only authorized users are permitted to access this database.

I understand that I am not required to give this consent. I want LCC Nursing Program, and other entities named above, to share this information as instructed above and I give this consent of my own free will. This consent will remain active until my completion of the LCC Nursing Program, unless it is rescinded by me in writing, or I am no longer eligible for program completion.

Additionally, I understand that clinical agencies may require my social security number for clinical/practicum access. I authorize the Lower Columbia College Nursing Program to provide my social security number to clinical agencies as required for the express purpose of clinical/practicum access.

Lower Columbia College agrees to protect and transmit personal information, such as Social Security numbers, in accordance with accepted standards of practice outlined in the [LCC Nursing and Allied Health Programs Records Management Policy](#).

Printed name: _____

Social Security number: _____

Signature: _____

Date: _____

A copy of this form will be provided for your signature. Please sign and return the copy to your instructor. This required document will be placed in your student file.

Lower Columbia College Nursing Program

Criminal History Disclosure Form

ACKNOWLEDGEMENT OF CONDITION OF CLINICAL ASSIGNMENT

Lower Columbia College (LCC) enters into affiliation agreements with hospitals, medical clinics, nursing homes and other licensed providers to allow LCC students to obtain clinical experiences necessary to complete their academic program. The affiliation agreements between the training sites and LCC require the college to ask each student to obtain and release their annual comprehensive background checks for Nursing or Medical Assisting program students/faculty who will provide direct services, or have unsupervised access to, or direct contact with certain vulnerable populations as defined in the Washington State Child and Adult Abuse Information Law RCW 43.43.830-842. Charge(s), conviction(s), and or/ criminal history information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student/faculty can be considered for placement at a clinical site. A conviction/criminal history record does not necessarily disqualify an individual from placement at a clinical site. **However, certain criminal convictions and certain court administrative determinations may preclude assignment to a clinical site, which will prevent your completion of the program of study.** Your clinical site will also require you to provide it with a criminal background check before you begin your clinical assignment or may require you to undergo a criminal background check of the agency's choice prior to beginning a clinical experience in that agency. **Your assignment to a clinical training site will be conditioned upon receipt of the disclosure form and report that is satisfactory to LCC and to the training site.**

A. CRIMES AGAINST PERSONS, RELATING TO FINANCIAL EXPLOITATION:

Have you ever been charged or convicted of any of the following crimes? (Include crimes that may have been renamed)

If yes, please check all that apply and provide detailed information in Section G

Crimes Table

Abandonment of a child	Extortion (1 st , 2 nd , 3 rd)	Promoting suicide attempt
Abandonment of a dependent person	Forgery	Prostitution
Abuse/Neglect of a child: RCW 26.44.020	Harassment	Rape (1 st , 2 nd , 3 rd)
Arson	Homicide by abuse	Rape of a child (1 st , 2 nd , 3 rd)
Assault (Custodial)	Homicide by watercraft	Reckless endangerment
Assault (1 st , 2 nd , 3 rd , 4 th Degree, Simple)	Identity theft	Robbery (1 st , 2 nd , 3 rd)
Assault of a child (1 st , 2 nd , 3 rd)	Incendiary devices	Selling erotic material to minor
Burglary (1 st)	Incest	Sexual exploitation of a minor
Child buying or selling	Indecent exposure	Sexual misconduct with a minor
Child molestation (1 st , 2 nd , 3 rd)	Indecent liberties	Stalking
Coercion	Kidnapping	Theft (1 st , 2 nd , 3 rd)
Commercial sexual abuse of a minor	Luring	Unlawful imprisonment
Communication with a minor	Malicious explosion (1 st , 2 nd , 3 rd)	Unlawful use of building for drug purposes
Criminal abandonment	Malicious harassment	Use of machine gun in felony
Criminal mistreatment	Malicious mischief	Vehicular assault
Controlled substance homicide	Manslaughter	Vehicular homicide
Custodial interference	Murder, aggravated	Voyeurism
Custodial sexual misconduct	Murder (1 st , 2 nd)	Violation of child abuse restraining order
Dealing in depictions of minor engaged in sexual explicit misconduct	Patronizing juvenile prostitute	Violation of anti-harassment protection order
Domestic Violence	Promoting Pornography	
Drive by shooting	Promoting prostitution	

B. RELATED PROCEEDINGS (If yes, provide detailed information in Section G)

Have you ever been found in any judicial or administrative adjudicative proceeding to have committed: domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult?

YES NO

C. DRUG RELATED CRIMES (If yes, provide detailed information in Section G)

Have you ever been charged or convicted of a crime related to the manufacture of, deliver, or possession with intent to manufacture or deliver a controlled substance?

YES NO

D. MEDICARE/MEDICAID RELATED CRIMES (If yes, provide detailed information in Section G)

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?	YES	NO
Have you ever been convicted of any crime related to the delivery of services under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?	YES	NO
Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?	YES	NO
To your knowledge has your name ever appeared on the office of the inspector general's list of excluded individuals?	YES	NO
Are you currently part of legal proceedings regarding possible exclusions from a federal health care program?	YES	NO

E. HEALTHCARE LICENSURE (If yes, provide detailed information in Section G)

Have you ever had your license as a health care practitioner revoked; and/or is there an action(s) listed on your health care provider license?	YES	NO
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F. OTHER CONVICTION OF CHARGES INFORMATION

Excluding the crimes listed above, within the past 10 years have you ever been convicted of any other crime? Do not include parking tickets/traffic citations. If yes, please indicate all conviction dates, incarceration release date(s) and the nature of the offense(s). Attach additional page(s) if needed.	YES	NO
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G. FOR ALL ITEMS MARKED YES IN ABOVE SECTIONS, PLEASE GIVE SPECIFIC DETAILS INCLUDING:

- The court or agency:
- Convictions, charges, and/or action date(s):
- Sentences or penalties imposed:
- Incarceration release times:
- Current standing (e.g., parole, work release, suspended license, etc.):

Please use a separate page if necessary

ACKNOWLEDGEMENT STATEMENT:

I understand that in connection with my clinical courses I will be subject to criminal background checks to be conducted through Verified Credentials or Castle Branch and Washington State Patrol. **I understand that a current and/or record of conviction of the offenses specified in RCW 43.43.830, RCW 43.43.834, RCW 43.43.842 or other state or federal regulations may disqualify me from association with a training site and may affect my ability to complete the Nursing or Medical Assisting program if I am a student.** I understand that any false statement, omission, or misrepresentation may disqualify me from association with a training site and/or may be grounds from dismissal from the Nursing or Medical Assisting program, and from LCC.

UNDER PENALTY OF PERJURY under the laws of the State of Washington, I declare that this information is true, correct, and complete to the best of my knowledge. I understand that if I am accepted to the Nursing or Medical Assisting program, I can be discharged for any misrepresentation or omission in the above statement. I understand that I am obligated to notify the LCC Program Chair within 30 days, in writing, if I am charged or convicted of any crime or if any court or administrative determinations are made against me during the application period and/or while enrolled as a student/faculty and are subject to clinical training site approval. If LCC is unable to place a student/faculty at a clinical site due to his/her conviction/criminal history record or background report based on stricter regulations at the clinical training site, LCC is under no obligation to find another clinical site.

Authorization for Repeat Background Checks and Dissemination of Results: I agree to pay for and provide LCC with ongoing criminal background checks conducted during my time as a student. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites as deemed necessary by LCC during my academic program, subject to the exclusions in RCW 43.43.830(6). I understand that LCC will provide the records listed above only with the condition that the receiving party or parties will be notified by LCC that they may not disclose the information to other parties, in a personally identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. For example, a party may be eligible to receive a copy of my criminal history report in the event that I transfer, and/or if I am convicted within the past twelve months, RCW 43.43.832(6). LCC has notified me that this authorization was necessary to potentially offer me a position and will not conduct a background check otherwise. I understand that LCC shall notify me and provide a copy of the Washington State Patrol's response within ten (10) days after they receive the results of the background check, RCW 43.43.834.

Print Name:

Signature:

Date:

Place Signed: